

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-728	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 08/31/2021
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NAME OF PROVIDER OR SUPPLIER
THE BRIDGET SMITH HOME

STREET ADDRESS, CITY, STATE, ZIP CODE
**10816 GARDENIA STREET
CHARLOTTE, NC 28215**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual survey was completed on 8-31-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living for All Disability groups in a Private Residence.	V 000	V 752: Kitchen sink hot water was 121 degrees. Bathroom that the clients used, the sink hot water was 128 degrees. The AFL Provider said the pilot light went out that day and she was attempting to get it lite so she could regulate the water temperature but was having difficulty. After the surveyor left, she reached out to a neighbor for help and they were able to re-light it successfully. Bridget adjusted the water temperature and checked the water in both the kitchen and bathroom daily for 3 days 8/31/21, 9/1/21 and 9/2/21 and sent pictures of the thermometer to the QP. The water tempertaure was between 100 and 116 degrees. Bridget will continue to keep an eye on the pilot light to make sure she does not continue to have any problems with it staying lite and to ensure the water temperature remains wbetween 100 and 116. If the pilot light goes out she will have it addressed immediately to ensure the water temperature remains within normal limits. Bridget will continue to check the water temperature quarterly or as needed. The QP will monitor the water temperature duing home reviews quarterly. The QP may also request that the water temperature be checked during phone/virtual monitoring and may request proof of temperature be sent via pictures.	9/2/21
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility facility to ensure the hot water was between 100 and 116 degrees in all areas where clients are exposed to hot water. The findings are: Observation on 8-31-21 at approximately 4:00 pm revealed: -Kitchen sink hot water was 121 degrees. -Bathroom that the clients used, the sink hot water was 128 degrees. Interview on 8-31-21 with the Alternative Family Living Provider revealed: -She didn't know why it was so hot, but they had been working on it earlier. -She checks the water regularly to make sure	V 752		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

TITLE

(X6) DATE

KDN611

If continuation sheet 1 of 2

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER THE BRIDGET SMITH HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 10816 GARDENIA STREET CHARLOTTE, NC 28215		
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V 752	Continued From page 1 it is not too hot. -The pilot light wasn't on at the time, so the water shouldn't be so hot. -She would have a maintenance man fix it immediately.	V 752			



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

September 2, 2021

DHSR - Mental Health

Ms. Diana Fox, Quality Assurance Director
Developmental Disabilities Resources, Inc.
6824 Wilgrove Mint Hill Road
Charlotte, NC 28227

SEP 10 2021

Lic. & Cert. Section

Re: Annual Survey completed 8-31-21
The Bridget Smith Home, 10816 Gardenia Street, Charlotte NC 28215
MHL # 060-728
E-mail Address: dianafox@ddrinc.org

Dear Ms. Fox:

Thank you for the cooperation and courtesy extended during the annual survey completed 8-31-21.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- A Standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is 10-31-21.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

September 2, 2021
The Bridget Smith Home
Ms. Diana Fox

- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Lynn Grier at 336-247-1723.

Sincerely,



Patricia Work
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
Pam Pridgen, Administrative Assistant