

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL084-093</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>08/03/2022</b>
NAME OF PROVIDER OR SUPPLIER  <b>COGGINS GROUP HOME</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>235 COGGINS AVENUE ALBEMARLE, NC 28001</b>		
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V 000	INITIAL COMMENTS  An annual, complaint and follow up survey was completed on August 3, 2022. The complaints were substantiated (intake #NC00191262 and NC00191643). 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 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000	V 114  RHA Health Services will ensure all fire and disaster drills are completed appropriately on each shift and quarter as required. The Residential Team Leader will be in-serviced on completing fire and disaster drills monthly. All fire and disaster drills will be kept at the facility and the office. All fire & disaster drills will be submitted to the Vocational Program Manager. This process will be monitored through the Safety & CQI meetings each month.	10/2/2022
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.  This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are:	V 114		

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

Katherine Benton,

TITLE

Director of Operations

(X6) DATE

8/12/2022

STATE FORM

6899

OF5X11

DHSR - Mental Health

If continuation sheet 1 of 5

AUG 17 2022

Lic. & Cert. Section

Division of Health Service Regulation

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V 114	<p>Continued From page 1</p> <p>Review on 8/1/22 of the facility's fire drill log revealed:</p> <ul style="list-style-type: none"> <li>-7/7/22-2nd shift</li> <li>-6/2/22-2nd shift</li> <li>-4/5/22-3rd shift</li> <li>-3/4/22-3rd shift</li> <li>-2/23/22-2nd shift</li> <li>-1/7/22-3rd 1st shift</li> <li>-12/3/21-3rd shift</li> <li>-11/2/21-2nd shift</li> <li>-10/26/21-1st shift</li> <li>-9/10/21-3rd shift</li> <li>-There was no documentation of a 1st shift fire drill completed for the 2nd quarter of 2022.</li> <li>-There was no documentation of a 1st shift fire drill completed for the 1st quarter of 2022.</li> </ul> <p>Review on 8/1/22 of the facility's disaster drill log revealed:</p> <ul style="list-style-type: none"> <li>-7/6/22-1st shift</li> <li>-4/5/22-3rd shift</li> <li>-3/4/22-3rd shift</li> <li>-2/23/22 2nd shift</li> <li>-1/5/22 1st shift</li> <li>-12/3/21-3rd shift</li> <li>-11/2/21-2nd shift</li> <li>-11/1/21-1st shift</li> <li>-10/26/21-1st shift</li> <li>-9/8/21-3rd shift</li> <li>-There was no documentation of a 1st or 2nd shift disaster drill completed for the 2nd quarter of 2022.</li> </ul> <p>Interview on 8/1/22 with client #1 revealed:</p> <ul style="list-style-type: none"> <li>-He thought staff did fire and disaster drills with them.</li> <li>-He wasn't sure how often the fire and disaster drills were conducted.</li> </ul>	V 114			

Division of Health Service Regulation

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V 114	Continued From page 2  Interview on 8/1/22 with client #2 revealed: -She moved to that facility a few months ago. -They never did any fire and disaster drills with staff.  Interview on 8/1/22 with staff #1 revealed: -She was employed with the facility about four months. She normally worked 2nd shift. -She had not done any fire or disaster drills since being employed at this facility.  Interview on 8/1/22 with the Program Manager revealed: -This facility has three separate staff shifts. -She wasn't sure why the fire and drills were not done consistently. The Residential Team Leader (RTL) was responsible for ensuring the drills were completed. The RTL started about a week ago. -She confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114			
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 observations and interview, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736			

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V 736	Continued From page 3  The findings are:  Observation on 8/1/22 at approximately 12:35 pm revealed: -Kitchen area-There was a plastic bag on the floor that contained shoes, clothing and plastic hangers. There was a 2nd plastic bag on the floor that contained trash. -Bathroom/Laundry Room-There was a blanket, 2 pillows, a pillow case, a plastic bag containing clothing, a rug and dish cloth in a pile on the floor. -Outside of facility-There were pieces of trash on the ground. -Den area-The glass panel was missing from the metal storm door. There was a plastic trash bag covering the missing glass panel portion of the door. There was a set of broken blinds. -Client #1's bedroom-There was a putty like substance on two areas of his wall. There was a hole in the wall behind the bedroom door approximately 6 inches long and 6 inches wide. There was putty like substances on two areas of the wall behind the bedroom door. -Client #3's bedroom-There was a cable box on the floor. The screen outside of his window was warped. -Bathroom near client bedrooms-There was a putty like substance on 4 areas of the walls. There were dirt stains on the walls. -Empty bedroom-There was a set of broken blinds.  Observation on 8/1/22 at approximately 4:10 pm revealed: -Client #2's bedroom-There were approximately 50 nail holes in the walls. There were black markings on the walls. There were approximately 14 small putty like substance areas on the walls. The ceiling had a putty like substance and purplish stain on it. The screen to the window was	V 736	V 736  RHA Health Services will ensure the maintenance of the facility and grounds are kept in good condition. The Residential Team Leader will ensure work orders are submitted for all needed repairs to the walls including painting. The Residential Team Leader will in-service all direct support staff on keeping the facility clean at all times including putting all clothing away and ensuring the people supported's personal items are stored in an organized manner. This will be monitored monthly by completing the Environmental Assessment. All assessments are trended and reviewed during the monthly Safety and CQI meetings.	10/2/2022

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V 736	Continued From page 4  missing.  Interview on 8/1/22 with the Program Manager revealed: -She thought the facility looked that way because staff and clients just returned from the hotel on July 30, 2022. She wasn't sure why they didn't put the items away from the hotel when they returned. -She thought the front door had a plastic bag hanging over it because one of the clients slammed that door. When that client slammed the door the glass panel shattered. She thought that happened about a week ago. -The maintenance person came to the facility and repaired most the holes in the walls. The putty like substance was there due to the repairs. The maintenance person still had to paint the walls throughout the facility. -Most of the holes in the wall were caused by client #1. When he got upset, he would punch a hole in the wall. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.	V 736			



August 12, 2022

Ms. Kimberly R. Sauls  
Facility Compliance Consultant I  
Mental Health Licensure & Certification Section  
NC Division of Health Service Regulation  
2718 Mail Service Center  
Raleigh, NC 27699-2718

**RE: MHL-084-093 Coggins Group Home**

Dear Ms. Sauls:

Please see the enclosed Plan of Correction (POC) for the deficiencies cited at the Coggins Group Home during your annual survey visit on 8/3/2022. We have implemented the POC and invite you to return to the facility on or around 10/2/2022 to review our POC items.

Please contact me with any further issues or concerns regarding the Coggins Group Home (MHL-084-093).

Sincerely,

A handwritten signature in black ink, appearing to read "Katherine Benton", written over a large, stylized circular flourish.

Katherine Benton  
Director of Operations  
RHA Health Services, LLC  
Kbenton2@rhanet.org