

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:	(X3) DATE SURVEY COMPLETED 11/02/2021
		B. WING:	

NAME OF PROVIDER OR SUPPLIER PITZER	STREET ADDRESS, CITY, STATE, ZIP CODE 200 WELLINGTON DRIVE LINCOLN, NC 28092
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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	INITIAL COMMENTS An annual and complaint survey was completed on 11/2/21. The complaint was unsubstantiated (intake # NC00181296). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000	The deficiencies will be addressed by the following actions: The QP will conduct a monthly audit of emergency drills; the Residential Manager will utilize a checklist to ensure that the drills are conducted according to the regulations. Self-audits will be conducted at least quarterly by Quality Management/Clinical Staff. QP will review with Residential Manager the process for documenting drills. All maintenance deficiencies have been corrected as of 12/8/2021.	12/8/2021; ongoing
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. 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: 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	V 114	DHSR - Mental Health DEC 15 2021 Lic. & Cert. Section	Completed 12/8/2021

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Kim Jones TITLE: _____ (X6) DATE: 12/7/21

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V 114	Continued From page 1 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. 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. 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." 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." 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."	V 114		
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.	V 736		

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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		

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V 736	<p>Continued From page 3</p> <p>front door and she moved some of it to the trash can; -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: -maintenance is contracted for upkeep of the lawn, including the wood pile; -staff infom the RHM if there is a maintenance issue and a work order is completed; -staff score the request to determine if it's a low, medium or high priority which determines response time by maintenance; -"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		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

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

November 23, 2021

Marilyn Garner, President/CEO
UMAR Services, Inc.
5350 77 Center Dr., Suite 201
Charlotte, NC 28217

DHSR - Mental Health

DEC 15 2021

Lic. & Cert. Section

Re: Annual and Complaint Survey completed November 2, 2021
Pitzer, 200 Wellington Dr., Lincolnton, NC 28092
MHL # 055-026
E-mail Address: marilyng@umarinfo.com
Intake #NC00181296

Dear Ms. Garner:

Thank you for the cooperation and courtesy extended during the Annual and Complaint Survey completed November 2, 2021. The complaint was unsubstantiated.

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 December 31, 2021.

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.

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

November 23, 2021

Pitzer

Marilyn Garner

- 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 Sonia Eldridge at 828-200-6605.

Sincerely,



Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
Pam Pridgen, Administrative Assistant