

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL063-055</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>11/15/2022</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CRYSTAL LAKE CASAWORKS AND MATERNA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>285 CAMP EASTER ROAD LAKEVIEW, NC 28350</b>
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on November 15, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories:            10A NCAC 27G 3700 Day Treatment for Substance Abuse;            10A NCAC 27G 4100 Therapeutic Homes for Individuals With Substance Disorders And Their Children;            10A NCAC 27G 4400 Substance Abuse Intensive Outpatient Program and            10A NCAC 27G 4500 Substance Abuse Comprehensive Outpatient Treatment.</p> <p>This facility is licensed for 39 and currently has a census of 3. The survey sample consisted of audits of 3 current clients and 1 former client.</p>	V 000		
V 736	<p><b>27G .0303(c) Facility and Grounds Maintenance</b></p> <p><b>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</b>            (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 observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 11/15/22 at about 2:00 pm of the</p>	V 736		

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 LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 736	<p>Continued From page 1</p> <p>outside of Building A revealed: -Second step from stairs going up to the second floor to Apartment 1 had a big chunk of the wood broken.</p> <p>Observation on 11/15/22 at about 2:02 pm of Apartment 2A revealed: -Cabinet from top of kitchen range had a door missing. -Cabinet on top of the serving hatch had a door that was unable to fully close. -Closet in hallway was missing its doors.</p> <p>Observation on 11/15/22 at about 2:15 pm of Apartment 4A revealed: -Kitchen cabinets were worn down and in need to be replaced. Some of the doors did not fully close.</p> <p>Observation on 11/15/22 at about 2:20 pm of Apartment 1B revealed: -Walls needed to be repainted. Walls were stained/dirty and chipped at places (wall leading to kitchen.) -Wall repairs also needed to be painted (sliding door.) -Hallway closet was missing its doors.</p> <p>Observation on 11/15/22 at about 2:25 pm of Apartment 2B revealed: -Apartment was empty. -Walls needed to be repainted.</p> <p>Observation on 11/15/22 at about 2:30 am of Apartment 3B revealed: -Hall closet doors were misaligned.</p> <p>Observation on 11/15/22 at about 2:30 pm of Apartment 6B revealed: -Hall closet doors were misaligned.</p>	V 736		

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V 736	<p>Continued From page 2</p> <p>Observation on 11/15/22 at about 2:35 pm of Apartment 5B revealed: -Apartment was empty. -Kitchen countertop had a burn mark and several chips on top.</p> <p>Observation on 11/15/22 at about 2:40 pm of Apartment 4B revealed: -Apartment was empty. -Paint on front door was chipped off at places. -Wallpaper inside the bathroom was ripped at places and painted over on repaired places. Hall closet was missing one door.</p> <p>Observation on 11/15/22 at about 2:45 pm of Apartment 8B revealed: -Hall closet had wrong size doors.</p> <p>Interview on 9/8/21 with the Program Manager revealed: -Agency leased the apartments where residents lived and office operated. -Landlord was responsible for conducting services/repairs. -Agency had had some trouble getting all of needed repairs done on time in the past due to landlord taking too long to respond. -She was aware of repairs that still needed to be completed at the apartments. -Corporate had also been working together with the landlord to have repairs completed. -Facility also made necessary repairs to apartments after a resident moved out. There was some conditioning that needed to be made. -A couple of clients had moved out and the apartment was in process to be reconditioned. -Facility was still accepting referrals but were awaiting Health Department to come to inspect the apartments before allowing new clients.</p>	V 736		

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V 736	Continued From page 3  -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.  This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are:  Observation of the facility on 11/15/22 at approximately 2:20 p.m. revealed: -Apartment 7B: -The kitchen sink water temperature was 120 degrees Fahrenheit. -Bathroom water temperature was 120 degrees Fahrenheit.  Interview with the Program Director on 11/15/22 revealed: -Landlord was responsible for graduating the water temperature on the water heaters from the	V 752		

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V 752	Continued From page 4  apartments. -She was not aware that the water temperature at apartment 7B was over 116 degrees Fahrenheit. -She would contact landlord in order to regulate the water heater from apartment 7B to be between 100-116 degrees Fahrenheit. -She confirmed the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.	V 752		