

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-095</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>03/16/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LINCOLN STREET GROUP HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>206 LINCOLN STREET BADIN, NC 28009</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	INITIAL COMMENTS  An annual and follow-up survey was completed on March 16, 2022. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.  This facility is licensed for 2 and currently has a census of 2. The survey sample consisted of audits of 2 current clients.	V 000		
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.  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:  Observation on 3/16/22 at 1:20 pm of the Kitchen revealed: -Doors underneath the sink would not fully close. -Corner door from bottom of cabinet was off. Hinges were broken.  Observation on 3/16/22 at 1:25 pm of the bathroom revealed: -There was mold/mildew between bathroom floor	V 736	V 736  RHA Health Services will maintain the facility in good condition and will meet all licensure requirements as evidenced by: 1) Replacing the cabinet doors underneath the kitchen sink so they fully close. 2) Replace the corner cabinet door in the kitchen and replace the hinges. 3) Kill all mold/mildew between the floor and shower. 4) Regrout areas as needed. 5) Replace the towel and toilet paper racks and repair all holes in the walls. 6) Replace the toilet seat. These items will be monitored by the Residential Team Leader & Maintenance Coordinator monthly by completing the Environmental Assessment. This process will be monitored through the monthly CQI and Safety Committee Meetings.	5/15/2022

Division of Health Service Regulation  
 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

**Katherine Benton,** 

TITLE

Director of Operations

(X6) DATE

3/22/2022

STATE FORM

6899

914H11

**DHSR - Mental Health** If continuation sheet 1 of 2

MAR 25 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>and shower.</p> <ul style="list-style-type: none"> <li>-Brackets from missing towel rack were on the wall and exposed.</li> <li>-Brackets from missing toilet tissue rack were on the wall and exposed.</li> <li>-Toilet seat's paint have been stripped off.</li> </ul> <p>Interview on 3/14/22 with the Administrator revealed:</p> <ul style="list-style-type: none"> <li>-She was aware of the many things that needed to be replaced or fixed.</li> <li>-She had already made a list of things to be fixed prior to surveyor doing walk through.</li> <li>-Agency was responsible for making necessary repairs.</li> <li>-She believed agency owned the home.</li> <li>-She confirmed the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner.</li> </ul>	V 736		



WORK ORDER

Date: 3/22/2022

Home: Lincoln St.

Complete Description Of Problem Or Work To Be Done: All repairs must be completed by 5/15/22 with pictures/invoices/receipts as proof.

- Replace/repair doors underneath kitchen sink so the fully close.
- Replace corner cabinet door in the kitchen and replace hinges.
- Kill all mold/mildew between bathroom floor and shower. RegROUT all needed areas.
- Replace missing towel rack on the wall. Repair all holes in walls.
- Replace toilet paper rack and repair all holes in walls.
- Replace toilet seat.
- Please fix all issues inside the home.

Staff Member Making Request: Katherine Benton, Director of Operations

Administrative Approval: Katherine Benton, Director of Operations  Date: 3/22/22

Maintenance Action Taken

Date Work Given: \_\_\_\_\_ To Whom: \_\_\_\_\_

Date Began Work: \_\_\_\_\_ Time Spent: \_\_\_\_\_

Comments (Didn't Finish, Problems, Reasons): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Job Complete: \_\_\_\_\_



March 22, 2022

Mr. Edgar Garrido, MSW  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**RE: MHL-084-095 Lincoln St.**

Dear Mr. Garrido:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Lincoln St. Group Home during your annual survey visit on 3/16/2022. We have implemented the POC and invite you to return to the facility on or around 5/15/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Lincoln St. Group Home (MHL-084-095).

Sincerely,

A handwritten signature in black ink that reads "Katherine Benton". The signature is fluid and cursive, with a large initial "K" and "B".

Katherine Benton  
Director of Operations  
RHA Health Services, LLC  
Kbenton2@rhanet.org