

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL100-024	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 04/19/2022
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NAME OF PROVIDER OR SUPPLIER HAWTHORNE HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 281 WHEELER HILLS ROAD BURNSVILLE, NC 28714
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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 INITIAL COMMENTS

An annual, complaint and follow up survey was completed on April 19, 2022. The complaint was unsubstantiated (Intake #NC00187727). Deficiencies were cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability

This facility is licensed for 6 and currently has a census of 6. 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.

V 114

V 114

The Safety Chairperson will in-service the Residential Team Leader on the Fire Drill Schedule. The Safety Chairperson will monitor all Fire Drills monthly to ensure they are completed per the schedule. In the future the Safety Chairperson will ensure Fire Drills are completed for each shift at least quarterly.

By: 6/18/22

DHSR - Mental Health

JUN 27 2022

Lic. & Cert. Section

This Rule is not met as evidenced by:
Based on record reviews and interviews, the facility failed to conduct fire and disaster drills quarterly for each shift. The findings are:

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

TITLE

(X6) DATE

STATE FORM

6899

VXTW11

6/18/22

If continuation sheet 1 of 3

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Review on 4-13-22, 4-14-22, and 4-19-22 of fire and disaster drills from April 2021 to March 2022 revealed:</p> <ul style="list-style-type: none"> -There were no documented fire and disaster drills for first shift in the second quarter (April 2021 - June 2021). -There were no documented fire and disaster drills for first and third shift during the third quarter (July 2021 - September). -There were no documented fire and disaster drills for the second and third shift during the fourth quarter (October 2021 - December 2021). <p>Interview on 4-13-22 with Clients #2, #3 revealed:</p> <ul style="list-style-type: none"> -Fire and disaster drills took place at the facility. <p>Interview on 4-13-22, 4-14-22, and 4-19-22 with the Qualified Professional (QP) revealed:</p> <ul style="list-style-type: none"> -Paper copies of the drills were kept in facility and office, as well as scanned into the computer. -QP felt certain that the drills had been completed but the staff who scans and files the drills was out of the office. -QP was unable to find the scanned copies of fire and disaster drills on the computer. 	V 114		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100- 116 degrees Fahrenheit.</p>	V 752	<p>V 752</p> <p>The Maintenance Technician adjusted the water temperature. The water temperature will be checked during fire and disaster drills in bathrooms and in the kitchen. Any water temperatures that do not meet standards will be reported the Safety Chairperson and arrangements will be made to adjust the water heaters. In the future the Residential Team Leader will ensure water temperatures are tested in all locations and are appropriate.</p> <p>By: 6/18/22</p>	

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V 752	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to maintain the hot water temperature to ensure the physical safety of clients. The findings are:</p> <p>Observation on 4-14-22 at 9:45 am revealed: -Client #1's bathroom water temperature read at 120 degrees. -Client #2's bathroom water temperature read at 118 degrees. -Client #3's bathroom water temperature read at 118 degrees.</p> <p>Interview on 4-14-22 and 4-19-22 with the Qualified Professional (QP) revealed: -There were two hot water heaters that serve the house. -The same hot water heater served bedrooms #2, #3, #4, and the kitchen. -Water temperature had been tested during fire and disaster drills, but they probably just checked the kitchen. -Maintenance had been called to adjust the water temperature.</p>	V 752		

Mental Health Licensure and Certification Section

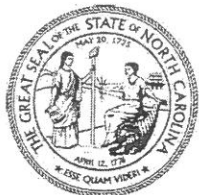
NC Division of Health Service Regulation

Please see the enclosed Plan of Correction for Hawthorne Rouse MHL# 100024 . If you have questions or concerns Please don't hesitate to call me at 336-469-0540 or by email cmyers@rhanet.org.

Cindy Myers

Regional Vice President

RHA Health Services



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

May 2, 2022

Cindy Myers
RHA Health Services NC, LLC
414 East Main Street
Burnsville, NC 28714

Re: Annual, Complaint, and Follow up Survey completed April 19, 2022
Hawthorne House, 281 Wheeler Hills Road, Burnsville, NC 28714
MHL # 100-024
E-mail Address: cmyers@rha.net
Intake #NC00187727

Dear Ms. Myers:

Thank you for the cooperation and courtesy extended during the annual, complaint, and follow up survey completed April 19, 2022. The complaint was unsubstantiated.

As a result of the follow up survey, it was determined that all of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All other tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is June 18, 2022.

What to include in the Plan of Correction

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603

MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718

www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

May 2, 2022
Hawthorne House
RHA Health Services NC, LLC

- 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.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Sonia Eldridge at 828-665-9911.

Sincerely,



Benjamin Robinson
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: QM@partnersbhm.org
dhhs@vayahealth.com
Pam Pridgen, Administrative Supervisor