

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL049-074	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 12/16/2021
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NAME OF PROVIDER OR SUPPLIER GREENBRIER ROAD	STREET ADDRESS, CITY, STATE, ZIP CODE 335 NORTH GREENBRIER ROAD STATESVILLE, NC 28625
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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>An annual survey was completed on 12/16/2021. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000	V	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observation and interviews, the facility was not maintained in a safe, clean, orderly manner. The findings are:</p> <p>Observation of the facility and it's grounds from approximately 10:35am to 11:00am on 12/15/2021 revealed:</p> <ul style="list-style-type: none"> - Torn/damaged countertop in the kitchen with the veneer peeling at the sink. - Water stains on the ceiling in the kitchen. - Stained carpet in the laundry room. - Dust covered the screen to the ceiling-mounted vent return in the laundry room. - Stains on the ceiling at the fireplace in the den. - In Client #1's bedroom, the carpet had a raised 	V 736	<p>The Qualified Professional (QP) will in-service the direct support staff and Residential Team Lead (RTL) on completing work orders in a timely manner and reporting all maintenance issues to the Maintenance Coordinator and QP. The Maintenance Coordinator will report all maintenance issues that require Land Lord approval to the Administrator. The clinical team will monitor progress through monthly Environmental Assessments. In the future, the QP will review work order protocol during house meetings to ensure all issues are addressed in a timely manner.</p> <p>By: 2/14/2022</p> <p style="text-align: right; color: blue;">DHSR - Mental Health</p> <p style="text-align: center; color: red;">JAN 19 2021</p> <p style="text-align: right; color: blue;">Lic. & Cert. Section</p>	

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>area beside the bed that was a trip hazard.</p> <ul style="list-style-type: none"> - In Client #3's bedroom, one of the windows would not stay up when raised and there was a layer of dust on the windowsill. - In the master bathroom, there was a round hole approximately 10 inches in diameter between 5-6 feet from the floor; mildew-like, black stains on ceiling and upper wall tiles in the shower enclosure; a crack extended approximately 3-1/2 feet long across the shower floor; and dust was present on the ceiling-mounted vent. - In the staff office, the ceiling had bubbled and peeling paint with brown stains covering an area approximately 4x4 feet, and peeled drywall with black stains on the wall behind the desk. - There was a broken shutter lying on the ground at the side of the house. <p>Interview on 12/15/2021 wit Client #1 revealed:</p> <ul style="list-style-type: none"> - He was unable to provide clear answers to questions about the condition of the house o his bedroom. <p>Interview on 12/15/2021 with Client #3 revealed:</p> <ul style="list-style-type: none"> - He had made the hole in the master bathroom wall and was required to pay for its repair. <p>Interview on 12/15/2021 with Staff #1 revealed:</p> <ul style="list-style-type: none"> - When repairs were needed at the facility, facility staff were supposed to complete work order forms and turn them in at the office. - The kitchen counter had been damaged for at least the past two years. - Client #3 caused the hole in the bathroom wall last summer. - A work order had been turned in to have the wall repaired. - The ceilings in the staff office and living room leaked when there was heavy rain. - It had not rained heavily in the past two months. 	V 736		
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V 736	<p>Continued From page 2</p> <p>Interview on 12/15/2021 with Staff #2 revealed:</p> <ul style="list-style-type: none"> - The toilet located in the laundry room was loose from the floor. - The stains in the master bathroom shower had been cleaned every day, but that did not help remove the stains. - She did not know how long the hole in the master bathroom wall had been present. - When she began working at the facility in August or September of 2021, the kitchen counter had already been damaged and the stains on the office and den ceiling had been present. - It had not rained since she started working at the ceiling, so she did not know if the ceilings leaked. <p>Interview on 12/16/2021 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> - She began working as the QP in June of 2021. - Environmental assessments were completed at the facility by other QP's at the Licensee agency. - She had not completed a walk-through at the facility recently. - A repair to the dining room floor had been completed, but that was the only major maintenance issue she was aware of. - When facility staff requested maintenance or repairs, the request went to someone at the office, not to her. - She might not be informed of minor repair needs at the facility. <p>Interview on 12/16/2021 with the Administrator revealed:</p> <ul style="list-style-type: none"> - She was aware that several repairs were already scheduled for completion by the maintenance department. - Facility staff were actively working on 	V 736		
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V 736	Continued From page 3 addressing maintenance issues identified during a recent sanitation inspection. - It had been difficult to obtain outside repair contractors due to the Covid-19 pandemic. - She was in the process of getting an outside contractor to complete repairs at the facility.	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

January 5, 2022

Malissa Pompey, Administrator
RHA Health Services NC, LLC
190 Commerce Road
Statesville, NC 28625

Re: Annual Survey Completed December 16, 2021
Greenbrier Road, 335 N. Greenbrier Road, Statesville, NC28625
MHL# 049-074
E-mail Address: Malissa.pompey@rhanet.org

Dear Pompey:

Thank you for the cooperation and courtesy extended during the annual survey completed December 16, 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

- The 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 February 14, 2022.

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

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

January 5, 2022
Greenbrier Road
RHA Health Services NC, LLC

- 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 Barbara Perdue at (336) 861-6283.

Sincerely,



Clarice Rising, MSW, LCSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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