Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601036	A. BUILDING: _____ B. WING _____	09/29/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BARNABAS	19704 ZION AVENUE CORNELIUS, NC 28031

(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 9-29-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Development 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 interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are: Observation on 9-28-21 at 10:05am of Bathroom #1 revealed: -a wooden threshold strip of molding on the floor at the entrance of the shower; -pink and dark brown spots covering the threshold molding surrounding the entry of the shower. Review on 9-29-21 of the work orders revealed: -work orders had been completed by the Group Home Manager on 2-16-21, 6-21-21, and 8-19-21 for the shower threshold to be replaced. Pictures taken on 9-28-21 of the shower	V 736	* With the said threshold At the Showers is not wood And has never been painted. It is A Composite material. The discoloration is from cleaning materials. The threshold has been Removed And Returned to its original condition	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

John F Henderson — Property Operations MGR — 10/20/21

STATE FORM 6899 E81Z11 If continuation sheet 1 of 2

Dir. of Quality Management 10/20/21

Division of Health Service Regulation

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V 736	Continued From page 1 threshold molding of Bathroom #1 revealed: -a wooden floor strip, painted white with pinkish and dark brown spots covering the entire threshold. Interview on 9-28-21 with the Group Home Manager revealed: -the threshold molding entrance of the shower had been cited by the health department during their last inspection; -several work orders had been submitted for repair; -maintenance had looked at the shower but had not replaced the strip; -"had asked for it (the threshold molding) to be replaced a few times;" -"sanitation is saying it is dirt and grime." Interview on 9-29-21 with the Corporate Compliance Director revealed: -made copies of the 3 work orders that had been submitted; -reviewed pictures taken during survey; -would get the problem corrected immediately; -"will contact maintenance immediately.	V 736	when the house was built * No threshold is needed, the shower drains properly without it. Shower was tested and videod to show the water drains properly pictures are attached to show shower back to original specifications	

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES

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

October 12, 2021

Kim Jonas
UMAR Services, Inc.
5350 77 Center Dr., Suite 201
Charlotte, NC 28217

Re: Annual Survey completed 9-29-21
Barnabas, 19704 Zion Avenue, Cornelius, NC 28031
MHL # 060-1036
E-mail Address: kimj@umarinfo.com

Dear Ms. Jonas:

Thank you for the cooperation and courtesy extended during the annual survey completed 9-29-21.

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

- Standard level deficiencies must be ***corrected*** within 60 days from the exit of the survey, which is 11-28-21.

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 Lynn Grier at 336-247-1723.

Sincerely,

Kim Goff

Kim Goff
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: qmemail@cardinalinnovations.org
DHSR@Alliancebhc.org
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DHSRreports@eastpointe.net
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Leza Wainwright, Director, Trillium Health Resources LME/MCO
Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Assistant