| STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | | | (X3) DATE SURVEY COMPLETED | |
|--|--|--|-----------------------------------|---|-----------------------------------|-------------------------------|--|
| | | | A. BUILDING: | | R | | |
| | | MHL001-259 | B. WING | | 10 | /27/2022 | |
| NAME OF PF | ROVIDER OR SUPPLIER | | | | | | |
| A MOTHEI | R'S LOVE | | ESTMORLAND DRIN GTON, NC 27215 | /E | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | TION SHOULD BE THE APPROPRIATE | (X5) COMPLETI DATE | |
| V 000 | INITIAL COMMENTS | | V 000 | | | | |
| | An annual and follow up survey was completed on 10/27/22. Deficiencies were cited. | | | | | | |
| | This facility is licensed for the following service category: 10A NCAC 27G .1300 Residential Treatment for Children or Adolescents. | | | | | | |
| | | ed for 4 and currently has a vey sample consisted of ents. | | | | | |
| V 114 | 27G .0207 Emergend | cy Plans and Supplies | V 114 | | | | |
| | AND SUPPLIES (a) A written fire plan area-wide disaster pl shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that | 7 EMERGENCY PLANS for each facility and an shall be developed and the appropriate local made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. Drills shall be conducted simulate fire emergencies. have basic first aid supplies | | | | | |
| | facility failed to ensur done quarterly on ea | as evidenced by: ews and interviews the re fire and disaster drills were ch shift. The findings are: of the facility's fire drill log | | | | | |

DZ2E11

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | | | (X3) DATE SURVEY COMPLETED | |
|---|---|---|--|---|--|
| | | A. BUILDING: | | | |
| | MHL001-259 | B. WING | | 10 | R / 27/2022 |
| ROVIDER OR SUPPLIER | STREET A | ADDRESS, CITY, STATE | , ZIP CODE | | |
| R'S LOVE | | | VE | | |
| SUMMARY ST | | | PROVIDER'S PLAN (| OF CORRECTION | (X5) |
| | | PREFIX TAG | CROSS-REFERENCED TO | O THE APPROPRIATE | COMPLET DATE |
| Continued From page 1 | | V 114 | | | |
| -There was no 3rd shift fire drill for 1st quarter of 2022. | | | | | |
| log revealed: | - | | | | |
| | | | | | |
| -There was no 3rd shift disaster drill for 1st quarter of 2022. | | | | | |
| | | | | | |
| ago. -Staff had not done a them. | ny fire or disaster drills with | | | | |
| -She lived at the facili | ity for about a year. | | | | |
| revealed: -There were three set -She didn't know why and disaster drills cor -She confirmed staff f | parate shifts at the facility. staff were not doing the fire nsistently during their shifts. failed to ensure fire and | | | | |
| 27G .0303(c) Facility | and Grounds Maintenance | V 736 | | | |
| EXTERIOR REQUIR (c) Each facility and it maintained in a safe, | EMENTS ts grounds shall be clean, attractive and orderly | | | | |
| | ROVIDER OR SUPPLIER R'S LOVE SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page -There was no 3rd sh 2022. Review on 10/27/22 of log revealed: -There was no 1st sh quarter of 2022. -There was no 3rd sh quarter of 2022. -There was no 3rd sh quarter of 2022. Interview on 10/27/22 -She was admitted to ago. -Staff had not done a them. Interview on 10/27/22 -She lived at the facili -They never did any f staff. Interview on 10/27/22 revealed: -There were three se -She didn't know why and disaster drills cor -She confirmed staff f disaster drills were do 27G .0303(c) Facility 10A NCAC 27G .0307 EXTERIOR REQUIR (c) Each facility and if maintained in a safe, manner and shall be | IDENTIFICATION NUMBER: INHL001-259 ROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES ISE LOVE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 -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. 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. 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. Interview on 10/27/22 with the Program Manager revealed: -There were three separate shifts at the facility. -She lived at the facility for about a year. -They never did any fire or disaster drills with staff. Interview on 10/27/22 with the Program Manager revealed: -There were three separate shifts at the facility. -She confirmed staff failed to ensure fire and disaster drills consistently during their shifts. -She confirmed staff failed to ensure fire and di | IDENTIFICATION NUMBER: A. BUILDING: MHL001-259 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 114 -There was no 3rd shift fire drill for 1st quarter of 2022. V 114 Review on 10/27/22 of the facility's disaster drill log revealed: V 114 -There was no 3rd shift disaster drill for 3rd quarter of 2022. V -There was no 3rd shift disaster drill for 1st quarter of 2022. V -There was no 1ds shift disaster drill for 1st quarter of 2022. V -There was no 1/27/22 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. 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. Interview on 10/27/22 with the Program Manager revealed: -There were three separate shifts at the facility. -She confirmed staff failed to ensure fire and disaster drills consistently during their shifts. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift. 27G .0303(c) Facility and Grounds Maintenance V 736 <td>F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL001-259 B. WING SOUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1227 WESTMORLAND DRIVE BUILLINGTON, NC 27215 SUMMARY STATEMENT OF DEFICIENCIES ID (EACH CORRECTIVA REGULATORY OR LSC IDENTIFYING INFORMATION) PREPX TAG PROVIDER'S PLAN (EACH CORRECTIVA CROSS-REFERENCED T DEFICIE Continued From page 1 V 114 V 114 -There was no 3rd shift fire drill for 1st quarter of 2022. V 114 -There was no 1st shift disaster drill for 3rd quarter of 2022. V 114 -There was no 1st shift disaster drill for 1st quarter of 2022. V 114 -There was admitted to the facility about a month ago. -Staff had not done any fire or disaster drills with them. Interview on 10/27/22 with client #1 revealed: -She lived at the facility for about a year. -They never did any fire or disaster drills with staff. Interview on 10/27/22 with the Program Manager revealed: -There were three separate shifts at the facility. She didn't face that with their shifts. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift. 27G .0303(c) Facility and Grounds Maintenance V 736</td> <td>FCORRECTION IDENTIFICATION NUMBER: A BUILDING: </td> | F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL001-259 B. 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She didn't face that with their shifts. -She confirmed staff failed to ensure fire and disaster drills were done quarterly on each shift. 27G .0303(c) Facility and Grounds Maintenance V 736 | FCORRECTION IDENTIFICATION NUMBER: A BUILDING: |

