STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING:

(X3) DATE SURVEY COMPLETED

MHL036-262

B. WING _

01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER	RHOME	16 SPRINGWOOD LANE STANLEY, NC 28164	FEB 2 0 2024	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER SPLANDFIGORRECTION	(X5)
-PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE VI	COMPLE
	THE STATE OF THE S) TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE
V 000	INITIAL COMMENTS	V 000	V 736	
=	An annual survey was completed on 1-31-24. Deficiencies were cited.		Each facility and it's	2/12/
	This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised		grounds shall be	
	Living for Alternative Family Living.		maintained in a safe,	
	This facility is licensed for two and currently ha census of two. The survey sample consisted of	s a	clean, attractive and	
	audits of two current clients.		orderly manner and	
V 736	27G .0303(c) Facility and Grounds Maintenance	e V 736	shall be kept free	
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS		from offensive odor.	
-	(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and order manner and shall be kept free from offensive	ly	This rule is not	
	odor.		evidenced by:	
	This Rule is not met as evidenced by: Based on observation and interview, the facility		1-Medication box	
	failed to be maintained in a clean, safe, attractive manner. The findings are:	e	was dirty.	
	Observation at approximately 2:00 pm revealed -Medication box was dirty.	:	Medication box has	
	-Sun room floor was sticky with unknown substance.		been cleaned, please	
	-Downstairs bathroom door jam was dirtyEntry way had several water stained ceiling		see attached picture.	
-Facing of stairw	tilesFacing of stairway was dirtyClient #1's room; the blinds were dirty and		2-Sun Room floor was	
	dusty, approximately two feet long section of the ceiling had chipped paint.		sticky with unknown	
	-Client #2's room; the window blinds were dirty/dusty, the door jam was dirty.		substance. Floor has	
	 -Upstairs bathroom had cracked tile, causing h Service Regulation 	g		

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

STATE FORM

033S11

If continuation sheet 1 of 3

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
100 100 100 100 100 100 100 100 100 100	MHL036-262	B. WING	01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER HOME

116 SPRINGWOOD LANE

X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
REFIX — TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLET
V 736	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH_CORRECTIVE ACTION.SHOULD.BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
	water shall be maintained between 100-116		been cleaned, please see attached picture. 6-Client #1's room;	
	Observation on 1-31-24 at approximately 2:00 revealed: -Hot water in the kitchen sink was 80		the blinds were dirty and dusty. Blinds have	

			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL036-262	B. WING	01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER HOME

116 SPRINGWOOD LANE

(A) D SUMMARY STATEMENT OF DEFICIENCES ID PROFITE PROFITED PROFITS (EACH DEBICIENCY MUST BE REDECIPED BY PULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 2 degrees. -Hot water in the downstairs bathroom sink was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -Hot water in the upstairs shower was 80 degrees. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too cold. -They did not have a problem with the water being too the provided cold. -They did not have a problem with the water being too the provided cold. -They did not ha	SPENCER	RHOME	Y, NC 28164		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 2 degrees. Hot water in the downstairs bathroom sink was 80 degrees. Hot water in the upstairs bathroom sink was 82 degrees. Hot water in the upstairs shower was 80 degrees. Interview on 1-31-24 with the Alternative Family Living provider revealed: Had been a little too hot, so he turned it down. He had just turned the hot water back up, so it should be warmer. Interview on 1-31-24 with Client's #1 and #2 revealed: They did not have a problem with the water being too cold. TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) been cleaned. Please see attached picture. 7-Two feet long section of ceiting had chipped paint. AFL Provider Stating it is not chipped Paint but how the popcorn ceiting looks. When AFL first opened home a closet was added in this room and ceiting had the popcorn. 8-Client #2'a room; the window blinds were dirty dusty. Blinds have been					
degrees. -Hot water in the downstairs bathroom sink was 80 degrees. -Hot water in the upstairs bathroom sink was 82 degrees. -Hot water in the upstairs shower was 80 degrees. Interview on 1-31-24 with the Alternative Family Living provider revealed: -It had been a little too hot, so he turned it down. -He had just turned the hot water back up, so it should be warmer. Interview on 1-31-24 with Client's #1 and #2 revealed: -They did not have a problem with the water being too cold. been cleaned. Please see attached picture. 7-Two feet long section of ceiling had chipped paint. AFL Provider Stating it is not chipped Paint but how the popcorn ceiling looks. When AFL first opened home a closet was added in this room and ceiling had the popcorn. 8-Client #2'a room; the window blinds were dirty dusty. Blinds have been				CROSS-REFERENCED TO THE APPROPRIATE	
	V 752	degrees. -Hot water in the downstairs bathroom sink was 80 degrees. -Hot water in the upstairs bathroom sink was 82 degrees., -Hot water in the upstairs shower was 80 degrees. Interview on 1-31-24 with the Alternative Family Living provider revealed: -It had been a little too hot, so he turned it down. -He had just turned the hot water back up, so it should be warmer. Interview on 1-31-24 with Client's #1 and #2 revealed: -They did not have a problem with the water	V 752	see attached picture. 7-Two feet long section of ceiling had chipped paint. AFL Provider Stating it is not chipped Paint but how the popcorn ceiling looks. When AFL first opened home a closet was added in this room and ceiling had the popcorn. 8-Client #2'a room; the window blinds were dirty dusty. Blinds have been	2/12/24

