

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL067-091	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/21/2022
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NAME OF PROVIDER OR SUPPLIER NANTUCKET	STREET ADDRESS, CITY, STATE, ZIP CODE 109 LINDSEY DRIVE JACKSONVILLE, NC 28540
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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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p style="text-align: right;">APR 29 2022</p> <p style="text-align: center;">Lic. & Cert. Section</p> <p>Disaster Drills</p> <p>1. As evidenced from the review on 03/18/2022, it was determined that Nantucket Residential did fail to hold safety drills at least quarterly for each shift. After meeting with Manager of facility, the following steps have been implemented as of 11/3/2019:</p> <p>RETRAIN: It was determined the new calendar was not placed in book for the new year.</p> <ol style="list-style-type: none"> The current scheduled calendar has been retrained and developed to follow; to ensure that all drills are held at least quarterly for each shift. The Program manager will review the safety drills monthly to ensure that drills are being conducted as scheduled. Program Manager will continue and follow up with discussing safety drills in monthly staff meetings. The manuals quarterly will be reviewed managers meetings as planned with QP and Vice President. <p>Program Manager will be responsible for ensuring that all staff follow the calendar plan and chart out drills as designed.</p>	
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 3/18/22 of facility records from 7/1/21 - 12/31/21 revealed:</p> <ul style="list-style-type: none"> - 1st quarter (10/01/18- 12/31/18): No fire drills documented on the 3rd shift. - 1st quarter (10/01/18- 12/31/18): No disaster 	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 4/23/2022
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V 114	Continued From page 1 drills documented on the 3rd shift. - 2nd quarter (1/01/19- 3/30/19): No fire drills documented on the 1st shift. Interview on 10/18/19 the Group Home Manager stated: - 1st shift was 7:00am- 3pm. - 2nd shift was 3pm- 11pm. - 3rd shift was 11pm- 7am. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114	Facility and Grounds Maintenance Action Plan: 1. Brown Discoloration around the ceiling fan. It has been determined that the brown discoloration is from the light bulbs shining on the ceiling from the light bulbs. Program Manager has been instructed to go down in wattage of light to beam. The top of the ceiling has been painted. 2. Heaving dark staining on beige carpet. A shampooing has been completed in the client bedroom for this stain to be removed. 3. Client #1 paint peeling around doorway entry and above closet. The room is scheduled to be painted by Painter on 4/27/2022. 4. Loose door hinges on the vanity. The hinges have been tightened, but President has decided to have vanity and mirror replaced due to resistance from landlord to make necessary repairs. Vanity and Mirror is scheduled to be replaced on 4/28/2022. The crack from the entry is from the home settling, painter indicated that he would fill in with puddy / mortar and paint over to conceal the crack. 5. Used undergarment on the floor in bathroom. Shower Curtain. The undergarment was from client #2, which she desires to take her clothes off throughout the day. Staff are already constantly running behind client picking up her clothing throughout the days. Staff will continue to do so with not problem at all. The shower curtain had been taken down that day of inspection and was placed in washer, it was put back up that evening after all laundry was completed for the bathrooms such as curtains, rugs and towels.	
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 Licensee failed to maintain the facility in a clean and attractive manner. The findings are: Observation on 3/18/22 at approximately 10:15am revealed: - Brown discoloration, approximately 16" in diameter, around ceiling fan in dining area.. - Heavy, dark staining to the beige carpet. - Client #1's room had paint peeling around the doorway upon entry in the bedroom and above the closet.	V 736		



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V 736	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Client #1's bathroom had a door loose at the hinges on the left side of the vanity. There was a crack extending approximately 12-16" to the left of the bathroom upon entry. - There was a used adult undergarment in the floor by the toilet in the hall bathroom. There was no shower curtain on the shower/tub in the middle bathroom. <p>Interview on 3/18/22 the Vice President stated there had been delays with the property owner completing needed repairs.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736	<p>Actions for grounds It has been made evidently clear that the landlord is not will or desiring to assist with any repairs to home. Instead has imposed a change in the lease agreement from renter to commercial agreement because of requested repairs. Therefore, I, myself will seek to have the house improved at a lost to the company with having carpets, vanities, painting, and ramps replaced. After all repairs have been completed, the house check sheet will be updated for the manager to complete on a monthly basis.</p> <p>Manager will continue to use the existing check sheet until all desired repairs and updates are completed. Then after completion, the new sheets will be utilized. NEW Check sheet will be completed monthly and reviewed quarterly by team meetings..</p>	
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