

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411161	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/12/2024
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NAME OF PROVIDER OR SUPPLIER CHANGING LIVES GROUP HOME IV, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 1404 CUSHING STREET GREENSBORO, NC 27405
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on August 12, 2024. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.</p> <p>(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(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 the facility's response to fire emergencies.</p> <p>(d) Each facility shall have a first aid kit accessible for use.</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to conduct disaster drills at least quarterly and for each shift. The findings are:</p> <p>Review on 8/9/24 and 8/12/24 of the facility's disaster drills from August 2023 to August 2024 revealed:</p> <ul style="list-style-type: none"> -No documentation of a fire drill having been conducted from January 2024 through March 2024 on third (11pm to 7am) shift; -No documentation of a disaster drill having been conducted from January 2024 through June 2024 for first (7am to 3pm), second (3pm to 11pm), and third (11pm to 7am) shifts; -No documentation of a fire drill having been conducted from April 2024 to June 2024 for first (7am to 3pm) and third (11pm to 7am) shifts; -No documentation of a disaster drill having been conducted from July 2023 through September 2023 for second (3pm to 11pm) and third shifts (11pm to 7am); -No documentation of a disaster drill having been conducted from October 2023 through December 2023 for third (11pm to 7am) shift. <p>Interview on 8/8/24 with client #1 revealed: -He used the shower in the back bathroom because, "something is a little wrong with the floor. They (clients) don't want to break it (floor) any further."</p> <p>Interview on 8/8/24 with client #2 revealed: -He used the shower in the back bathroom because, "something with the shower ..."</p> <p>Interview on 8/8/24 with staff #1 revealed: -"I complete fire and disaster drills. ...I complete drills around the 7th day at the beginning of the month and then the end of the month."</p>	V 114		

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V 114	Continued From page 2 Interview on 8/12/24 with the Qualified Professional (QP) revealed: -"Everyone (staff) are trained on fire and disaster drills. [Staff #1] tries to do drills on even months so, they (drills) are spread out throughout the year."	V 114		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on records reviewed and interviews, the facility failed to assess Health Care Personnel Registry (HCPR) prior to date of hire affecting 2 of 3 audited staff (#1 and #2). The findings are Review on 8/7/24 of staff #1's record revealed: -Hire date: 4/1/23; -HCPR dated 8/8/24. Review on 8/9/24 of staff #2's record revealed: -Hire date: 8/16/17; -HCPR dated 2/26/18.	V 131		

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V 131	Continued From page 3 Interview on 8/12/24 with the Co-Owner revealed: -He is responsible for the management of the facility's, day to day operations and human resource duties for staff; -"I could not locate the original HCPR for [staff #1] and I went ahead and completed another HCPR. I knew that made us (licensee) not in compliance but I had no other choice;" -He was not sure what happened with staff #2's HCPR, " ... I don't normally wait that long (to complete HCPR);" -Once he hired staff, "he goes ahead and knocks that stuff out (HCPR)."	V 131		
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 observations and interviews, the facility staff failed to ensure that the facility was maintained in a safe, clean, and attractive manner. The findings are: Observation on 8/6/24 at approximately 11:09am revealed: Kitchen: -The flooring was missing in two sections approximately 4 inches long and 4 inches wide; Main Bathroom -A soft spot in the floor in front of the tub approximately 12 inches long and 8 inches wide; -Approximately an 1/2 inch gap between the dry wall and the sink countertop;	V 736		

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V 736	<p>Continued From page 4</p> <p>-The towel bar was missing but the brackets were still mounted to the wall; Bedrooms #1</p> <p>-The wall surrounding the bed was stained black; Bedroom #2</p> <p>-Four previously patched holes approximately 8 inches long and 8 inches wide that needed to be painted; On-suite Bedroom #3</p> <p>-Five previously patched holes approximately 7 inches long and 6 inches wide that needed to be painted.</p> <p>Interview on 8/6/24 with staff #1 revealed: -He submitted a work order to have the bathroom floor repaired. He was unsure of when and the clients showered in the back bathroom.</p> <p>Interview on 8/12/24 with the Co-Owner revealed: -"I did not think it was a big deal because the holes was already patched;" -He was unaware of the bathroom floor needing to be repaired; -He was responsible for communicating maintenance needs to the landlord.</p>	V 736		