

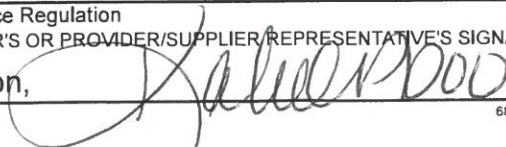
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-099	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/25/2022
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NAME OF PROVIDER OR SUPPLIER MOSS LANE I	STREET ADDRESS, CITY, STATE, ZIP CODE 42424 MOSS LANE NEW LONDON, NC 28127
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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 survey was completed on March 25, 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 has a current census of 3. The survey sample consisted of audits of 3 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 3/25/22 at 2:30 PM of the Dining area revealed: -There was a hole about one inch long on the wall on the left from the window. -There was a hole about 3 inches long on the wall on the right from the window. Observation on 3/25/22 at 2:35 PM of the Hall Bathroom revealed: -Exhaust fan was very loud.	V 736	V 736 RHA will ensure each facility is maintained in a safe, clean, attractive and orderly manner AEB: 1) Repairing all holes in the walls in the Dining Room. 2) Replacing the exhaust fan in the Hallway Bathroom. 3) Replacing the door handle on Client #3's Bedroom door. 4) Replacing the rotten door going outside of the facility. This will be monitored by the Maintenance Supervisor and Residential Team Leader (RTL) monthly when completing the Enviornmental Assessment. The QP will ensure all Work Orders are completed for needed repairs. The IDT members will monitor this process monthly during the Safety and CQI Meetings.	5/24/22

DHSR - Mental Health
APR 6 2022
Lic. & Cert. Section

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Katherine Benton, 	TITLE Director Of Operations	(X6) DATE 3/30/22
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Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>Observation on 3/25/22 at 2:38 pm of Client #3's bedroom revealed: -Portion of the door by the door handle was broken.</p> <p>Observation on 3/25/22 at 2:45 pm of the Outside area revealed: -Bottom of door frame from back door was broken and rotten.</p> <p>Interview on 3/25/22 with the Qualified Professional revealed: -Agency was responsible for doing maintenance for the home. -She was aware of items that needed to be fixed. -Work orders had already been submitted. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p>	V 736		



WORK ORDER

Date: 3/30/2022

Home: Moss Lane #1

Complete Description Of Problem Or Work To Be Done: _____


Repair all holes in the walls of the Dining Room and all walls in the home.

Replace the exhaust fan in the Hallway bathroom.

Replace the door handle on Client #3's bedroom door.

Replace the rotten exterior door

Staff Member Making Request: Katherine Benton, Director of Operations

Administrative Approval: Katherine Benton, Director of Operations  Date: 3/30/22

Maintenance Action Taken

Date Work Given: _____ To Whom: _____

Date Began Work: _____ Time Spent: _____

Comments (Didn't Finish, Problems, Reasons): _____

Job Complete: _____



April 1, 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

DHSR - Mental Health

APR 6 2022

Lic. & Cert. Section

RE: MHL-084-099 Moss Lane #1

Dear Mr. Garrido:

Please see the enclosed Plan of Correction (POC) for the deficiencies sited at the Moss Lane #1 Group Home during your annual survey visit on 3/25/2022. We have implemented the POC and invite you to return to the facility on or around 5/24/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Moss Lane #1 Group Home (MHL-084-099).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton".

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