

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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>An annual and complaint survey was completed on 11/2/21. The complaint was unsubstantiated (intake # NC00181296). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire drills on each shift at least quarterly. The findings are:</p> <p>Interviews on 10/28/21 and 10/29/21 with the Residential Home Manager (RHM) revealed: -the facility has two live in staff and their shifts consist of 7 days on and 7 days off; -each live in staff completes 2 drills per month, a</p>	V 114		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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 114	<p>Continued From page 1</p> <p>fire and a disaster; -staff may complete each drill in one 7 day period or on alternating weeks; -he doesn't schedule the drills but there is a fire and disaster drill schedule.</p> <p>Record review on 10/28/21 of fire drill logs from October 1, 2020 to September 30, 2021 revealed: -no evidence that staff completed a fire drill during their seven day shift during the quarters 10/1/20-12/31/20 and 1/1/21- 3/31/21.</p> <p>Interview on 10/28/21 with Client #2 revealed: -he has participated in fire and disaster drills; -"we go outside and meet at the mailbox."</p> <p>Interview on 10/28/21 with Client #3 revealed: -he has participated in fire and disaster drills; -if there is an emergency "like a fire we go to the basketball court ...if an emergency, call 911."</p> <p>Interview on 11/2/21 with the Qualified Professional (QP) revealed: -the RHM is responsible for ensuring staff are following monthly drill requirements; -"ultimately the manager is responsible for the month to month and the QP checks these on a quarterly basis"; -"we do one disaster drill each month and we do one fire drill each quarter per shift."</p>	V 114		
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>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observation at 10:47am on 10/28/21 of facility exterior revealed: -a small pile of wood boards, chipped planters, and an empty bin on the patio near the front entrance; -a loose board and large mirror leaning against the house on the sidewalk that extends from the carport around to the back of the house; -a garden hose and its holder were on the sidewalk that ran along the back of the house; -a small hole approximately 3 inches wide in the outer pane of the window located to the right of the back door.</p> <p>Observation at 12:32 pm on 10/29/21 of facility interior revealed: -a black mold like substance in the grout on tile floor of shower and lower section of shower wall.</p> <p>Interview on 10/29/21 with the Residential House Manager (RHM) revealed: -staff have tried a variety of cleaning products for the bathroom tile and "can't seem to get it clean"; -staff and clients were instructed to leave the bathroom fan on to help with air circulation to keep the humidity low in the bathroom.</p> <p>Interview on 11/2/21 with Non-audited staff revealed: -maintenance staff left the pile of wood near the</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2021
--	---	---	---

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLNTON, NC 28092
---	---

(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	<p>Continued From page 3</p> <p>front door and she moved some of it to the trash can;</p> <p>-her biggest issue with the company is "getting things done" for repairs.</p> <p>Interview on 11/2/21 with the Qualified Professional (QP) revealed:</p> <p>-maintenance is contracted for upkeep of the lawn, including the wood pile;</p> <p>-staff inform the RHM if there is a maintenance issue and a work order is completed;</p> <p>-staff score the request to determine if it's a low, medium or high priority which determines response time by maintenance;</p> <p>-"for a high priority, it is usually the next day but if priority is low (like soap dish falling off wall), it might not be addressed until the next month."</p>	V 736		