

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/27/2024
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NAME OF PROVIDER OR SUPPLIER NEVIN #2	STREET ADDRESS, CITY, STATE, ZIP CODE 3825 NEVIN ROAD CHARLOTTE, NC 28269
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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	<p>INITIAL COMMENTS</p> <p>An annual and follow up was completed on 8-27-24. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability.</p> <p>This facility is licensed for six and currently has a census of six. The survey sample consisted of audits of three current clients.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on interviews and observation the facility failed to be maintained in a clean, attractive, and organized manner. The findings are:</p> <p>Observation on 8-27-24 at approximately 4:00pm revealed:</p> <ul style="list-style-type: none"> -Pantry had dark matter in the corners of the floor. -Kitchen: soap dispenser had contents oozing globs of gelatinous substance around the top, lamp over the counter is bent, Paint is bubbled and peeling over the counter. -Bathroom #1: large amounts of dark substance coating the bathtub, reddish substance around the shower handle, the bottom of the toilet has both brown and yellow substance 	V 736	<p>-Pantry: On 09/04/24 and 09/11/24 the RTL (Residential Team Leader) and QP (Qualified Professional) met with group home staff to discuss the condition in the corners of the pantry floor. The RTL and staff will do daily checks to ensure that the pantry floor and all corners are cleaned. The QP will conduct weekly checks and document.</p> <p>-Kitchen: The RTL and QP met with group home staff to discuss the condition of the soap dispenser. The RTL and staff will ensure that the soap dispenser is checked and cleaned after daily use.</p> <p>On 09/04/24 and 09/11/24 the QP, RTL, and Maintenance met concerning the bent lamp, peeling and bubbled paint over the counter. Maintenance will fix the lamp and the counter.</p> <p>-Bathroom #1: On 09/04/24 and 09/11/24 the QP and RTL met with group home staff to discuss the condition of Bathroom #1. The RTL will ensure staff clean inside the bathtub, clean around the shower</p>	

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head, and shower handle after daily use. The toilet will be cleaned, and floor mopped after daily use. Bathroom corners cleaned and wiped down daily to avoid dark substance build up. The QP will conduct weekly checks and document.

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6899

N0WH11

If continuation sheet 1 of 2

PRINTED: 09/03/2024
FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-199	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/27/2024	
NAME OF PROVIDER OR SUPPLIER NEVIN #2		STREET ADDRESS, CITY, STATE, ZIP CODE 3825 NEVIN ROAD CHARLOTTE, NC 28269		
(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 736

Continued From page 1

surrounding it, the corners have dark substance built up and spreading.

-Hallway: runner on the side of the wall brown and buckling in places, kitchen hallway/doorway has chipped paint in several places.

-Bedroom #6 has stained carpet through out the room.

-Bathroom #2: large amounts of dark substance coating the bathtub, the bottom of the toilet has both brown and yellow substance surrounding it.

Interview on 8-27-24 with Client #2 revealed:

-They all had chores and had to keep their rooms clean.

Interview on 8-27-24 with Client #3 revealed: -

He did his chores.

Interview on 8-27-24 with Staff #2 revealed:

-The clients had their chores, and the staff checked behind them to make sure they are done correctly.

Interview on 8-27-24 with the Residential team Leader revealed:

-The clients did the cleaning, but it was up to staff to make sure things were clean.

-She would make sure the issues were corrected.

V 736

-Hallway: On 09/04/24 and 09/11/24 The QP and RTL met with the group home staff to discuss the condition of the runner on the side of the wall. Staff will wipe down and clean the dark substance off the runner. Maintenance will fix the buckling of the runner and paint the kitchen hallway/doorway.

-Bedroom #6: On 09/04/24 and 09/11/24 the QP and RTL met with Maintenance to discuss the condition of the carpet for bedroom #6. Maintenance will remodel and new flooring will be put down.

-Bathroom #2: On 09/04/24 and 09/11/24 the QP and RTL met with group home staff to discuss the condition of Bathroom #2. The RTL will make certain that staff clean inside the bathtub after daily use. The toilet will be cleaned, and floor mopped after daily use.

The QP will conduct weekly checks and document.

Ice Hampton, Administrator 9/13/24