

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl043-039	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/18/2022
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NAME OF PROVIDER OR SUPPLIER
SIERRA'S RESIDENTIAL SERVICES GROUP HI

STREET ADDRESS, CITY, STATE, ZIP CODE
**21 LANEXA LANE
SPRING LAKE, NC 28390**

(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>A Complaint and Follow Up Survey was completed 02/18/22. The Complaint was substantiated (Intake #NC000183826). A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.</p> <p>The survey sample consisted of audits of 3 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 the home was maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 2/16/22 between 5:30 PM-6:30 PM revealed: -Kitchen: One light bulb missing in the kitchen area -Client #2's bedroom: Wood plank floor separated Bottom drawer of dresser broken</p>	V 736		

Division of Health Service Regulation

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

TITLE

(X6) DATE

Catherine New York-Kinswalesw / Clinical Director

4/28/2022

STATE FORM

6899

OJNQ11

If continuation sheet 1 of 2

RECEIVED

By DHSR Mental Health Licensure & Certification at 2:32 pm, May 05, 2022



Division of Health Service Regulation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: MHL # 043-039	(X2) Multiple Construction A. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2022
NAME OF PROVIDER: SIERRA'S RESIDENTIAL SERVICES, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Lanexa Rd. Spring Lake NC 28390	
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS V 000 A Complaint and Follow Up Survey was completed 02/18/22. The Complaint was substantiated (Intake #NC000183826). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. The survey sample consisted of audits of 3 current clients.	V 000	Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.). <input type="checkbox"/> Indicate what measures will be put in place to prevent the problem from occurring again. <input type="checkbox"/> Indicate who will monitor the situation to ensure it will not occur again. <input type="checkbox"/> Indicate how often the monitoring will take place.
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: V 736 Based on observation and interview, the facility failed to ensure the home was maintained in a clean, safe and attractive manner. The findings are: Observation on 2/16/22 between 5:30 PM-6:30 PM revealed: - # 1. - Kitchen: One light bulb missing in the kitchen area -Client #2's bedroom: # 2. - Wood plank floor separated Bottom drawer of dresser broken	V 736	The repairs of the aforementioned were completed by SRS' Maintenance Person on 03/28/2022. Please see Attachments for Verification. 1. Photos of Repairs All Maintenance Orders will be immediately turned into SRS' Office and will be completed within 72 Hours upon the Office receiving the Work Order. Group Home Manager (DM) Qualified Professional or Designated Staff will conduct Safety Checks on a Daily Basis to ensure Compliance. SRS' Clinical Supervisor and/or SRS' Personnel will provide Ongoing Monitoring of the Level III Residential Facility on a Random and Quarterly Basis to ensure Compliance

Division of Health Service Regulation

Scottie J. VanHook, MSW, LCSW / Clinical Director

04/28/2022

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE
STATE FORM 6899

TITLE
FE6922

(X6) DATE
If continuation sheet 1 of 1



Division of Health Service Regulation				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	PROVIDER IDENTIFICATION NUMBER: MHL # 043-039	(X2) Multiple Construction B. Building: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2022	
NAME OF PROVIDER: SIERRA'S RESIDENTIAL SERVICES, INC.		STREET ADDRESS, CITY, STATE, ZIP CODE 21 Lanexa Rd. Spring Lake NC 28390		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS- REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 736	<p># 3. - Air vent in ceiling rusted -Client #1's bedroom:</p> <p># 4. - Hole in wall Closet door crack Wood plank popped up near doorway and separation noted in other areas in the bedroom</p> <p># 5. - Air vent in floor rusted -Bedroom with double beds occupied by client #3:</p> <p># 6. - Separated wood plank flooring</p> <p># 7. - Door knob size hole behind the bathroom door where the knob was making contact in the wall of hallway bathroom. - Game Room area:</p> <p># 8. - Space heater Interview on 2/16/22 the Qualified</p> <p>Professional (QP) reported: - Division of Health Service Regulation Mental Health Licensure team conducted a survey in November 2021 and the living environment was cited.</p> <p>Due to the increase in the Coronavirus pandemic, the facility was not able to complete all repairs identified during the November 2021 survey.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).</p> <p><input type="checkbox"/> Indicate what measures will be put in place to prevent the problem from occurring again.</p> <p><input type="checkbox"/> Indicate who will monitor the situation to ensure it will not occur again.</p> <p><input type="checkbox"/> Indicate how often the monitoring will take place.</p> <p>The repairs of the aforementioned were completed by SRS' Maintenance Person on 03/28/2022.</p> <p>Please see Attachments for Verification.</p> <p>2. Photos of Repairs</p> <p>Space Heater has been removed.</p> <p>All Maintenance Orders will be immediately turned into SRS' Office and will be completed within 72 Hours upon the Office receiving the Work Order.</p> <p>Group Home Manager (DM) Qualified Professional or Designated Staff will conduct Safety Checks on a Daily Basis to ensure Compliance.</p> <p>SRS' Clinical Supervisor and/or SRS' Personnel will provide Ongoing Monitoring of the Level III Residential Facility on a Random and Quarterly Basis to ensure Compliance.</p>	04/28/2022



EXIT













