

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-078	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/21/2023
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NAME OF PROVIDER OR SUPPLIER WAVERLY GROUP HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2215 WAVERLY STREET ALBEMARLE, NC 28001
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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	INITIAL COMMENTS An annual and follow up survey was completed on November 21, 2023. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
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 11/20/23 about 9:15am of the hallway bathroom #1 revealed: -There was "a dark black substance" inside the perimeter of the shower on the walls and floor. -There was "a dark black substance" around the perimeter of the tub that is connected to the shower. Observation on 11/20/23 about 9:20am of client #4's bedroom revealed: -There was a pile of loose tobacco on top of the dresser. -The center of the floor was covered with loose tobacco.	V 736	<p style="text-align: center;">RECEIVED DEC 29 2023 DHSR-MH Licensure Sect</p> <p>V736 Facilities schedule mold treatment.</p> <p>Program Director update the plan to include cleaning.</p> <p>Residential Clinical Compliance Coordinator schedule a training with the GH Manager on goal implementation.</p>	<p>12/21/23</p> <p>12/21/23</p> <p>12/21/23</p>

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Leslie Flowers, Sr. QM Director

12/18/23

Division of Health Service Regulation

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V 736	<p>Continued From page 1</p> <p>-A spot about the size of an orange on the wall above the headboard was covered.</p> <p>Interview on 11/20/23 with Direct Support Professional revealed:</p> <ul style="list-style-type: none"> -The bathroom was like that when she started about a year ago. -She had cleaned the bathroom plenty of times and still has problems with the mold/mildew. -"I had used so many different cleaning products but nothing worked." -Client #4 rubs his hand on the wall while getting into his bed caused the wall to be dirty. -She had encouraged client #4 to put away his tobacco after rolling it. <p>Interview on 11/21/23 with Group Home Manager revealed:</p> <ul style="list-style-type: none"> -She was aware of the bathroom having mold/mildew -The bathroom gets cleaned everyday by the clients and staff. -"I purchased tools and numerous cleaning products to get rid of the mold/mildew." -"An email was sent to the QP after last year's survey about getting the bathroom fixed and haven't heard anything yet." -"The QP had quit about a year ago and currently doesn't have a replacement." -A container and plastic bags were purchased for client #4 to use when rolling his tobacco. -She was not sure why the wall was dirty in client #4's bedroom. -She confirmed the facility was maintained in a clean, and attractive manner. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		