

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME #8	STREET ADDRESS, CITY, STATE, ZIP CODE 618 PLANT STREET WASHINGTON, NC 27889
---	---

(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 INITIAL COMMENTS

An annual survey was completed on November 2, 2022. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Mental Illness.

This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.

V 000

DHSR - Mental Health

NOV 21 2022

Lic. & Cert. Section

11/9/22

V 738 27G .0303(d) Pest Control

10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS
(d) Buildings shall be kept free from insects and rodents.

This Rule is not met as evidenced by:
Based on observation and interviews the facility failed to keep the facility free of insects. The findings are:

Observation on 11/02/22 at approximately 9:30am revealed:

- The food pantry had 3 bugs crawling on the top shelf.
- The shelves in the food pantry and several kitchen drawers had rodent droppings.

Interview on 11/02/22 staff #1 stated the facility had been treated for insects and rodents.

Interview on 11/02/22 the Quality Assurance Supervisor stated:

V 738

Contract was switched from Turner Pest Control to Mares Termite & Pest Control on 11/3/22. House was resprayed for bugs/roaches thoroughly on 11/9/22. Contract includes free PPN sprays. Administrator will call for additional sprayings as needed if more sightings are reported. Quarterly sprayings are scheduled via contract. House was also treated for mice by mares on the same day - 11/9/22.

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

TITLE

(X6) DATE

Kelvin McDaniel

Administrator

11/10/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL007-079	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 11/02/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER COUNTRY LIVING GUEST HOME #8	STREET ADDRESS, CITY, STATE, ZIP CODE 618 PLANT STREET WASHINGTON, NC 27889
---	---

(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 738	Continued From page 1 - An exterminator had been spraying at the facility. - She had not seen rodent droppings. - The Administrator is in the process of changing the pest control contract.	V 738		



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

November 15, 2022

Kellie Hardison, Administrator
Country Living Guest home, Inc.
3134 Market Street Extension
Washington, NC 27889

Re: Annual Survey completed November 2, 2022
Country Living Guest Home #8, 618 Plant Street, Washington, NC 27889
MHL # 007-079
E-mail Address: countrylivinginc@yahoo.com

Dear Ms. Hardison:

Thank you for the cooperation and courtesy extended during the annual survey completed November 2, 2022.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- The tag cited is a standard level deficiency.

Time Frames for Compliance

- A standard level deficiency must be **corrected** within 60 days from the exit of the survey, which is January 1, 2023.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. ***Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.***

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION
NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

November 15, 2022
Country Living Guest Home #8
Country Living Guest Home, Inc.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear, Team Leader at (910)214-0350.

Sincerely,



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: Joy Futrell, CEO, Trillium Health Resources LME/MCO
Fonda Gonzales, Director of Quality Management, Trillium Health Resources LME/MCO
Pam Pridgen, Administrative Supervisor