

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-204	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 11/07/2024
NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME, LLC #5		STREET ADDRESS, CITY, STATE, ZIP CODE 304 CLYDE AVEUE NORTH WILSON, NC 27893		
(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	INITIAL COMMENTS An annual and follow up survey was completed on November 7, 2024. 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 3 and has a current census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have a first aid kit accessible for use.	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 ensure fire and disaster drills were held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 11/07/24 of facility records from April 1, 2024 - September 30, 2024 revealed: Fire Drills: -No 3rd shift fire drills for the April 1, 2024 - June 30, 2024 quarter were documented. -No 2nd or 3rd shift fire drills for the July 1, 2024 - September 30, 2024 quarter were documented.</p> <p>Disaster Drills: -No 1st, 2nd, or 3rd shift disaster drills for the April 1, 2024 - June 30, 2024 quarter were documented. -No 1st, 2nd, or 3rd shift disaster drills for the July 1, 2024 - September 30, 2024 quarter were documented.</p> <p>Interview on 11/07/24 House Manager stated: -House Manager sated that he conducted fire and disaster drills at the facility. -Fire and disaster drills were completed on both shifts. -The drills were done on the weekends and some during the weekday. -Fire and disaster drills were documented and kept in the home. -Fire and Disaster drills had been completed in October and the last fire drill completed was on 11/02/24.</p> <p>Interview on 11/07/24 with Staff #3 stated: -Shifts at the facility were: 1st shift-7:00am-3:00pm; 2nd- 3:00pm-11:00pm and 3rd shift- 11:00pm-7:00am. -Fire and disaster drills were completed on her</p>	V 114		

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V 114	Continued From page 2 shift and that clients knew where to go. -Fire and Disaster drills were completed once a month. Interview on 11/07/24 the Licensee stated: -He understood that fire and disaster drills were to be completed at least quarterly and repeated on each shift under conditions that simulate fire and disaster emergencies. -He was aware that the fire and disaster drills were not documented consistently and needed correction. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 114		
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 interview, the facility was not maintained in a clean, attractive, and orderly manner. The findings are: Observations of the facility on 11/07/24 at approximately 9:45am revealed: -Pine needles heavily covered the walkway approaching the front porch. -There was a small broken accent window in the front door (1 of 3). -The living room window sills had heavy dust; curtain rod on the front door was partially hanging off; an approximately 2 inch round hole in the wall	V 736		

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V 736	<p>Continued From page 3</p> <p>behind the living room door; and the bathroom exhaust fan made a loud rattling noise.</p> <p>-A fire alarm in the living room was heard making chirps every 2 minutes.</p> <p>-The microwave in the kitchen had areas that were rusted and peeling on the inside.</p> <p>-The hood light above the stove was not working.</p> <p>-The oven had black particle stains, spill stains, and dirty drip pans.</p> <p>-The door separating the kitchen from the living room had an approximate 1 inch rectangular hole in it.</p> <p>-There was dirt and stains around the baseboards throughout the kitchen.</p> <p>-There was a upper kitchen cabinet door to the far left over the refrigerator that was loose on the hinges.</p> <p>-Dark brown stains were identified extending approximately 1" in front and 3' in length of a dryer located to the right of the refrigerator in the kitchen.</p> <p>-Portions of the linoleum tile floor were missing to the left of the stove and extending approximately 3' in length to the kitchen wall. The area of uncovered linoleum was heavily stained with unknown brown substance and debris.</p> <p>-There was a puddle of standing water, approximately 2' from the kitchen sink, that traced back to under the sink.</p> <p>-Bathroom #1 had a showerhead which was loose from the drywall and revealed a hole approximately 2" in diameter behind the showerhead.</p> <p>-There was 1 non-working light bulb and 1 missing lightbulb over the vanity in bathroom #1.</p> <p>-Dark stains and peeling paint were identified in the bathtub of bathroom #1.</p> <p>Interview on 11/07/24 the Licensee stated he would have necessary repairs made to the facility.</p>	V 736		

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V 736	Continued From page 4 This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by: Based on observation and interviews the facility staff failed to maintain an insect free environment. The findings are: Observation on 11/07/24 at approximately 9:50am revealed: -There were two dead bugs approximately 0.5" in length and brown in color located on the bottom shelf of the upper kitchen cabinets to the left of the sink. -There was a dead bug approximately 0.5" in length and brown in color located on the middle shelf of the upper kitchen cabinet to the left of the sink. -Bug droppings were located on both shelves in the upper kitchen cabinets to the left of the sink. -There were two small brown bugs crawling around in the kitchen counter drawer to the left of the sink. -There was a dead bug approximately 0.5" in length and brown in color located in the corner of the kitchen. -There was a dead bug approximately 1" in length	V 738		

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V 738	Continued From page 5 located against the wall in the hallway leading to bathroom #1. Interview on 11/07/24 with the Licensee revealed: -The maintenance staff for the agency had been treating the facility for roaches. -"The roaches have recently been an issue since October 2024." -The facility also had an issue with roaches at the beginning out 2024. -They had not used a company outside of their agency to treat for roaches.	V 738			