

--

a Lewis

--

Who Complete(d)

week of 7/11/2022

--

30-Jun-22

02-Jul-22

30-Jun-22

30-Jun-22

23-Jun-22

28-Jun-22

--

--

--

--

--

--

--

--

--

--









Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WAVERLY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2215 WAVERLY 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	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on June 21, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 5. The survey sample consisted of audits of 3 current clients.</p>	V 000	V	7
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 6/20/22 at about 2:10 pm of the Hall Bathroom #1 revealed: -Plastic/rubber strip covering corner of the wall between sink and shower was loose and coming off at certain parts. -There was mold/mildew inside the shower on the walls and floor.</p> <p>Observation on 6/20/22 at about 2:13 pm of the</p>	V 736	<p>V736 -</p> <p>Made an appointment for maintenance man to caulk/take off strip in bathroom.</p> <p>Cleaned mold/mildew in bathrooms.</p> <p>Cleaned walls and floors.</p> <p>Gave individual a container to keep the tobacco and cleaned butts.</p> <p>Purchased new blinds.</p> <p>QM Develop a template identifying all deficiencies.</p> <p>Program Manger will complete with status.</p> <p>Program Director will review to ensure completion and sign off.</p> <p>Program Coordinators will complete random audits quarterly.</p>	7/21/22

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Leslie Flowers, Quality Management 7/6/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WAVERLY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2215 WAVERLY 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 736	<p>Continued From page 1</p> <p>Hall Bathroom #1 revealed: -There was mold/mildew on the bottom of the tub.</p> <p>Observation on 6/20/22 at about 2:18 pm of Client #4's room revealed: -There was a sticky substance on the floor, in front of the window.</p> <p>Observation on 6/20/22 at about 2:20 pm of Client #5's room revealed: -The floor was dirty.. -Walls were dirty. -There was a pile of cigarette butts and lose tobacco on top of the dresser. This was also noted on survey back on 2/26/20.</p> <p>Observation on 6/20/22 at about 2:23 pm of Client #1's room revealed: -Three strips from the window blinds were broken.</p> <p>Observation on 6/20/22 at about 2:28 pm of the Outside area revealed: -The grass was tall.</p> <p>Interview on 6/21/22 with the Program Coordinator revealed: -House belonged to the Department of Housing and Urban Development (HUD.) -HUD was responsible for doing maintenance to the house. -She was last at the house last month. -She was aware of rubber strip on the corner of wall inside the bathroom coming off as well as the blinds in Client #1's room needing to be replaced. -She was not aware of Client #5's room being dirty and the situation with the cigarette butts being on top of the dresser. -She acknowledged the facility failed to ensure facility grounds were maintained in a clean, safe</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 06/21/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER WAVERLY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2215 WAVERLY 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 736	Continued From page 2 and attractive manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor

KODY H. KINSLEY • Secretary

MARK PAYNE • Director, Division of Health Service Regulation

June 22, 2022

Heather Humphrey-Greer
Easter Seals UCP North Carolina & Virginia, Inc.
5171 Glenwood Avenue, Suite 211
Raleigh, NC 27612

Re: Annual and Follow-up Survey completed June 21, 2022
Waverly House, 2215 Waverly Street, Albemarle, NC 28001
MHL # 084-078
E-mail Address: heather.humphrey-greer@eastersealsucp.com

Dear Ms. Humphrey-Greer:

Thank you for the cooperation and courtesy extended during the annual and follow-up survey completed June 21, 2022.

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

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

- Re-cited standard level deficiencies.

Time Frames for Compliance

- Re-cited standard level deficiency must be **corrected** within 30 days from the exit of the survey, which is 7/21/22.

What to include in the Plan of Correction

- 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.***

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

June 22, 2022
Waverly House
Easter Seals UCP North Carolina & Virginia, Inc.

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 Bryson Brown, Team Leader at 919-855-3822.

Sincerely,



Edgar Garrido, MSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

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