STATE FORM

DZ2E11

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED R 10/27/2022 | |
|---------------|---|---|---|--|-------------------|--|--|
| | MHL001-259 | | B. WING | | | | |
| NAME OF PI | ROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, STATE | , ZIP CODE | | | |
| A MOTHE | R'S LOVE | | STMORLAND DRIV GTON, NC 27215 | /E | | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN C | F CORRECTION | (X5) | |
| PREFIX TAG | (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN |) THE APPROPRIATE | COMPLET DATE | |
| V 736 | Continued From page | 2 | V 736 | | | | |
| | failed to ensure facilit in a safe, clean, attrac kept free from offensi | as evidenced by: n and interviews, the facility y grounds were maintained ctive, orderly manner and ve odor. The findings are: 6/22 at approximately 9:30 | | | | | |
| | the knob. -Bathroom in hallway seat was faded. Walls -Client #1's bedroom- Doorknob was loose. -Client #3's bedroom- was a musty odor. Wa broken blinds. A knob dresser. -Kitchen area-There was | A set of broken blinds. Carpet was stained. Carpet was stained. There alls were stained. A set of was missing from her were approximately 20 pin The walls were stained and | | | | | |
| | -Client #1's bedroom- -Den area-Peeling pa Interview on 10/26/22 | Carpet was stained. int on the walls. ? with staff #1 revealed: | | | | | |
| | keeping their room clo -She confirmed the fa grounds were maintai | vith the facility. ing to the clients about ean. icility failed to ensure facility | | | | | |
| | confirmed: -The facility failed to e | e with Program Manager ensure facility grounds were clean, attractive, orderly | | | | | |

Division of Health Service Regulation STATE FORM

DZ2E11

| Division of Health Service Regulatio STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION (X1) | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CO | (X3) DATE COM | (X3) DATE SURVEY COMPLETED R | |
|---|---|---|-----------------------------------|---|--------------------------------------|--------------------------|
| | | | A. BUILDING: | | | |
| | | MHL001-259 | B. WING | | 10 |)/27/2022 |
| IAME OF PI | ROVIDER OR SUPPLIER | STREET | ADDRESS, CITY, STATE | , ZIP CODE | | |
| | R'S LOVE | | ESTMORLAND DRIN GTON, NC 27215 | /E | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI | CTION SHOULD BE D THE APPROPRIATE | (X5) COMPLETE DATE |
| V 736 | Continued From page 3 | | V 736 | | | |
| | manner and kept free from offensive odor. | | | | | |
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