

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-069	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/08/2022
NAME OF PROVIDER OR SUPPLIER SECOND STREET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 242 N SECOND STREET ALBEMARLE, NC 28001		
(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	INITIAL COMMENTS An annual survey was completed on June 8, 2022. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility has a current census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are: Observation on 6/8/22 at about 12:30 pm of the dining room revealed: -Hardwood flooring had a significant number of scratches. Observation on 6/8/22 at about 12:40 pm of the living room revealed: -Hardwood flooring had a significant number of scratches.	V 736	V 736 Maintenance will obtain quotes on having hardwood flooring in dining room and living room refinished. Once quotes received, maintenance will forward to Partners for approval and then proceed with refinishing. A maintenance ticket was previously opened to have holes repaired on front porch by front wall. A quote was received by S&D Construction. Written confirmation from Partners to proceed with repairs was received on 6/16/22 and S&D was contacted same day to get repairs scheduled. RECEIVED JUN 24 2022 DHSR-MH Licensure Sect	8/7/2022 8/7/2022

Division of Health Service Regulation

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

Louise Minstead, RN, Compliance Specialist

TITLE

(X6) DATE

STATE FORM

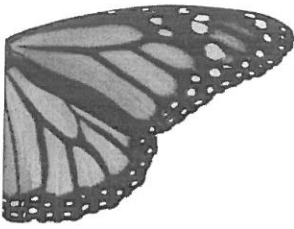
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If continuation sheet 1 of 2

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V 736	<p>Continued From page 1</p> <p>Observation on 6/8/22 at about 12:48 pm of the front porch revealed: -There were several holes on the wooden floor next to the front wall.</p> <p>Interview on 6/8/22 with the Qualified Professional revealed: -He was not aware of the holes on the floor at the front porch. -He acknowledged the facility failed to ensure grounds were being maintained in a clean, safe, and attractive manner.</p>	V 736	This Page Intentionally Left Blank	



June 17, 2022

Edgar Garrido, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

RE: Second Street / Annual / 6-8-22

Hello,

Please find enclosed the Plan of Correction and supporting documents for deficiencies cited during the survey referenced above.

If you need additional information or have any questions, please contact me.

Sincerely,

Louise Winstead, RN
Compliance Specialist – Plan of Corrections
louise.winstead@monarchnc.org
252-289-6512

