

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/19/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
---	---

(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, complaint and follow up survey was completed on 9-19-24. The complaint was unsubstantiated (#NC00219953). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G 1300 Residential Treatment for Children or Adolescents.</p> <p>This facility is licensed for 12 and has a current census of 6. The survey sample consisted of audits of 3 current clients.</p>	V 000	<p style="text-align: center;">RECEIVED OCT 14 2024 DHSR-MH Licensure Sect</p>	
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS</p> <p>(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 observation and interview the facility failed to ensure that it was maintained in a clean, safe, attractive and orderly manner. The findings are:</p> <p>Observation on 9-19-24 at approximately 11:00am revealed:</p> <ul style="list-style-type: none"> -Bedroom #1: no curtains or blinds covering the window. -Bedroom #2: no curtains or blinds covering the windows, light switch plate is cracked, Missing door jam. -Bedroom #3: no blinds or curtains covering the windows, bathroom has dark substance on the walls. -Bedroom #4: no blinds or curtains covering 	V 736	<p>Correction Measures:</p> <p>To address the cited deficiencies, Anderson Health Services (AHS) will begin to explore options that further support all clients' right to privacy. All cottages will receive touch-up painting at a minimum bi-monthly by the maintenance staff. Necessary items have been ordered and will arrive at the facility within 6-8 weeks. Upon arrival, maintenance staff will install these items in each room of the cottages within 2 weeks, including durable, tamper-resistant window coverings. Additionally, an internal audit form will be created to check the weekly facility walkthrough sheets for each cottage, ensuring consistent monitoring and timely addressing of any issues. These measures will ensure prompt resolution of identified issues and create a living environment that respects our clients' privacy while maintaining high standards of cleanliness and safety.</p> <p>Prevention Measures:</p> <p>To prevent future occurrences, Anderson Health Services (AHS) will continue to conduct weekly facility inspections by our maintenance team. AHS will create and implement a strategic plan to install more durable, tamper-resistant fixtures and fittings throughout the facility to minimize damage. We will maintain our existing maintenance repair reporting protocols, ensuring they remain accessible and utilized by all staff. Once the ordered items have been received, employees will undergo training on the expectations to monitor the curtains and replace them as necessary. This comprehensive approach will help maintain the improvements</p>	

Division of Health Service Regulation

made and prevent the recurrence of previously identified issues, fostering a consistently safe and respectful environment for our clients.

Monitoring Measures:

To ensure ongoing compliance, the Maintenance staff will conduct weekly walk-throughs of the cottages. The Quality Director will perform monthly audits of maintenance logs. The results of these inspections and audits will be reported to the Chief Agency Officer monthly. Any issues identified during these checks will be reported to the Chief Agency Director providing follow-up confirmation of resolution. This monitoring approach will help us maintain a consistently clean, safe, and well-maintained environment for our clients and staff.

Completion Date: 11-19-24

Division of Health Service Regulation

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

TITLE

(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL090-219	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/19/2024
--	---	---	--

NAME OF PROVIDER OR SUPPLIER PENA COTTAGE	STREET ADDRESS, CITY, STATE, ZIP CODE 1915 HASTY ROAD, SUITE E MARSHVILLE, NC 28103
---	---

(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	<p>Continued From page 1</p> <p>the windows, broken light switch plate.</p> <p>-Bedroom #5: bathroom has dark streaks around the light switch and inside of the bathroom door, and black streaks on the bedroom wall leading to the bathroom and the wall over the bed.</p> <p>Interview on 9-19-24 with the Executive Director revealed:</p> <p>-The clients pulled off the blinds and curtains, but he would find a solution.</p> <p>-He would make sure that staff understood that they needed to be diligent in cleaning behind the clients.</p>	V 736		
-------	--	-------	--	--