

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2022
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER NC START CENTRAL RESPITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3817 CHEEK ROAD DURHAM, NC 27704
--------------------------------------------------------------------------	--------------------------------------------------------------------------------------

(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 December 5, 2022. A deficiency was cited.

This facility is licensed for the following service category: 10A NCAC 27G .5100 Community Respite Services for Individuals of all Disability Groups.

This facility is licensed for 4 and currently has a census of 1. The survey sample consisted of audits of 1 current client and 2 former clients.

V 000

Lic. & Cert. Section
JAN 3 2023
DHSR - Mental Health

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 2/2/12 between 11:20 am to 11:35 am revealed:
-The kitchen sink water temperature was 128 degrees Fahrenheit.
-Hall Bathroom sink water temperature was 124 degrees Fahrenheit.
-Client #1's Bathroom sink water temperature

V 752

The Health Dept conducted their annual survey on 12/5/22 and reported that the water temp was within normal ranges (110). A copy of their report is attached. 12/5/22

We had a plumber and well specialist on site 12/5/22, 12/19. All reported that the water temperature was within normal limits (100-116). We will continue to check the temp. daily and have the water specialist return on 1/4/23 to assess temperatures.

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



TITLE: Resource Center Director
(X6) DATE: 12/19/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-578	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/05/2022
--------------------------------------------------	-----------------------------------------------------------------------------	-----------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER NC START CENTRAL RESPITE HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3817 CHEEK ROAD DURHAM, NC 27704
--------------------------------------------------------------------------	--------------------------------------------------------------------------------------

(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 752	<p>Continued From page 1</p> <p>was 118 degrees Fahrenheit.</p> <p>Interview with the Director on 12/5/22 revealed:</p> <ul style="list-style-type: none"> -She was unaware of the hot water issue until she was informed on 12/2/22 by staff at the house. -She had a plumber at the house trying to resolve the issue. -Home had had an issue with the water being too cold in the past and was recently adjusted. -Client #1 was able to regulate her own water temperature. -She acknowledged the facility failed to maintain the hot water temperature to be between 100F-118F. 	V 752		
-------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-------	--	--

Inspection of Residential Care Facility (For facilities, as defined, with not more than 12 residents)

Demerit Score: 9
Date of 12/02/2022
Status Code: A

Health Department 32 Durham
Current Facility ID 4032430757
Old Facility ID

Water Supply: [] Municipal/Community [X] On-Site Supply
Wastewater: [] Municipal/Community [X] On-Site System

Water sample taken today? [] Yes [X] No

[X] Inspection [] Name Change
[] Re-inspection [] Verification of Closure
[] Visit [] Status Change

Name of Establishment: NC START Permittee: EASTER SEALS UCP
Location Address: 3817 CHEEK ROAD Number of Residents: 004
City: DURHAM State: NC Zip: 27704 Mailing Addr. 3817 CHEEK ROAD
Classification City: DURHAM State: NC Zip: 27704

[X] Approved (20 or less demerits, and no 6-point demerits) [] Disapproved (More than 40 demerits or failure to improve provisional classification)
[] Provisional (more than 20, but 40 or less demerits, or a 6-point demerit)

