PRINTED: 09/18/2023 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: B. WING MHL051-150 08/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CAMBRIDGE PLACE - VARIOUS SUITES** RHCC CAMBRIDGE PLACE CASAWORKS & PE SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual and follow up survey was completed on August 29, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .4100 Residential Recovery Programs for Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 13 and currently has a census of 9. The survey sample consisted of audits of 3 current clients. V 736 V 736 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 clean and attractive manner. The findings are: **RECEIVED BY** MHL & C 9/26/23 Observation on 8/29/23 at 9:05am revealed: Apartment #102: 1 blind slat was broken in the bedroom Apartment #106: multiple crayon, marker, and pen marks throughout stairwell, entrance fover and bedroom walls

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refrigerator

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Hem Kuyl TITLE Profirm Director (X6) DATE

Apartment #114: kitchen floor was missing

Missing shutter outside of the upstairs window and a 6-inch hole in the vinvi siding of the apartment that exposed the insulation between

two 6 x 6 laminate squares in front of the

apartments #106 and #108

PRINTED: 09/18/2023 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING: R B. WING MHL051-150 08/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CAMBRIDGE PLACE - VARIOUS SUITES** RHCC CAMBRIDGE PLACE CASAWORKS & PI SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 Continued From page 1 V 736 Apartment #116: sink knob in the upstairs bathroom was spinning and only cold water came out of the faucet, and multiple pieces of blind slats were broken in the bedroom window Apartment #120: multiple pieces of blind slats were broken on the back door in the kitchen During interview on 8/29/23 the Facility Manager reported: Some apartments needed new blinds She contacted the "management company" and put in a work order for new blinds several months ago She could not recall how the shutter came off or hole occurred between apartments #106 and #108 She contacted the "management company" about the hole and missing shutter, but she could not recall when She planned to follow up with the "management company" as soon as possible about the building repairs During interview on 8/29/23 the Program Manager reported: The facility rented the apartments and the apartments were owned by a "management company" A new "management company" just took over the facility and they were responsible for the

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repairs of the facility

#106 and #108

The "management company" was "supposed

- She did not recall what happened with the missing shutter and hole between apartments

The "turn around time" for repairs "varied"
 and some repairs took over 90 days to complete
 The Facility Manager ordered blinds "a while

to replace the blinds a long time ago"

ago" but she could not recall when

7NJ311

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ B. WING _ MHL051-150 08/29/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CAMBRIDGE PLACE - VARIOUS SUITES** RHCC CAMBRIDGE PLACE CASAWORKS & PI SMITHFIELD, NC 27577 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 736 Continued From page 2 V 736 She held community meetings for clients to report issues with their apartment Staff checked apartments and reported needed repairs at least once a week She planned to contact the "management company" about the needed repairs This deficiency constitutes a recited deficiency.

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9/25/2023

RHCC Cambridge Place

Corrective action

INITIAL COMMENTS V 000

An annual and follow up survey was completed on August 29, 2023.

Deficiencies were cited. This facility is licensed for the following service category:

10A NCAC 27G .4100 Residential Recovery Programs for

Individuals with Substance Abuse Disorders and Their Children. This facility is licensed for 13 and currently has a census of 9. The survey sample consisted of audits of 3 current clients.

V 736- 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 clean and attractive manner. The findings are: Observation on 8/29/23 at 9:05am revealed: - Apartment #102: 1 blind slat was broken in the bedroom - Apartment #106: multiple crayon, marker, and pen marks throughout stairwell, entrance foyer and bedroom walls - Missing shutter outside of the upstairs window and a 6-inch hole in the vinyl siding of the apartment that exposed the insulation between apartments #106 and #108 - Apartment #114: kitchen floor was missing two 6 x 6 laminate squares in front of the refrigerator Apartment #116: sink knob in the upstairs bathroom was spinning and only cold water came out of the faucet, and multiple pieces of blind slats were broken in the bedroom window - Apartment #120: multiple pieces of blind slats were broken on the back door in the kitchen.

Manager company was informed of repairs identified in a report on August 30th via email. Informed manage company this was a resight and only have 30 days to get the repairs completed.

- A) apartment #106 scheduled to be painted on September 25, 2023.
- B) Apartment #114 floor will be replaced on September 27,2023.
- C) Apartment #116 upstairs sink knob has been reported to the management company as of September 19^{th.}
- D) The management copy was asked to replace the blinds more than six month ago and some apartment blinds were replaced. At this time Robeson Healthcare has reorder blinds and will have the agency facility department replace binds in apartments 102 and 120.
- E) The management company was informed of vinyl siding with exposed insulation and shutter missing between 106-108 apartments on September 19^{th.}

RHCC/Cambridge place staff (Facility manager and BHT will make monthly inspection of the facility. Clients will continue reporting on a weekly basis any repairs needed in their apartment. BHT during apartment checks daily will inform facility manager of any repairs needed.

Facility manager or Program director will inform the management company weekly of repairs.

When a client or family leaves the program the management company will do a walk through to assess repairs needed.

The management company would like to be included in all audits moving forward to note needs and expectations of licensing bodies.

Kim Taylor MSW LCGW LCAS CCS Program Director 109 Cambridge Place Smithfield NC 27577 919 989-8114