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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 MHL074-136 01/24/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4001 OLD PACTOLUS ROAD PARADIGM, INC GREENVILLE, NC 27834 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed January 24, 2024. Two complaints were unsubstantiated. (intake #'s NC00212083 and NC00212827) Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients. Paradigm, Inc. utilizes environmental safety checklists that are completed monthly by the house manager or designated staff. The checklist will be revised to reflect checking to see that al bulbs in and outside of the home are working properly. This home will also maintain a supply of bulbs so that they can be changed immediately when they are blown out. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 2/29/2024 10A NCAC 27G .0303 LOCATION AND **EXTERIOR REQUIREMENTS** (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly QP will complete inservice with house manager and discuss each section of the form and what needs manner and shall be kept free from offensive to be looked for when completing form and who to notify when issues need to resolved. odor. The shoe molding behind the toilet will be removed and redone by maintenance to ensure that it is This Rule is not met as evidenced by: connected to the sink. Based on observation and interview, the facility A new bed frame/platform will be purchased to replace the bed that is damaged. was not maintained in a safe, clean, attractive A new dresser will be purchased to replace the one and orderly manner. The findings are: that is damaged. Observation on 1/24/24 at approximately 12:11pm revealed: -The hall light on the right side of the facility was -Client #3 and #4's bathroom tub had black/brown stains in the crevices; the shoe molding was discolored behind the toilet and detached from the side on the sink; Client #3's wooden bedframe had a side rail that was cracked and 2 under carriage drawers were missing knobs and 1 drawer was missing.

Division of Health Service Regulation

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

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6899 XQW811 If continuation sheet 1 of 3

STATE FORM

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL074-136	B. WING		01/24/2024	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
PARADIGM, INC 4001 OLD PACTOLUS ROAD						
GREENVILLE, NC 27834						
(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 SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	OULD BE COMPLETE	
V 736	Continued From page 1		V 736			
	-Client #5 had a 5 d drawer was broken. -Client #2 and #6 hasink in the bathroon -Hall bath on the lef fixture with 1 bulb n around the bathtub. Interview on 1/24/23	drawer chest and the 5th ad a 3 light fixture above the m with 1 bulb not working. If of the facility had a 3 light not working; brown stains 3 the Qualified Professional				
V 750	maintained in a safe manner.	ood the facility was to be e, clean, attractive and orderly	W750			
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (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.		V 752	Paradigm, Inc. understands that the wate within the home should be between 100 degrees at all times to ensure the safety residents. The house manager will recieve inservice by the QP to ensure that environchecklists are completed at least monthly the house manager checking water temp weekly basis for best practice. This will all water sources are at the appropriate the setting and adjustments can be made if Checksheets are reviewed by the QAQI and designated staff should report any is concerns to the program director or CEO temp will be adjusted.	and 116 of the ve am ve am ve, with vs on a nsure that emperature needed. director sues or	
	water temperatures 100-116 degrees Fa	et as evidenced by: ion and interview, the facility s were not maintained between ahrenheit in areas where ed to hot water. The findings				
	12:35pm revealed:	4/24 between 12:11pm and ne sink in the kitchen was 90 t.				

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