

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:  <b>MHL001-270</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>10/29/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2502 BRIARWOOD DRIVE BURLINGTON, NC 27215</b>		
(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>9:20 am of the facility revealed:</p> <ul style="list-style-type: none"> <li>-Client #2's bedroom located in the basement: <ul style="list-style-type: none"> <li>-There was only one window in the bedroom.</li> <li>-The window was an "Awning Window."</li> <li>-Window had a crank handle mechanism.</li> <li>-Turning the crank handle would not open the window.</li> <li>-The crank handle mechanism was broken.</li> <li>-The window was also not able to be opened manually.</li> </ul> </li> <li>-Dining room: <ul style="list-style-type: none"> <li>-There were numerous scratches on the walls ranging from about 1 inch to 2 inches long.</li> <li>-The chandelier over the dinning table had 3 out of 5 lightbulbs not working.</li> <li>-Cobwebs observed on the chandelier.</li> <li>-The door leading to the kitchen had the hinges broken off and was leaned against the frame of the door.</li> </ul> </li> <li>-Hall bathroom: <ul style="list-style-type: none"> <li>-The grout between the tiles inside the shower had dark/black stains.</li> <li>-The edges between the tub and walls inside the shower had dark/black stains.</li> </ul> </li> <li>-Bedroom located adjacent to the Living Room: <ul style="list-style-type: none"> <li>-There was a basketball size dent/hole on the wall behind the bed.</li> <li>-Bedroom had a musty odor.</li> </ul> </li> </ul> <p>Interview on 10/29/24 with the House Supervisor revealed:</p> <ul style="list-style-type: none"> <li>-They had a different client last year in Client #2's bedroom and she had broken the window.</li> <li>-The window glass was replaced; however, the mechanism to open the window was not.</li> </ul> <p>Interview on 10/29/24 with the Assistant Director revealed:</p> <ul style="list-style-type: none"> <li>-She was not aware that the cranking mechanism for the window in Client #2's bedroom was non</li> </ul>	V 736	<p>Systematic Change for Correction:</p> <p>The provider will complete an thorough assessment of the interior walls, to make sure that they are in clean, and free from scratches. All areas of the home will cleaned and free of cobwebs. All doors, within the home will be checked and repaired to ensure the safety of the members. The bathroom will monitor monthly to ensure that there is not dark/black stains around the tub. All rooms will be monitored monthly to ensure that there aren't any damages that have been done, and fixed as needed. All rooms within the facility, will be cleaned daily, and free from any odors.</p>	11/01/2024

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NAME OF PROVIDER OR SUPPLIER  <b>HOUSE OF CARE, INC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2502 BRIARWOOD DRIVE BURLINGTON, NC 27215</b>		
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V 736	<p>Continued From page 2</p> <p>functional.</p> <p>-She would have a maintenance person go by the facility and have it fixed on the same day.</p> <p>- "To ensure [Client #2]'s safety, if window is not fixed today, client would be moved to the upstairs' bedroom where the provider sleeps. Staff will be staying in the living room's sofa until the window gets fixed."</p> <p>-She would send pictures in of the window as soon as it gets fixed.</p> <p>-She acknowledged that the facility failed to ensure the facility was maintained in a clean, odor free, safe, and attractive manner.</p> <p>Review on 10/29/24 of the Plan of Protection dated 10/29/24 written by the Assistant Director revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care?"</p> <p>"The agency has made arrangements for a technician to come out to repair the window crank. If it can not be repaired, the window will be replaced. The repairs will be completed today. If the repairs can not be done today, member (Client #2) will move upstairs to provider's room.</p> <p>-Describe your plans to make sure the above happens: The Qualified Professional will accompany the technician to the home (facility). The provider will ensure that the window is able to be opened and closed."</p> <p>The facility served clients with diagnoses of Schizophrenia; Diabetes Mellitus Type 2; Intellectual Disability; Attention Deficit Hyperactivity Disorder; Epilepsy; Asthma and Autism. The Awning Window located in Client #2's bedroom was not able to be opened as the cranking mechanism was non functional. There was no other window or door that would have allowed an emergency egress; escape and</p>	V 736	<p>The Plan of Protection was put in place to ensure that all members are in a safe environment.</p>	<p>10/29 2024</p>

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V 736	Continued From page 3  rescue for one client in the event of an emergency. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.	V 736		