

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-106	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/09/2022
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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

L & J HOMES, INC.-RICHMOND AVENUE

**511 RICHMOND AVENUE
BURLINGTON, NC 27217**

(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 February 9, 2022. 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 Disabilities.</p> <p>The survey sample consisted of audits of 2 current clients.</p>	V 000		
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 interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/9/22 at 12:00 pm of the Kitchen area revealed: -Countertop near the sink was chipped in a couple of places. -There was an unfinished patched-up work on the wall near the back door underneath the towel dispenser.</p> <p>Observation on 2/9/22 at 12:05 pm of Client #1's room revealed:</p>	V 736		

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DHSR-MH Licensure Sect

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

5899

5S8R11

If continuation sheet 1 of 2

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>-There was a hole about the size of a baseball on the wall behind the dresser.</p> <p>Observation on 2/9/22 at 12:08 pm of Client #2's bedroom revealed:</p> <p>-Wood frame from entrance door was broken and out of location.</p> <p>-There was a strong urine smell.</p> <p>-Entrance door had a crack by the door handle.</p> <p>-Closet door next to the window had a large crack on the front.</p> <p>Observation on 2/9/22 at 12:13 pm of the Living room revealed:</p> <p>-There were a couple of unfinished repaired patch up work on wall behind the big couch.</p> <p>Interview on 2/9/22 with the Owners revealed:</p> <p>-Facility was responsible for its own repairs.</p> <p>-Client #2 had a tendency to slam the door strongly. They had been working with him in that area. He had improved significantly.</p> <p>-They were aware that some of the patched-up work had not been finished and needed to be painted over.</p> <p>-They would have maintenance staff complete needed repairs.</p> <p>-They acknowledged the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.</p>	V 736		

i89Appendix 1-B: Plan of Correction Form

Plan of Correction

Please complete all requested information and mail completed Plan of Correction form to:
Division Of Health

In lieu of mailing the form, you may e-mail the completed electronic form to:

Provider Name:	L&J Homes Inc.	Phone:	(919) 520-7048
Provider Contact Person for follow-up: acknol	James Graham	Fax:	(336) 227-3288
		Email:	Omegaman11179@gmail.com
Address:	511 Richmond Avenue, Burlington, N.C. 27216	Provider # (336) 227-8030	

Finding	Corrective Action Steps	Responsible Party	Time Line
10A NCAC 27G.0303 Location and Exterior and Exterior Rquirements; Rule not meet based on observation and interview: <ul style="list-style-type: none"> - Countertop near sink was chipped in couple of places - There was an unfinished patched-up work on the wall near the back door underneath the towel dispenser - There is a hole the size of a baseball on the wall - Wood frame entrance door had a crack by the door handle - Closet door next to the window had a larger crack on the door - There is a couple of unfinished repair patch up work on wall behind the big couch 	L&J Homes, Inc will repair and fix all repairs needed to each facility and grounds to ensure that Richmond Avenue is attractive and orderly manner and shall maintain and keep it from offensive order. All non-complaint will be improved significantly and bee finished within the next 60 days . We will have maintenance staff shall complete needed repairs. We acknowledge the facility failed to ensure facilities are maintained in a clean, safe and attractive manner to bring the deficiencies into compliance.	James Graham Malcom Leath	Implementation Date: 2/21/2022 Projected Completion Date: Ongoiong

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**511 RICHMOND AVENUE
BURLINGTON, NC 27217**

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V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on February 9, 2022. 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 Disabilities.</p> <p>The survey sample consisted of audits of 2 current clients.</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 observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/9/22 at 12:00 pm of the Kitchen area revealed: -Countertop near the sink was chipped in a couple of places. -There was an unfinished patched-up work on the wall near the back door underneath the towel dispenser.</p> <p>Observation on 2/9/22 at 12:05 pm of Client #1's room revealed:</p>	V 736		

