KECEIVED No. 2088 RIN 308/15/2022 Aug. 24, 2022 4:38PM By DHSR Mental Health Licensure & Certification at 5:04 pm, Aug 25, 2022 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ B. WING 08/10/2022 MHL043-027 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 300 WEST J STREET **ELM STREET ERWIN, NC 28339** PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY The team will properly maintain the facility V 000 V 000 INITIAL COMMENTS grounds and maintenance by increasing staff daily cleaning and maintenance duties. An annual survey was completed on 8/10/22. This will include vent dusting, vent Deficiencies were cited. replacement (when appropriate), wall washing, and ensuring that the home has This facility is licensed for the following service appropriate lighting by increasing category: 10A NCAC 27G .5600C Supervised monitoring of the above to twice a week. Living for Adults with Developmental Disability. Home Manager and QP will be review and monitor shift responsibility logs to ensure This facility is licensed for 3 and currently has a compliance. This will be reviewed with staff census of 3. The survey sample consisted of during monthly house meetings. audits of 3 current clients. Home Manager and Maintenance V 736 V 736 27G .0303(c) Facility and Grounds Maintenance Coordinator will ensure proper maintenance and replacement of all furnishings in the 10A NCAC 27G .0303 LOCATION AND home to provide damage free furnishings. **EXTERIOR REQUIREMENTS** New dining room table will be purchased for (c) Each facility and its grounds shall be the home. Home Manager and QP will maintained in a safe, clean, attractive and orderly conduct environmental assessments to manner and shall be kept free from offensive monitor the maintenance up keep of the odor.

This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the home in a safe, clean, attractive and orderly manner. The findings are:

Observation on 8/10/22 at 9:45am revealed the following:

- Dirty and very dusty vent in the living room
- Dirty and rusting vent in the kitchen over the sink
- 3 lightbulbs were blown in the clients' bathroom
- Dining room table fading with spots and scratches all over it
- Wall by dining room table had black scuff

Maintenance Coordinator will collaborate with the landlord to ensure all flooring stays in good condition and is free from broken and lifting floor pieces. Team will complete work orders to ensure maintenance of the home. This will be monitored Home Manager and QP.

Target Date: 10/9/22

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE

TITLE

(X6) DATE

STATE FORM

No. 2088 RIN 408/15/2022 FORM APPROVED

Division	of Health Service Re	egulation					
STATEMENT OF DEFICIENCIES (X1) PROV		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		parti oranor acresia	A. BUILDING:				
	MHL043-027		B. WING		08/10/2022		
NAME OF D	PROVIDER OR SUPPLIER		DRESS CITY &	TATE, ZIP CODE	***		
			JSTREET	77.12; 20.1			
ELM STF	EET	ERWIN, N					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COMPLETE		
V 736	Continued From pa	age 1	V 736				
	marks and scratch	"	***************************************				
		es on a ad some broken floor pieces,					
	soft spots In some areas and lifting floor						
Interview on 8/10/2		22 the Group Home Manager					
reported:							
	 A maintenance request had been put in. She believed there were some items on back 						
	- Sne believed ti order.	nere were some items on back		,			
	- They were in the	he process of getting a new					
	dining room table.	s on the wall were from how					
		ble was previously placed.					
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RHA Health Services, Inc. 501-C South Wall Street Benson, NC 27504 Phone: 919-894-5124

Fax: 919-894-1488

FAX TRANSMISSION

CONFIDENTIAL HEALTH INFORMATION ENCLOSED

From: Nes	heil B	عرب ا		919-71	
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Re: PC	C-Bria	lge	Pages:	4 (1	ncluding Cover)
cc:					
Urgent	For Review	As Red	quested	Please Reply	Please Recycle

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Last Modified: 8/31/2005 Form #: 2011~JH

August 24, 2022

Re: Annual Survey completed 8/10/22

Elm Street, 300 West J Street, Erwin, NC 28339

MHL # 043-027

E-mail Address: nesheil.wilson@rhanet.org

Dear DHHS,

Please see the POC for the Bridge Home. If you have any questions or concerns please feel free to reach out to me by email or phone.

Sincerely,

Nesheil Blue, Administrator RHA Health Services NC, LLC 501-C South Wall St. Benson, NC 27504