

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-245	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/27/2023
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NAME OF PROVIDER OR SUPPLIER MOORE STREET RESIDENTIAL	STREET ADDRESS, CITY, STATE, ZIP CODE 406 WEST MOORE STREET GREENVILLE, NC 27834
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on February 27, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>This facility is licensed for 3 and currently has a census of 1.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.</p>	V 112		

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

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement goals and strategies to address client needs for one of one audited clients (#1). The findings are:</p> <p>Review on 2/27/23 of client #1's record revealed: -30 year old male. -Admission date of 10/16/14 -Diagnoses included Intellectual Developmental Disability-Moderate and Epilepsy. -Client #1's Comprehensive Clinical/Admission Assessment dated 10/16/14- "General Medical Information:...Visual: Glasses. Additional information relative to vision: prescription glasses in the past." -Invoice dated 10/21/22 for client #1's eye glasses: "Item/Service Description: Jubilee 5878 Matte Black 58/18/150...Polycarbonate Single Vision...Standard Anti-Reflective Coating...Promise date 11/4/22. -A eye exam consultation form dated 7/19/22 for client #1: "Healthy eye exam, Myopia-Order new glasses...Reviewed by Qualified Professional (QP) on 8/1/22 and Residential Director on 7/19/22." -Individual Support Plan (ISP) dated 6/1/22 had no strategies or goals to support client #1 with wearing his eye glasses.</p> <p>Observation on 2/24/23 and 2/27/23 did not show client #1 wearing eye glasses nor were there eye glasses's in his possession.</p>	V 112		

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V 112	Continued From page 2 Interview on 2/27/23 client #1 stated he did not have eye glasses. Interview on 2/27/23 the QP stated: -There were no goals and strategies in client #1's ISP because it was implemented 6/1/22 which was before the vision appointment. -He was not aware if client #1 had glasses.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly, repeated on each shift and shall be conducted under conditions that simulate fire emergencies. The findings are: Review on 2/24/23 of facility records for 2022	V 114		

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V 114	<p>Continued From page 3</p> <p>revealed: Fire</p> <ul style="list-style-type: none"> -No fire drills documented for the 12 hour weekend shifts from 8am to 8pm and 8pm to 8am. -No fire drills documented between 6pm - 12am for the 4pm -12am Monday - Friday shift. -No fire drills documented between 12am - 6:15am for the 12am - 8am Monday - Friday shift. <p>Disaster</p> <ul style="list-style-type: none"> -No disaster drills documented for the 12 hour weekend shift from 8am to 8pm and 8pm to 8am. -No disaster drills documented between 7pm - 12am for the 4pm - 12am Monday - Friday shift. -No disaster drills documented between 12am - 6:05am for the 12am - 8am Monday - Friday shift. <p>Interview on 2/24/23 with client #1 stated he participated in fire and disaster drills.</p> <p>Interview on 2/43/23 Residential Director stated: -He had provided all fire and disaster drills for the surveyor to review.</p> <p>Interview on 2/24/23 the Qualified Professional stated: -The facility had shifts that were 4pm-12am, 12am-8am Monday -Friday. -The facility had shifts that were 8am-8pm and 8pm-8am on weekends. -The client was with the day support worker during first shift. -He understood fire and disaster drills were to be held at least quarterly, repeated on each shift and be conducted under conditions that simulate fire emergencies.</p>	V 114		

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V 736 V 736	Continued From page 4 27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe, clean, attractive and orderly manner and free from offensive odor. The findings are: Observation on 2/24/23 during a tour of the facility at 12:45pm revealed: -Heavy dust on client #1's dresser. -2 broken slats in the window blind beside client #1's dresser. -Client #1 had a 5 drawer chest that was covered in white splatter stains. -The third shelf in the hall closet was broken. -The hall bath had a 3 light fixture that was missing the middle bulb. Interview on 2/24/23 the Qualified Professional stated her understood the facility was to be maintained in a safe clean attractive manner. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736 V 736		
V 752	27G .0304(b)(4) Hot Water Temperatures	V 752		

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V 752	<p>Continued From page 5</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain water temperatures between 100 and 116 degrees Fahrenheit in areas where clients are exposed to hot water. The findings are:</p> <p>Observations on 2/24/23 at 12:45 pm revealed the hot water temperature in the downstairs bathroom sink was 82 degrees Fahrenheit.</p> <p>During interviews on 2/24/23 the Qualified Professional stated he was unsure why the downstairs bathroom sink was reading 82 degrees Fahrenheit and the others faucets were reading an appropriate temperature. He would have it checked out. He understood the requirement for water temperatures to be between 100 and 116 degrees Fahrenheit.</p>	V 752		