PRINTED: 04/21/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLET	בט		
		MHL041-617	B. WING		04/14/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE				
IAKERD	LAKE BRANDT GROUP HOME 6184 LAKE BRANDT ROAD							
LAKE BK	ANDI GROOP HOME	GREENSB	ORO, NC 2745	55				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS  An annual survey was completed on 4/14/2022. Deficiencies were cited.		V 000					
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.						
	This facility is licensed for 6 and has a census of 6. The survey sample consisted of audits of 3 current clients.							
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108					
	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.							

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
MHL041-617		B. WING	B. WING			
	ROVIDER OR SUPPLIER  ANDT GROUP HOME	6184 LAP	DDRESS, CITY, STATE			
LAIL DI	ANDI GROOF HOME	GREENS	BORO, NC 27455			
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V 108	Sammara vasm paga v		V 108			
	reporting, investigating	dy shall develop and nd procedures for identifying, g and controlling infectious seases of personnel and				
	This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure trainings in first aid and cardiopulmonary resuscitation (CPR) were completed for 1 of 3 audited staff (#2). The findings are:  Review on 4/13/2022 of Staff #2's employee record revealed: - Original hire date: 2/26/2020 - Re-hire date: 1/24/2022 - Documentation that training in first aid had expired on 3/5/2021 No refresher training in first aid No training in CPR.					
	- She had been re-hir ago She was able to list had completed, but fir named.	22 with Staff #2 revealed: ed approximately 3 months several trainings that she rst aid and CPR were not				
	Interview on 4/14/2022 with the Human Resources Coordinator (HRC) revealed: - She had started in the HRC role in January 2022 The prior HRC had not compiled employee files for several staff before she left the position.					

Division of Health Service Regulation

STATE FORM 94HT11 If continuation sheet 2 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-617	B. WING		04/1/	4/2022
<u> </u>			RESS, CITY, STA	TE, ZIP CODE	1 04/1	112022
LAKE BRA	ANDT GROUP HOME		BRANDT ROA			
(X4) ID PREFIX TAG	(EACH DEFICIENC)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 108	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 108			
V 736	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS	V 736			
	This Rule is not met as evidenced by:					

Division of Health Service Regulation

STATE FORM 94HT11 If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
MHL041-617		MHL041-617	B. WING		04/	14/2022
NAME OF PROVIDER OR SUPPLIER STREET AD			DRESS, CITY, STA	TE, ZIP CODE		
LAKE BR	ANDT GROUP HOME		BRANDT RO			
	OLIMANA DV. OT		ORO, NC 2745		ODEOTION.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page	3	V 736			
	was not maintained ir and orderly manner.  Observation of the fac	n and interviews, the facility n a safe, clean, attractive The findings are: cility and its grounds from n to 2:05 pm on 4/12/2022				
	- A towel was lying or refrigerator.	the floor in front of the				
	<ul> <li>The large bathroom walk-in shower had with green and brown stains on the walls, floor and clear plastic shower curtain; a ceiling-mounted vent cover had rust stains present.</li> <li>In all client bedrooms, there were layers of dust and black, mildew-like stains on the window handles/sills.</li> <li>The small bathroom tub had green stains under the faucet handle and spigot, and brown-black mildew-like stains on the tiles; the toilet bowl had brown stains on the interior; the veneer from the edge of the sink counter was completely separated from the counter and lying on a shelf; and there were rust stains on the ceiling-mounted</li> </ul>					
	mounted on the side of hanging loose; the cathe sidewalk; 1 of 2 b fixture on the front of ground; and an oak tr	acility had a cable box of the wall with 3 cut cables ble box cover was lying on ulbs from a corner light the house was lying on the ee in the back yard had g and resting on top of the				
	Interview on 4/12/2022 with client #1 revealed:  - The water in the bathrooms "turns green" and the stains would not come off the walls.  - He used the large shower and did not want to "get sick of that mess on my foot"  - He cleaned the window in his own bedroom.  - The refrigerator was leaking, possibly because it					

Division of Health Service Regulation

STATE FORM 94HT11 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL041-617		B. WING		04/14/2022		
NAME OF PROVIDER OR SUPPLIER STREET ADDR			DRESS, CITY, STA	TE, ZIP CODE		
LAKE BR	ANDT GROUP HOME		E BRANDT ROA ORO, NC 2745			
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V 736	Continued From page 4		V 736			
	was "old."					
	Interview attempt on 4/12/2022 with client #2 revealed:  - He was unable to provide answers to questions regarding the condition or cleanliness of the facility.  Interview on 4/12/2022 with client #3 revealed:  - There was "green stuff" in the bathtub of the bathroom he used.  - The green stains would not come off the wall or tub.  - He did not know how long the veneer from the counter had been of, but it was a long time.  - The towel was in front of the refrigerator because the refrigerator was leaking.  Interview on 4/12/2022 with staff #1 revealed:  - The Licensee was very good about having maintenance completed on the house when there were issues.  Interview on 4/12/2022 with staff #2 revealed:  - Facility clients were responsible for chores around the house, but facility staff would assist if needed.  - The clients cleaned in the bathrooms and their own bedrooms.  - The stains in the bathroom tub and showers had been present since she started working at the facility.  - She had been told the green stains were caused by the facility's water pipes.  - The refrigerator had started leaking water over the past weekend.  - Facility staff had not been making clients clean their windowsills.					

Division of Health Service Regulation

Interviews on 4/11/2022 and 4/14/2022 with the

STATE FORM 94HT11 If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED		
MHL041-617		B. WING		04	/14/2022		
	ROVIDER OR SUPPLIER  ANDT GROUP HOME		DRESS, CITY, STATE, ZIP CODE  E BRANDT ROAD				
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V 736	Qualified Professiona - The green stains in by the facility's water - Maintenance staff with needed at the facility.  Interview on 4/14/202 revealed: - The building owner is dollars approximately resolve the issues with shower walls/tub green The green residue control of th	I (QP) revealed: the bathrooms were caused supply. ere notified when repairs  2 with the Regional Director had spent several thousand 3-4 years ago to try to h the water turning the	V 736				

Division of Health Service Regulation

STATE FORM 94HT11 If continuation sheet 6 of 6