

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL055-014	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 12/13/2022
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NAME OF PROVIDER OR SUPPLIER LITHIA INN GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 408 LITHIA INN ROAD LINCOLNTON, NC 28092
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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, complaint and follow up survey was completed on December 13, 2022. The complaint was substantiated (Intake #NC00194996). Deficiencies were cited.</p> <p>The facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for 6 and currently has a census of 5. 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 conduct fire and disaster drills quarterly for each shift. The findings are:</p>	V 114	<p>V114</p> <p>Using the documents obtained, the Program Coordinator will submit the drills in the correct format.</p> <p>QM will provide a training to staff at the home regarding drill submission.</p> <p><i>DHSR - Mental Health</i></p> <p><i>JAN 17 2023</i></p> <p><i>Lic. & Cert. Section</i></p>	1/16/23

Division of Health Service Regulation

REPRESENTATIVE'S SIGNATURE

QM Director

TITLE

(X6) DATE

1/6/23

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V 114	<p>Continued From page 1</p> <p>Review on 11-30-22 of fire and disaster drills from January 2022 to December 2022 revealed: -there were no documented fire and disaster drills for the third shift in the first quarter (January 2022 - March 2022). -there were no documented fire and disaster drills for the first and third shift in the second quarter (April 2022 - June 2022). -there were no documented fire and disaster drills for second shift in the third quarter (July 2022 - September 2022).</p> <p>Interview on 11-28-22 with Client #5 revealed: -Fire and disaster drills were conducted.</p> <p>Interview on 11-29-22 with Client #2 revealed: -Fire and disaster drills were conducted.</p> <p>Interview on 11-29-22 with the Regional Director/Qualified Professional (QP) revealed: -Had only been in this position for 3 weeks. -Was responsible for "...overseeing operations and functionality of home, supervising managers, and enforcing policy and procedures." -Managers were responsible for completing fire and disaster drills and corresponding paperwork.</p> <p>Interviews on 11-28-22, 11-29-22, and 11-30-22 with the Program Coordinator revealed: -House Managers were responsible for completing drills. -The former house manager did not file paperwork. -There was lots of paperwork to be filled and was just not able to locate all of the fire and disaster drills. -The new QP will take over making sure they are completed and filed.</p>	V 114		
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V 736	Continued From page 2	V 736		
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> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to be maintained in a safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 11-28-22 at 2:22 pm and 11-29-22 at 3:05 pm revealed: -Both the front and rear bathrooms had rust on the door jambs. -The rear bathroom had a black substance on the ceiling and the upper wall along the border wallpaper. -On the wall outside the rear bathroom, 3 large holes cut into the wall. Pipes and insulation were exposed by the holes in the wall. -One hole was approximately 2 feet high by 1 foot wide and approximately 5 foot above the floor. -One hole was approximately 1 foot high by 2 feet wide and approximately 3-4 foot above the floor. -One hole was approximately 1 foot high by 4 feet wide and just above the floor baseboard. -A sign hanging was on the door that said, "out of order".</p> <p>Review on 12-12-22 of the Division of Health Service Regulation (DHSR) construction Statement of Deficiencies (SOD) dated 12-6-22</p>	V 736	<p>V736 Facilities Manager schedule with the identified Maintenance provider identified maintenance citations and schedule completion.</p>	1/16/23

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V 736	<p>Continued From page 3</p> <p>revealed:</p> <p>" ...At the time of the survey it was observed that there was rust on both bathroom door jambs. This is not compliant with the rule. Take the necessary steps to remove the rust and repaint the door jamb ..."</p> <p>" ...At the time of the survey it was observed that the rear bathroom had the ceiling covering removed due to a mold remediation in progress. Take the necessary steps to replace the ceiling and provide the final report for the mold remediation ..."</p> <p>Interview on 11-28-22 with Client #5 revealed: -Was unsure how long the rear bathroom had been "out of order."</p> <p>Interview on 11-29-22 with Client #2 revealed: -Was unsure how long the rear bathroom had been "out of order."</p> <p>Interview on 11-29-22 with the Residential Facility Maintenance Supervisor revealed: -It was believed to be a leak and the holes were cut in the wall to find the leak. -"The water wasn't coming through the wall. It was coming through the door." -"I believe for some reason that part of the house is holding moisture. We are going to put in 2 dehumidifiers and a new fan to pull out moisture." -They will replace the door with the rust.</p> <p>Interview on 11-29-22 with the Program Coordinator revealed: -"They (maintenance) are looking at it. There was a leak in it we thought. They tried to find the leak ..." -Someone in facilities said they were coming to look at the mold. -"Once the mold is taken care of, they will come</p>	V 736		

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V 736	Continued From page 4 and fix the wall." -The bathroom had been closed ..."I want to say 2-4 weeks. They (staff) felt the mold was getting bad, but I am not 100%. Not sure when the sign was put on."	V 736		