Table with 2 columns: Demerits, Comments. Rows include: 1. WATER SUPPLY: Public supply; private supply approved 6 (.1611); 2. LIQUID WASTES: Sewage and other liquid wastes disposed of by approved method 6 (.1613); 3. FOOD SUPPLIES AND PROTECTION: Supplies: All food clean, wholesome, no spoilage 6 (.1619); Protection: Adequate during storage, preparation and serving, potentially hazardous food 45°F or below, or 140°F or above 5; all refrigerators with thermometers 2; pork, ground beef products, poultry and stuffings, etc., thoroughly cooked; meat and poultry salad, potato salad, etc., handled as required, no re-serving of portions once served to an individual 4; food containers stored above floor and protected from contamination 2; pets and other animals not allowed where food is prepared or stored, nor in serving area (unless caged or otherwise restricted) 4 (.1620); 4. FOOD SERVICE UTENSILS AND EQUIPMENT: Food service utensils and equipment in good repair and kept clean 4; eating and drinking utensils clean to sight and touch, cleaned after each use; approved facilities 4; clean utensils properly stored 2; substances containing poisonous material not used for cleaning or polishing eating or cooking utensils 6; disposable items properly stored and handled, used only once 2 (.1618); 5. FOOD SERVICE PERSONS: Clean clothes, hands, and work habits 4 (.1621); 6. DRINKING WATER FACILITIES: ICE HANDLING: Common drinking cups not used 4; ice, if provided, handled and dispensed in a sanitary manner 2 (.1612); 7. HOT AND COLD WATER: Adequate hot and cold water piped to points of use 4 (.1611); 8. TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES: Toilet, lavatory and bathing facilities adequate 4; fixtures in good repair and kept clean 2; soap and towels provided 2 (.1610); 9. BEDS: LINEN: FURNITURE: All furniture, mattresses, linen, drapes, blinds and similar items in good repair and clean 2; bed linen changed as required 2; clean and soiled linens properly stored and handled 2 (.1617); 10. STORAGE: MISCELLANEOUS: Rooms or areas provided for storage of clothes, personal effects, luggage, supplies and equipment kept clean 2; medications, cleaning supplies, pesticides and other hazardous products properly stored as required 4 (.1616); 11. FLOORS: In good repair 1; kept clean 2 (.1607); 12. WALLS AND CEILINGS: In good repair 1; kept clean 2 (.1608); 13. LIGHTING AND VENTILATION: Windows and fixtures in good repair 1; kept clean 2 (.1609); 14. VERMIN CONTROL: PREMISES: Outside openings effectively screened or otherwise protected against entrance of flying insects, and flying insects absent 4; effective control of rodents and other vermin 4; approved pesticides properly used 4; premises neat, clean, drained and free of litter and vermin harborages and breeding areas 2 (.1615); 15. SOLID WASTES: Garbage in standard containers, properly covered and stored, approved disposal 4; containers, storage area kept clean 2; dry rubbish in suitable receptacles, approved storage and disposal 2 (.1614).

Comment Sheet Attached [X] Yes [] No

Rept Received [Signature] TOTAL DEMERIT SCORE 9

Inspection by: [Signature] EHS I.D.# 3161 - Craig, TaBonya

Purpose: General Statute 130A-235 requires the Commission for Health Services to adopt rules governing the sanitation of institutions. 15A NCAC 18A .1605 specifies the contents of an inspection form to record the results of inspections made of residential care facilities. This form is to be used in making inspections of residential care facilities. Preparation: Local environmental health specialists shall complete the form every time they conduct an inspection. Prepare an original and three copies for: 1. Original to the person in charge. 2. One copy for the supervising agency (or more as requested). 3. Copy for the local health department. Disposition: Please refer to Records Retention and Disposition Schedule 8.B.6., for County/District Health Departments which is published by the North Carolina Division of Archives & History. Additional forms may be ordered from: Division of Environmental Health, 1632 Mail Service Center, Raleigh, NC 27699-1632, (Courier 52-01-00) EHS 2094 (Revised 07/05) / Environmental Health Services Section (Review 07/08)

Comment Addendum to Inspection Report

Establishment Name: NC START

Establishment ID: 4032430757

Date: 12/02/2022 Time In: 8:40 AM Time Out: 9:30 AM

Temperature Observations

Item	Location	Temp	Item	Location	Temp	Item	Location	Temp
ambient air	refrigerator	39.5	hot water	bathroom	110.0			

Observations and Corrective Actions

- 8 15A NCAC 18A .1610 TOILET: HANDWASHING: LAUNDRY AND BATHING FACILITIES-REPEAT-
Observed the faucet attached to the kitchen island loose and in need of repairs. Bathing/handwashing facilities shall be kept clean and in good repair.
- 12 .1608 15A NCAC 18A .1608 WALLS AND CEILINGS (REPEAT VIOLATION)
Observed damage on the door to the office and sensory room. The walls and ceilings of all rooms and areas shall be kept clean and in good repair.
- 13 15A NCAC 18A .1609 LIGHTING AND VENTILATION- REPEAT-
Observed dust build up on the main hall air return vent and the main hall bath vent. Light in the purple bathroom observed not in working order. Ventilation equipment shall be kept clean and in good repair. Repair light and clean vents.