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NAME OF PROVIDER OR SUPPLIER L & J HOMES, INC.-RICHMOND AVENUE		STREET ADDRESS, CITY, STATE, ZIP CODE 511 RICHMOND AVENUE BURLINGTON, NC 27217		
(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 1</p> <p>-There was a hole about the size of a baseball on the wall behind the dresser.</p> <p>Observation on 2/9/22 at 12:08 pm of Client #2's bedroom revealed:</p> <p>-Wood frame from entrance door was broken and out of location.</p> <p>-There was a strong urine smell.</p> <p>-Entrance door had a crack by the door handle.</p> <p>-Closet door next to the window had a large crack on the front.</p> <p>Observation on 2/9/22 at 12:13 pm of the Living room revealed:</p> <p>-There were a couple of unfinished repaired patch up work on wall behind the big couch.</p> <p>Interview on 2/9/22 with the Owners revealed:</p> <p>-Facility was responsible for its own repairs.</p> <p>-Client #2 had a tendency to slam the door strongly. They had been working with him in that area. He had improved significantly.</p> <p>-They were aware that some of the patched-up work had not been finished and needed to be painted over.</p> <p>-They would have maintenance staff complete needed repairs.</p> <p>-They acknowledged the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.</p>	V 736		

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Provider Name:	L&J Homes Inc.	Phone:	(919) 520-7048
Provider Contact	James Graham	Fax:	(336) 227-3288
Person for follow-up:	James Graham	Email:	Omegaman11179@gmail.com
Address:	816 Apple Street, Burlington, N.C. 27216		Provider # (336) 227-8030

Finding	Corrective Action Steps	Responsible Party	Time Line
27G. 0202(F1) Personnel Requirements: 10A NCAC 27G .0202 Personnel Requirements: <ul style="list-style-type: none"> - Staff had no documentation of training to meet the mental health and development disability needs of the clients 	L&J Homes, Inc staff will receive 3 hours client specific training that are client specific to include working with IDD (autism, cerebral palsy, traumatic brain injury, mild moderate and severe intellectual deficiency). Staff will also receive three hours training that will trained on the ISP and BSP using strategies and intervention prescribed in both documents.	James Graham Malcom Leath	Implementation Date: 2/21/2022 Projected Completion Date: Ongoing

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-142	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 01/25/2022
NAME OF PROVIDER OR SUPPLIER L & J HOMES- APPLE STREET		STREET ADDRESS, CITY, STATE, ZIP CODE 816 APPLE STREET BURLINGTON, NC 27216		
(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 108	<p>Continued From page 1</p> <p>implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure three of three audited staff (#4, #5, #6) had training to meet the needs of the clients as specified in the treatment/habilitation plan. The findings are:</p> <p>Review on 1/25/22 of Staff #4's personnel file revealed: -Hire date of 10/29/13. -He was hired as Direct Care Worker/CAP-MR/DD Aid. -Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/25/22 of Staff #5's personnel file revealed: -Hire date of 9/14/17. -He was hired as Direct Care Worker/CAP-MR/DD Aid. -Staff #5 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Review on 1/25/22 of Staff #4's personnel file revealed: -Hire date of 12/3/20. -She was hired as Direct Care Worker/CAP-MR/DD Aid.</p>	V 108		

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V 108	<p>Continued From page 2</p> <p>-Staff #4 had no documentation of training to meet the mental health and developmental disability needs of the clients.</p> <p>Interview on 1/25/22 with the Qualified Professional revealed:</p> <p>-Whenever a new staff started working, he would have sat down with them during the Person Centered Training and explained each of the client's diagnoses at the house.</p> <p>-He did not know he needed to keep record that the training had been conducted.</p> <p>-He confirmed there was no documentation of training to meet the mental health and developmental disability needs of the clients for staff #4, #5 and #6.</p>	V 108			

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V 000	INITIAL COMMENTS An annual survey was completed on January 25, 2022. A deficiency was cited. This facility is licensed for the following service category 10A NCAC 27G .5600 Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 2 current clients.	V 000			
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and	V 108			

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