

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL059-096</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 11/12/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>NORTH MCDOWELL GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>24 NORTH MCDOWELL AVENUE MARION, NC 28752</b>
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(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	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on 11/12/21. The complaint was substantiated (intake #NC00179829). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to keep the facility in a clean and orderly manner. The findings are:</p> <p>Observation at 2:00pm on 11/10/21 revealed: -in bedroom #1, there was an approximately 2' x 2' area above one of the beds that was white in color and had been patched but was unpainted -the kitchen sink had food debris in the sink and drain -the overhead light in the kitchen was not functioning -the refrigerator/freezer had some stains around the inside of the doors and the lower area of the refrigerator which were black and brown in color -the wall/backsplash behind the stove was stained with food debris</p>	V 736		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 736	<p>Continued From page 1</p> <p>-the white stove top had yellow colored grease stains and some crumbs and black burned on debris on the burners</p> <p>-there was a black, mold like substance on the interior edges of the bathroom window</p> <p>-below the deck at the bottom of the steps there was a pile of wood in the shape of fence pickets; some of the wood was broken and others were splintered with exposed nails.</p> <p>Interview on 11/12/21 with the Behavioral Health Facilitator (BHF) revealed:</p> <p>-she was in charge of home and health inspections</p> <p>-she made unannounced visits to the facility at least weekly.</p> <p>Interview on 11/12/21 with the Qualified Professional (QP) revealed:</p> <p>"I do general inspections for the most part ...the BHF does the everyday operational stuff and healthy inspections"</p> <p>"I check to see that we are inspection ready all the time."</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		