

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-259	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 10/27/2022
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NAME OF PROVIDER OR SUPPLIER A MOTHER'S LOVE	STREET ADDRESS, CITY, STATE, ZIP CODE 1227 WESTMORLAND DRIVE BURLINGTON, NC 27215
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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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 10/27/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(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.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are:</p> <p>Review on 10/27/22 of the facility's fire drill log revealed:</p>	V 114		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 114	<p>Continued From page 1</p> <p>-There was no 3rd shift fire drill for 1st quarter of 2022. Review on 10/27/22 of the facility's disaster drill log revealed: -There was no 1st shift disaster drill for 3rd quarter of 2022. -There was no 3rd shift disaster drill for 1st quarter of 2022.</p> <p>Interview on 10/27/22 with client #1 revealed: -She was admitted to the facility about a month ago. -Staff had not done any fire or disaster drills with them.</p> <p>Interview on 10/27/22 with client #3 revealed: -She lived at the facility for about a year. -They never did any fire or disaster drills with staff.</p> <p>Interview on 10/27/22 with the Program Manager revealed: -There were three separate shifts at the facility. -She didn't know why staff were not doing the fire and disaster drills consistently during their shifts. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift.</p>	V 114		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor. The findings are:</p> <p>Observation on 10/26/22 at approximately 9:30 am revealed: -Client #4's bedroom-Door was cracked around the knob. -Bathroom in hallway-Cabinet was peeling. Toilet seat was faded. Walls were stained. -Client #1's bedroom-A set of broken blinds. Doorknob was loose. Carpet was stained. -Client #3's bedroom-Carpet was stained. There was a musty odor. Walls were stained. A set of broken blinds. A knob was missing from her dresser. -Kitchen area-There were approximately 20 pin sized hole in the wall. The walls were stained and there was a patch of putty on the wall. -Client #1's bedroom-Carpet was stained. -Den area-Peeling paint on the walls.</p> <p>Interview on 10/26/22 with staff #1 revealed: -She thought management was aware of maintenance issues with the facility. -Staff are always talking to the clients about keeping their room clean. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly manner and kept free from offensive odor.</p> <p>Interview on 10/26/22 with Program Manager confirmed: -The facility failed to ensure facility grounds were maintained in a safe, clean, attractive, orderly</p>	V 736		

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