	of Health Service Regi					
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SE COMPLE	
3,		MHL036-262	B. WING		01/3	31/2024
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	TE, ZIP CODE		1/2-
SPENCER	HOME		RINGWOOD LANE	1		
			EY, NC 28164			
(X4) ID PREFIX TAG	(EACH DEFICIENC	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	ILD BE	(X5) COMPLETE DATE
			E STATE TO STATE AND A STATE OF THE STATE OF	DEFICIENCY)	T. INOSI C.	
			1	attached picture.		
				9-Door jamb was dirty	y and	2/12/24
				has been cleaned. Ple	ase	1
				see attached picture.		\bigvee
				10-Upstairs bathroom	ı had	
i l				Cracked tile, causing a	an	
				Indentation in the floor	r.	
				Tiles will be replaced b	у	
				March 31, 2024. Pictur	res	
	¥			will be provided.		
				11-Shower curtain was	3	
				moldy at the bottom ar	nd	
				has been cleaned. Plea	ise	
				see attached picture.		38 190
				12-Bathrtub was dirty a	and	
				has been cleaned. Plea	se	Ė
				see attached picture.		

13-Closet door was dirty

and has been cleaned.

PRINTED: 02/05/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL036-262	B. WING	01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER HOME

116 SPRINGWOOD LANE

SPENCER HO	STA	NLEY, NC 28164		
(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) COMPLE DATE
		T.		
			Please see attached picture.	2 15
			14-Upstairs missing the	
			baseboard at the top of	No.
			the stairs. Baseboard	20.0
			replaced, please see	
			attached picture.	
			15-Wallpaper border	
i	* ·		torn in several spots.	
			will be repaired by	
			March 31, 2024.	
			16-Outside; broken	2/10/2
			maroon car and	
-			broken washing	19
			machine in the yard. Both	
			car and washing	
			machine have been	
			removed. Please see	
			attached pictures.	

PRINTED: 02/05/2024 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 MHL036-262 01/31/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 116 SPRINGWOOD LANE SPENCER HOME STANLEY, NC 28164 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION). TAG DEFICIENCY) V752 RN, QP and Administrator will Be making 4 unannounced visits over the next 5 weeks. QP will continue to complete quarterly assessments as well. V 752 Safety: Each facility shall be designed, constructed and equipped in a manner that ensures

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL036-262	B. WING	01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER HOME

116 SPRINGWOOD LANE

SPENCER	STAN	ILEY, NC 28164		
(X4) ID PREFIX —TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIEYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
.		1	the physical safety of	2/15/
52			clients, staff and visitors. The rule was not evidenced	
			by: facility failed to maintain	
			hot water between 100	
			degrees and 116 degrees	
			in areas where clients have access to water.	
			1-Hot water in kitchen w	
			was 80 degrees.	
ope (seems appropriate to an act			2-Hot water in downstairs	
- Marine (1997)			bathroom sink was 80	
* P. Co. Library Co. Company			degrees. 3-Hot water in upstairs	
ness of the state			bathroom sink was 82	
1			degrees.	
			4-Hot water in upstairs	
			shower was 80 degrees.	(46)
ion of Healt	h Service Regulation		shower was 80 degrees.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
,	MHL036-262	B. WING	01/31/2024

