STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 September 13, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 9/13/21 at about 12:00 pm of Client #4's bedroom revealed: -Carpet had a few stain spots throughout the room. Observation on 9/13/21 at about 12:03 pm of room located on right side of the hallway revealed: -Carpet had a significant number of stain spots all throughout the room. Observation on 9/13/21 at about 12:05 pm of Client #5's bedroom revealed:	V 736	DHSR - Mental Health SEP 2 4 2021 Lic. & Cert. Section	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 736	Continued From page 1 -Carpet had several stain spots all throughout the room. Observation on 9/13/21 at about 12:08 pm of Client #2's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:10 pm of Client #1's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:13 pm of Client #3's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:15 pm of the Living area revealed: -Carpet had a significant number of stains all throughout the room. -Carpet in front of closet next to entrance was heavily worn out and just showing threads. Observation on 9/13/21 at about 12:17 pm of the hallways revealed: -Carpet had several stain spots all throughout Interview on 9/13/21 with the Clinical Supervisor and the Services Director revealed: -They were aware that the carpet at the house needed to be replaced. -Home belonged to the Department of Housing and Urban Development (HUD). -HUD was responsible for doing repairs to the home and replacing the carpets. -Agency had put in a ticket to HUD already about replacing the carpets, but they did not know when and if it would be replaced anytime soon.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 736	Continued From page 2 -It had been their experiences that HUD sometimes took a longer time to replace things that had broken down at the house. -They acknowledge that facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 September 13, 2021. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 9/13/21 at about 12:00 pm of Client #4's bedroom revealed: -Carpet had a few stain spots throughout the room. Observation on 9/13/21 at about 12:03 pm of room located on right side of the hallway revealed: -Carpet had a significant number of stain spots all throughout the room. Observation on 9/13/21 at about 12:05 pm of Client #5's bedroom revealed:	V 736	V 736- The Operations Director sent a request via email on 9/15/21 to the property manager at ARC requesting consideration for new flooring throughout the facility. There will be two estimates obtained and submitted to ARC to replace the flooring. While we await an approval by ARC the Operations Director will schedule a steam carpet cleaning by a professional company. The Program Coordinators will monitor the homes for a safe, clean, attractive and orderly manner and free from offensive odor. The Program Coordinator will report to the Operations Director for any repairs needed or cleanings.	10/30/21

Mary Day Qa BHIS/Clinical Director 9/20/21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 736	Continued From page 1 -Carpet had several stain spots all throughout the room. Observation on 9/13/21 at about 12:08 pm of Client #2's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:10 pm of Client #1's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:13 pm of Client #3's bedroom revealed: -Carpet had a significant number of stains all throughout the room. Observation on 9/13/21 at about 12:15 pm of the Living area revealed: -Carpet had a significant number of stains all throughout the room. -Carpet in front of closet next to entrance was heavily worn out and just showing threads. Observation on 9/13/21 at about 12:17 pm of the hallways revealed: -Carpet had several stain spots all throughout Interview on 9/13/21 with the Clinical Supervisor and the Services Director revealed: -They were aware that the carpet at the house needed to be replaced. -Home belonged to the Department of Housing and Urban Development (HUD). -HUD was responsible for doing repairs to the home and replacing the carpets. -Agency had put in a ticket to HUD already about replacing the carpets, but they did not know when and if it would be replaced anytime soon.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL073034	A. BUILDING: _____ B. WING _____	09/13/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAIN STREET GROUP HOME	411 SOUTH MAIN STREET ROXBORO, NC 27573

(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 736	Continued From page 2 -It had been their experiences that HUD sometimes took a longer time to replace things that had broken down at the house. -They acknowledge that facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.	V 736		

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

September 15, 2021

Melissa Day, Clinical Director
Person County Group Homes, Inc.
PO Box 721
Roxboro, NC 27573

Re: Annual Survey completed September 13, 2021
Main Street Group Home, 411 South Main Street, Roxboro, NC 27573
MHL # 073-034
E-mail Address: Melissa.day@pcghinc.org

Dear Ms. Day:

Thank you for the cooperation and courtesy extended during the Annual survey completed September 13, 2021.

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

- Tag cited is a standard level deficiency.

Time Frames for Compliance

- Standard level deficiency must be ***corrected*** within 60 days from the exit of the survey, which is 11/12/21.

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.
- 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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,

Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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