

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL079-001	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED C 12/19/2024
NAME OF PROVIDER OR SUPPLIER REMMSCO MEN'S HALFWAY HOUSE		STREET ADDRESS, CITY, STATE, ZIP CODE 108 NORTH MAIN STREET REIDSVILLE, NC 27320		
(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 complaint survey was completed on December 19, 2024. The complaint was substantiated (intake #NC00224319). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600E Supervised Living for Adults with Substance Abuse Dependency. This facility is licensed for 9 and has a current census of 7. The survey sample consisted of audits of 3 current clients and 1 former client.	V 000		
V 742	27G .0304(a) Privacy 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (a) Privacy: Facilities shall be designed and constructed in a manner that will provide clients privacy while bathing, dressing or using toilet facilities. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to be maintained in a manner that allowed for client privacy while in their bedrooms. The findings are: Review on 12/19/24 of multiple work invoices from 9/18/24 to 10/31/24 of repair work to the facility's HVAC (heating, ventilation and air conditioning) unit revealed: -Completed repair of the HVAC unit on 10/31/24. -No documentation which referenced client bedroom doors. Observations on 12/18/24 at 2:52 pm and	V 742		

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DEC 30 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

Kathleen M. Singer, MA, LCAS, CCSLP Clinical Director

12/27/2024

STATE FORM

6899

FRS511

If continuation sheet 1 of 4



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Plan of Correction, from DHHS audit 12/19/2024:

Date: 12/27/2024

██████████ and ██████████ put the doors back up 12/20. They repaired one, the other we are still waiting on a mortise knob, wood glue, and clamps to be delivered to finish the repairs on, but it is up.

The HVAC problems seem to only be with cooling, not heating, so we will monitor the AC's effectiveness in the spring to see if the multiple August to October repairs fixed the issue permanently.

██████████ checks the HVAC unit and changes its filters monthly, but the other staff notify me as-needed if there are HVAC issues.

If there are issues again, we will ask one of the 4 HVAC repair companies we had come for those repairs what options we have other than keeping doors open/off.

We are currently arranging for a building inspection for January or February, so I will mention this to the inspectors and get their advice as well.

Kathleen Simpson, MA, LCAS, CCS 12/27/24

Kathleen Simpson, MA, LCAS, CCS
Clinical Director, REMMSCO Inc.