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

SPENCER HOME

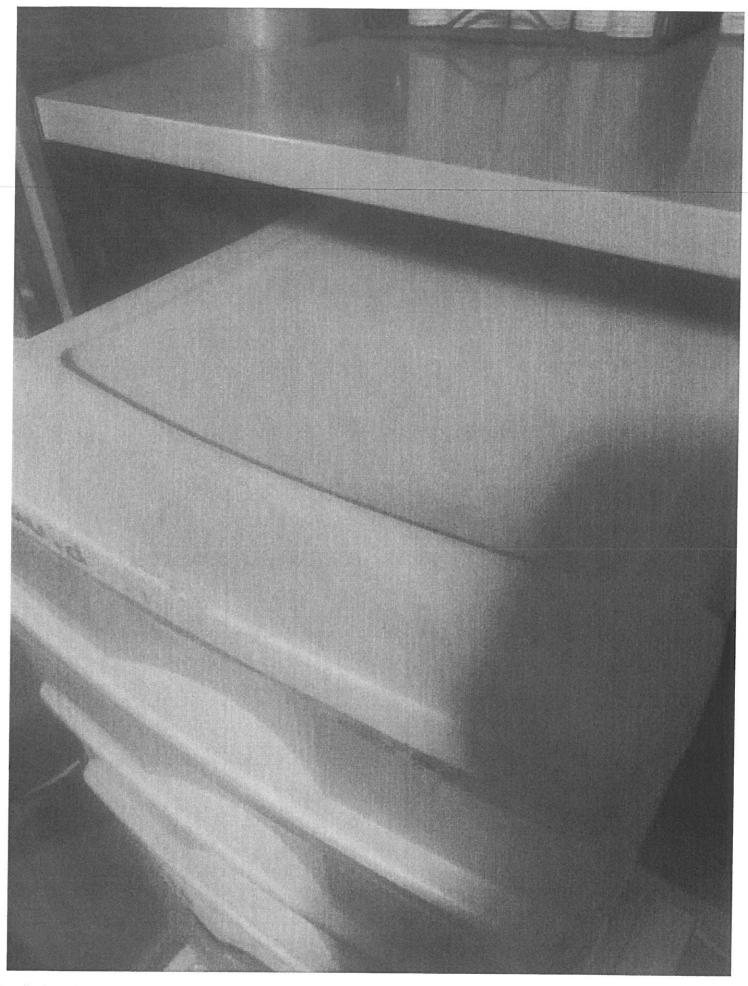
116 SPRINGWOOD LANE STANLEY, NC 28164

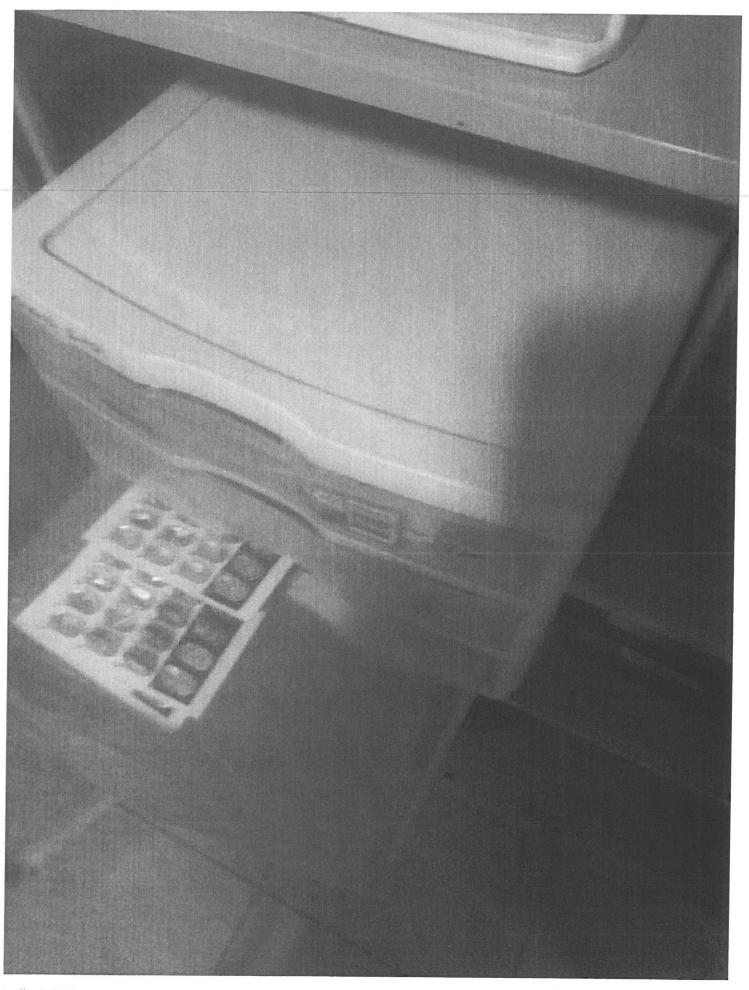
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLET
		The Tennestry of the Control of the	DEFICIENCY)	
		1	AFL Provider turned	
			the hot water temp up	
			while surveyor was in	
			the home. Please	
			See attached pictures.	
			RN, QP and	
			Administrator will	
ļ.			Be making 4	
			unannounced visits	
			over the next 5 weeks.	
Action of the state of the stat			QP will continue to	
			complete quarterly	
		7	assessments as well.	
91				

