

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL096-019	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 01/09/2023
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NAME OF PROVIDER OR SUPPLIER DR JAMES H MCGLONE DEVELOPMENTAL CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2010 HIGHWAY 117, NORTH BYPASS GOLDSBORO, NC 27530
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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>A complaint survey was completed on January 9, 2023. The complaint was unsubstantiated (Intake #NC00194254). A deficiency was cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities and 10A NCAC 27G .5400 Day Activity for Individuals of all Disability Groups.</p> <p>This facility has a current census of 47.</p>	V 000	V000-Complaint unsubstantiated	
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 interview the facility was not maintained in safe, clean, attractive and orderly manner. The findings are:</p> <p>Observations on 01/09/23 at approximately 12:07 pm revealed: -The hallway with the ramp walk way had approximately 5 patched areas on the walls and a hole the size of a baseball. -Classroom #3 had a patched area behind the door and a storage room had 5 patched areas</p>	V 736	<p>V736-The facility has approved for the Facility Support Coordinator to complete the maintenance request to complete the following repairs cited on 1-9-23. The Program Director and the Facility Support Coordinator will monitor the repair activities for completion.</p> <p>Repair/patch/paint the hole in the wall located in the hallway with the ramp walk way. Classroom #3: Paint areas with the patched areas behind the door and the storage room. Repair flooring that leads to the large activity area. Repair/patch/paint the computer room wall that has two large holes next to the bulletin board.</p> <p>DHSR - Mental Health</p> <p>JAN 30 2023</p> <p>Lic. & Cert. Section</p>	2-28-23

Carol Waters 1-24-23

on the wall.

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE STATE FORM 6899 O2WD11 If continuation sheet 1 of 2

PRINTED: 01/17/2023
FORM APPROVED

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V 736	<p>Continued From page 1</p> <ul style="list-style-type: none"> -The flooring was leading into the large activity room was damaged. -The computer room had two large holes in the wall next to the bulletin board. <p>During interview on 01/09/23 the Program Director revealed:</p> <ul style="list-style-type: none"> -The damages had been reported to the Maintenance department and had been added to the list of repairs for the facility. -One client that attends the program causes the damages and as soon as the repairs are complete he would damage the walls again. 	V 736		
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BEHAVIORAL HEALTHCARE CORPORATION
.....lighting the way to new beginnings

January 24, 2023

Emily S. Jones, BSW
Facility Support Consultant I
Mental Health and Licensure Section
NC Department of Health and Human Services

Re: Complaint Survey 1-9-23
Dr. James H. McGlone Developmental Center, 2010 Hwy 117 N. Bypass, Goldsboro,
NC 27530
MHL# 096-019
E-mail Address: emily.jones@dhhs.nc.gov
Intake# NC00194254

Dear Ms. Jones:

Thank you very much for the complaint investigation survey of our McGlone Developmental Center. We appreciate the feedback your team provided during your visit. Please contact me with any concerns or questions you may have. If I can be of any further assistance, please call me at 1-919-947-4019 Ext.1002.

Sincerely,

Carol Walters, MaEd

Carol Walters, MaEd

Program Director

NOVA-IC, Inc.

P.O. Box 11077

Goldsboro, NC 27532

E-mail Address: icprogramdirector@nova-ic.org