

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL038-023</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>06/14/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>THE TWIN OAKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>536 MOOSE BRANCH ROAD</b> <b>ROBBINSVILLE, NC 28771</b>
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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
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on 6/14/22. 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 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p>At Appalachian Community Services, we strive to maintain our facilities to the highest standard possible. At times, we recognize that we have failed to meet this standard and we work towards remediation as soon as possible.</p> <p>In regards to the maintenance and repairs needed in the client's bathrooms, the lightbulbs have been replaced and are both functioning. The towel rack was secured to the wall and is no longer loose. The ceiling plaster that was peeling has been repaired. All bathrooms are fully stocked with toilet paper and paper towels.</p> <p>In regards to the scuff marks on the living room walls, the walls have been repainted to cover the furniture marks.</p>	06/22/2022
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b></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 observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 6/7/22 at 4:50pm revealed: -bathroom between Client #4 and Client #5's rooms: -1 of 2 light bulbs above the sink vanity was not functioning -the towel rack was loose from the wall -bathroom on the left side of the hall used by the female clients: -an approximately 4 x4 inch section of peeling plaster on the ceiling</p>	V 736	<p>To prevent any future facility and maintenance deficiencies, the IDD Residential Manager will conduct biweekly safety and maintenance inspections of the facility. Residential staff will be required to report any safety or maintenance issues to the IDD residential manager when they are discovered.</p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Victoria Singley* TITLE Director of IDD Services (X6) DATE 7/8/2022

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V 736	<p>Continued From page 1</p> <p>-there was no toilet paper or paper towel in the bathroom</p> <p>-in the living room, there were black scuff marks behind the furniture where the furniture rubbed against the wall.</p> <p>Interview on 6/8/22 with Staff #1 revealed:</p> <p>-in the bathroom with the peeling plaster, one of the clients used a broom to clean the ceiling and because of the humidity, the plaster peeled off</p> <p>-a work order had been submitted for re-painting the living room but she was unsure of the date it was submitted</p> <p>-one of the female clients used an excessive amount of toilet paper; the female clients get the toilet paper from the staff prior to using the bathroom.</p> <p>Interview on 6/14/22 with the IDD (Intellectual and Development Disability) Operations Manager revealed:</p> <p>-he was not sure of the date that the work order for painting in the living room was submitted but it was recently.</p>	V 736		