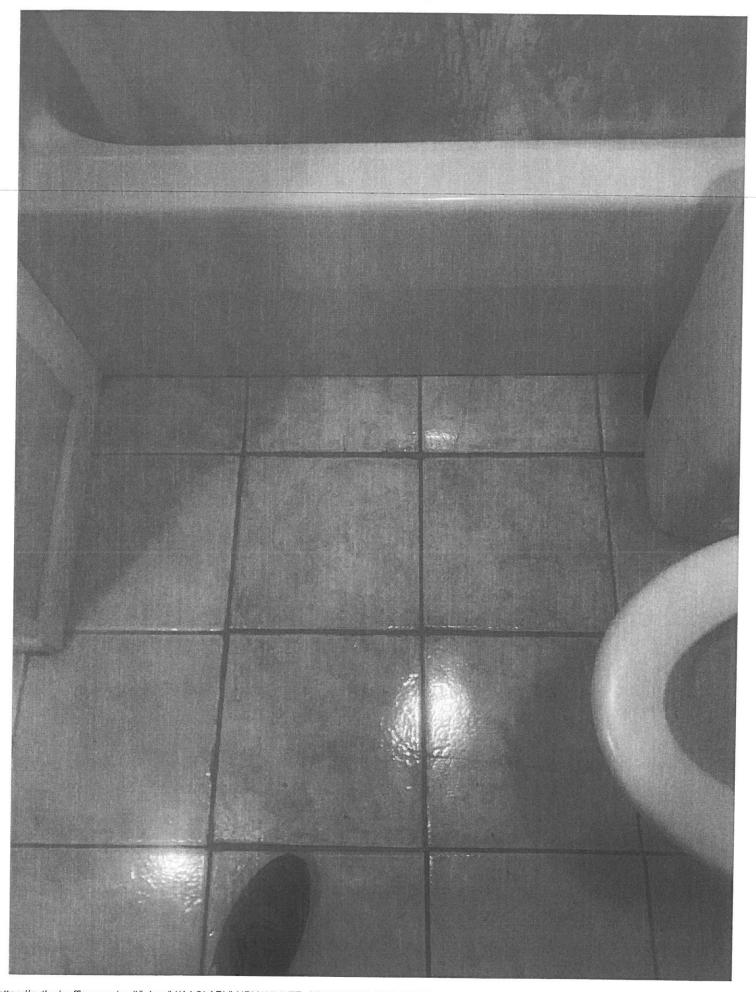
Division of Health Service Regulation

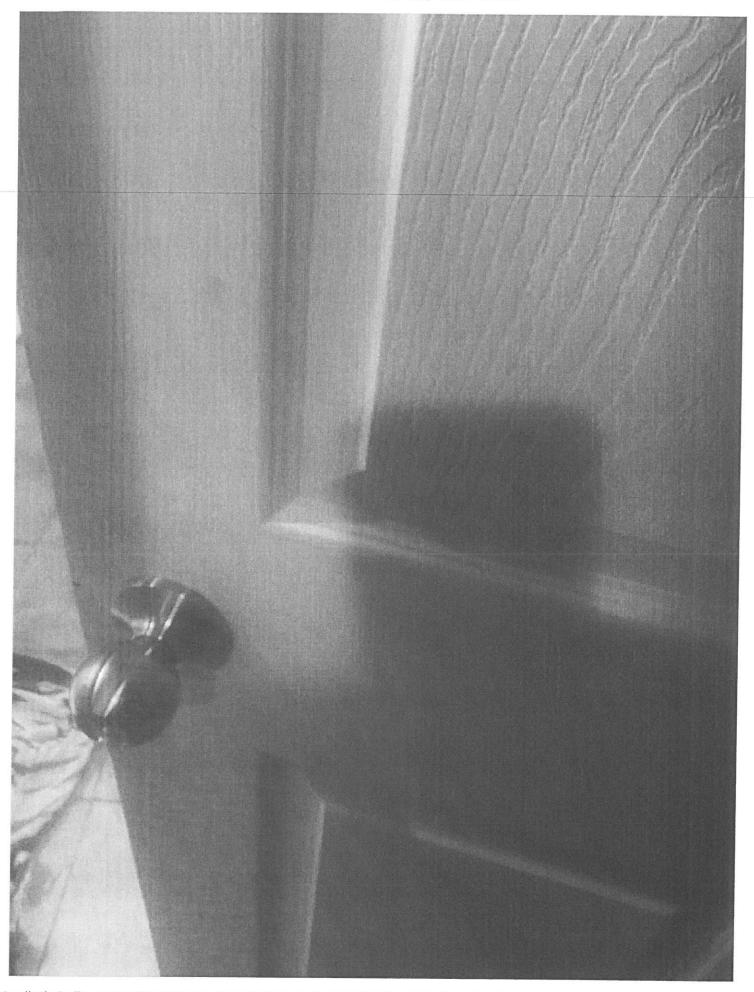


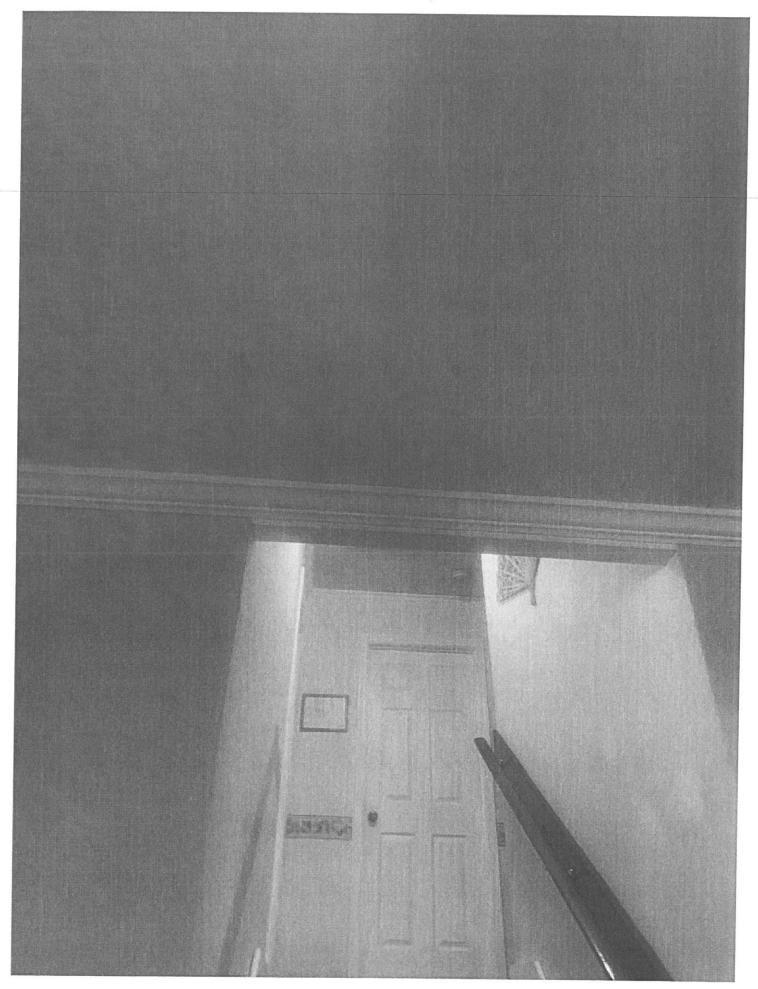
https://outlook.office.com/mail/inbox/id/AAQkADVhNDY1NjhlLTEwMjltNDBjZS04ZTQxLTFiYzNhZjc2MzkzYQAQANeKTT%2Fub9lDnkULpO0ydEU%3...



