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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/05/2022
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NAME OF PROVIDER OR SUPPLIER ABHS 4124 NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4124 NORTHFORK DRIVE LA GRANGE, NC 28551
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V 000	INITIAL COMMENTS An annual and follow up survey was completed on April 5, 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 5 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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 interview the facility failed to ensure fire and disaster drills were held quarterly and repeated on each shift. The findings are: Review on 4/04/22 of the facility's fire and	V 114		

Division of Health Service Regulation

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

Rylee Walker, QP Med ABHS INC.

TITLE

Co-Director

(X6) DATE

4-13-2022

STATE FORM

6899

SH4H11

If continuation sheet 1 of 4

DHSR - Mental Health

APR 18 2022

Lic. & Cert. Section

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V 114	<p>Continued From page 1</p> <p>disaster drill documentation revealed: - No fire drill documented for third shift for the fourth quarter (October - December) 2021. - No disaster drill documented for third shift for the third or fourth quarters (July - December) 2021.</p> <p>During interview on 4/04/22 the Qualified Professional stated the facility operates with 3 shifts: 1st 7:00 am - 3:00 pm; 2nd 3:00 pm - 11:00 pm; and 3rd 11:00 pm - 7:00 am.</p> <p>During interview on 4/05/22 the Qualified Professional/Co-Owner stated a schedule for drills was provided for staff; a fire drill and a disaster drill were to be conducted on each shift every three months.</p>	V 114	<p><i>Staff will be re-interviewed 4-30-22 on disaster drill documentation a schedule will be reviewed: accessible to staff.</i></p> <p><i>QP will monitor monthly</i></p>	
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 was not maintained in a safe, clean, attractive manner. The findings are:</p> <p>Observations on 4/04/22 between 9:30 am and 10:30 am revealed: - Brown spots on the wall by the dining room</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>table.</p> <ul style="list-style-type: none"> - Splatter stains on the kitchen wall between the upper cabinets and the counter top by the sink. - An approximate 1/2 inch gap between the door knob and the wooden kitchen door to the laundry area. - The air return grate in the hallway was very dusty and rusted. - A brown stain on the hallway wall extended from the doorbell chime down the wall toward the floor. - A thick coating of dust and lint on the floor near the baseboards in client #1 and #3's bedroom. - The window blinds in client #1 and #3's bedroom had a heavy coat of dust. - Metal hardware for curtains but no curtains above client #1 and #3's bedroom windows. - Client #1 and #3's mirrored closet door had a large crack at the bottom. - There were cobwebs in the ceiling corners of client #1 and #3's bedroom. - Client #1 and #3's bathroom door knob was loose. - The floor in the hall bathroom had black matter around the toilet. - The grout in the shower and the shower walls had black staining consistent with mildew build up. - Baseboards throughout the facility were dusty and had black stains. - Floor surfaces throughout the facility were scuffed and scratched. - Window sills throughout the facility contained organic matter including dead insects and leaves. - An extension cord was stretched across the living room floor from a wall outlet toward an electric lift recliner. - A faded bath towel was pinned to cover the window inside the front door. - The front storm door had no closer or chain attached and swung freely when opened; the 	V 736	<p>QP discussed home needed to be painted? 4-30-22 it has been scheduled with landlord Professional cleaning of the home has been scheduled. 4-14-22 A chore chart will be re-instated. PP will monitor to ensure cleanliness of home. Deficiencies have been discussed with landlord & will be addressed 4-30-22 Extension cord will be removed. 4-4-22 Faded bath towel has been removed. 4-5-22 chart</p>	
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V 736	<p>Continued From page 3</p> <p>storm door would not latch securely when closed. - A large wooden deck/porch turned on its side in the backyard.</p> <p>During interview on 4/05/22 the Qualified Professional/Co-Owner stated she had discussed the need to have the facility painted with the property owner. She would have staff clean the facility.</p> <p>This deficiency has been cited 4 times since the original cite on 3/09/17 and must be corrected within 30 days.</p>	V 736	<p>Chain will be purchased & attached so door can be secured when closed</p> <p>Wooden deck/porch has been discussed with landowner & will be removed.</p> <p>QP will monitor weekly to ensure cleanliness of home.</p>	<p>4-20-22</p> <p>4-30-22</p>