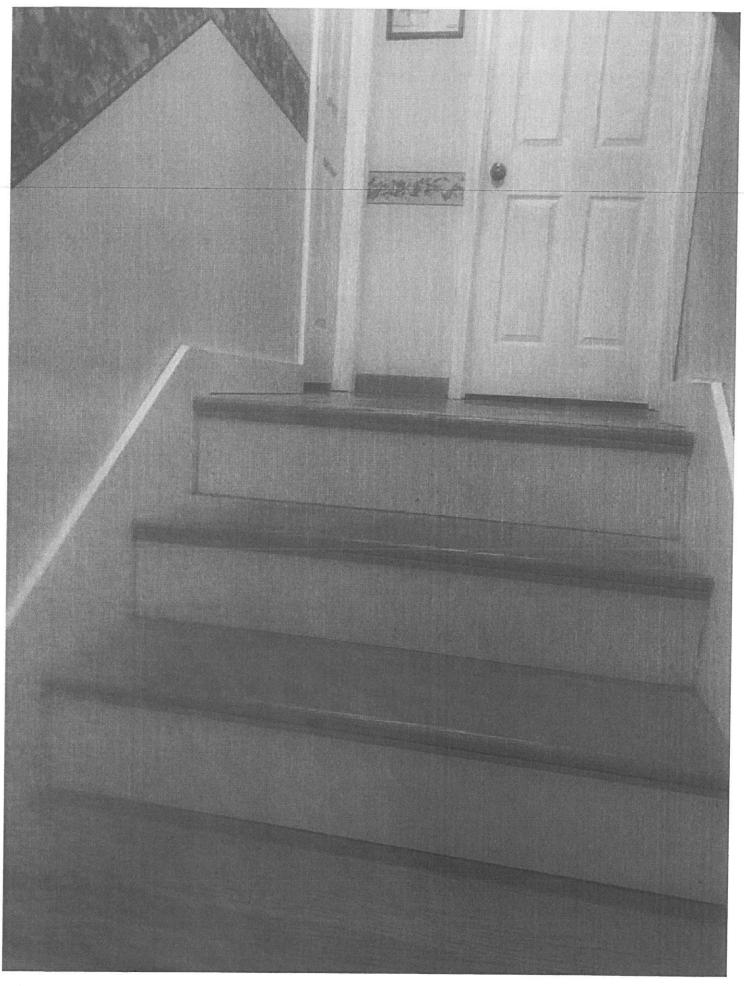


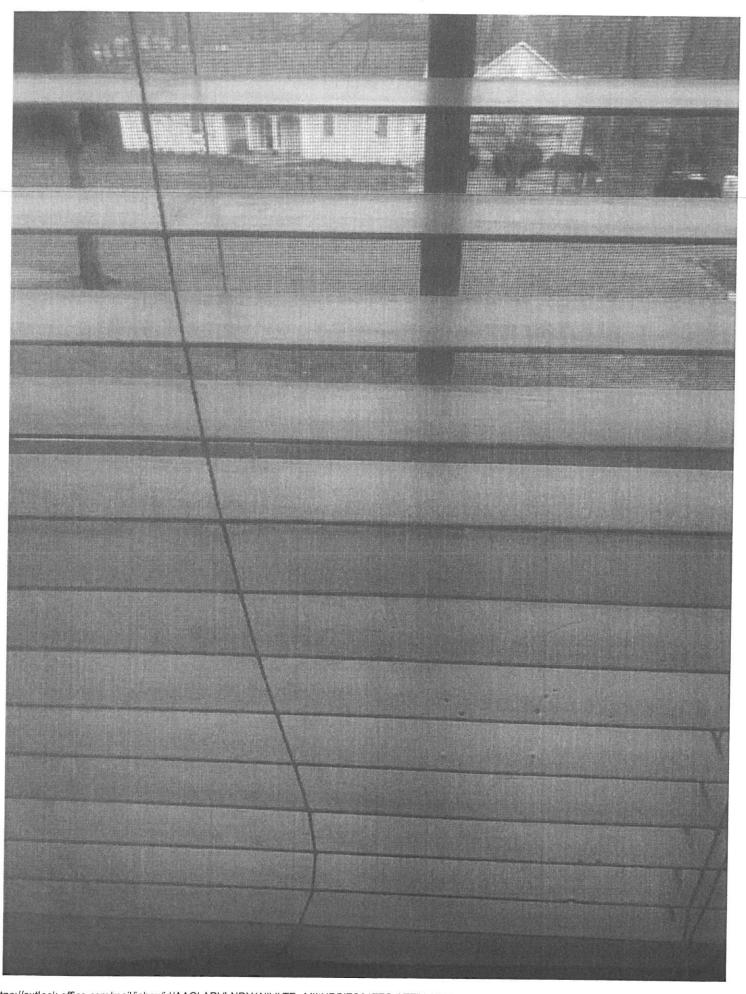


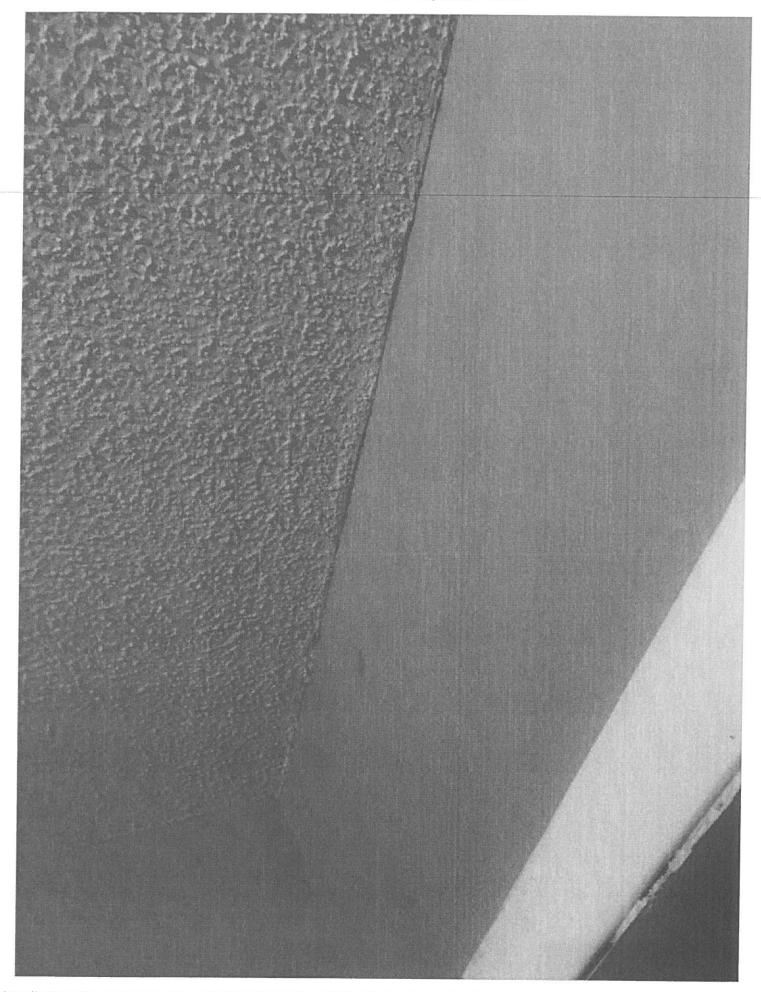




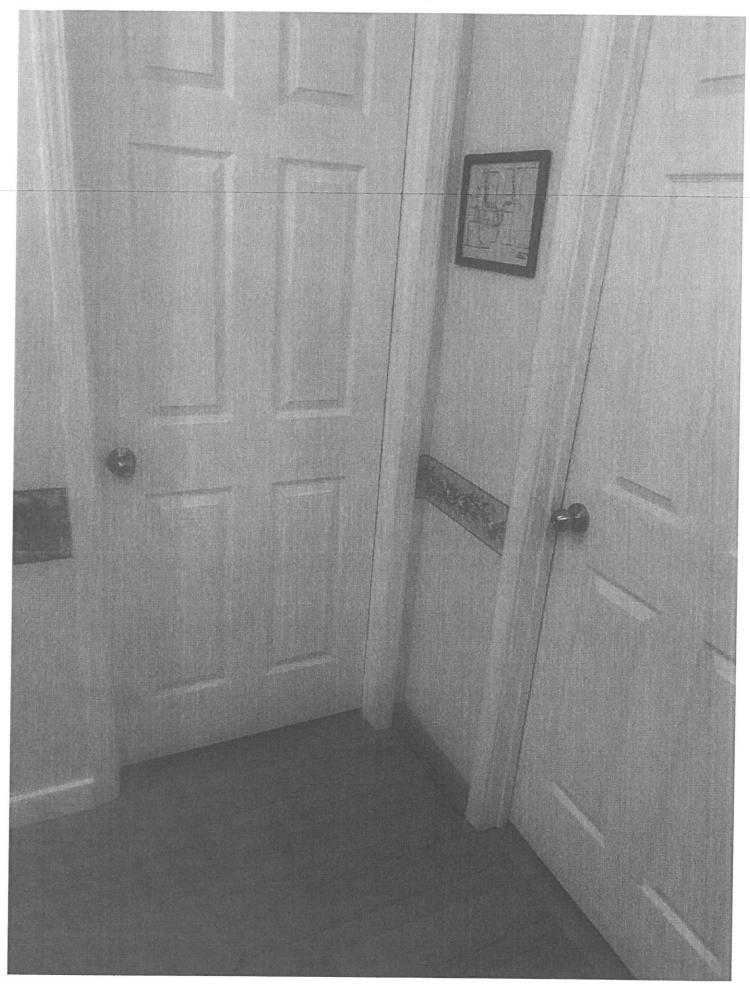












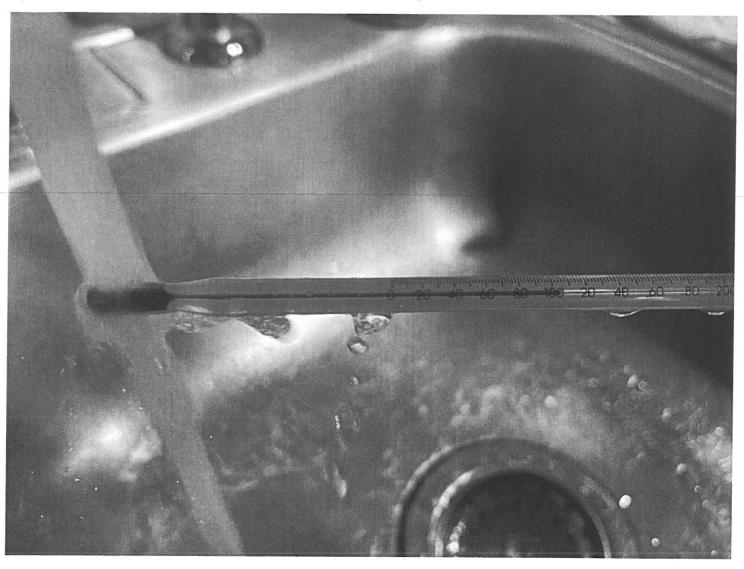


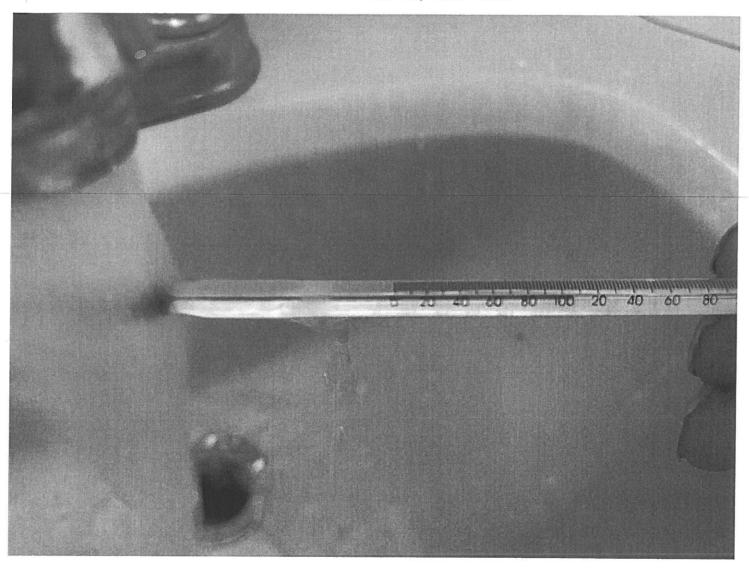














February 14, 2024

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

RE: Spencer AFL Annual

Dear

Please find the attached plan of correction for the standard deficiencies cited in your recent annual survey completed January 31, 2024, of Spencer AFL, located at 116 Springwood Lane, Stanley, NC 28164, MHL #036-262. We thank you for your continued dedication to quality services. Please contact me if you have any further questions about the plan of correction.

Regards,

Mary E. Costner, MA, EdS

Administrator

RHA Health Services, LLC

1564-D Union Road

Gastonia NC 28054



Mary Costner, MA, EdS Administrator Gastonia Unit

mcorey@rhanet.org 704-864-3450 phone 704-864-2347 fax 704-813-4433 cell

www.rhahealthservices.org

RHA Health Services 1564-D Union Road Gastonia, NC 28054