Division of Health Service Regulation

PRINTED: 12/09/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
]			A. BUILDING		COMPLETED				
<u> </u>	70	MHL041-781	B. WING		12/05/2024				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DORESS, CITY,	STATE, ZIP CODE					
OUR HO	OUR HOME-AUNT ZOLA'S 408 ANDREW STREET GREENSBORD, NC 27406								
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	PROVIDER'S PLAN OF CORRECTION						
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)					
V 000	ON INITIAL COMMENTS  An annual survey was completed on 12/5/24.  Deficiencies were cited.		V 000	V114 .0207 (A-D) Emergency					
				Plans and Supplies					
	This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.			10A NCAC 27G .0207					
				EMERGENCY PLANS AND					
	The facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.			SUPPLIES	1				
				Effective December 07, 2024, a	nd ongoing,				
V 114 27G .0207 Emergency Plans and Supplies			V 114	on a quarterly					
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.				basis, the Manager of Our Home-Aunt Zola's					
				is responsible for					
				ensuring that Disaster					
				Drills and Tornado Drills are					
				completed on each shift and					
	(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.			documented on a quarterly basi	s. Staff has been				
				re-oriented on this issue and wi	1				
				comply with the regulations					
77				stated above. The manager D	will				
		44 +	review each emergency log	•					
ivision of He	alth Service Regulation			every quarter to verify complian	ce.				
ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE									
TATE FORM	V WOL	ula -	99	LINICAL DIrector	12/16/202				
	1	~~	··· Mi	2L511	If continuation sheet f1 of 3				

PRINTED: 12/09/2024 FORM APPROVED

STATEME	of Health Service R				FORM APPROVED
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING:		COMPLETED
		MHL041-781	B. WING		40/07/000
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE ZID AGOE	12/05/2024
	ME-AUNT ZOLA'S		REW STREET		
		GREENS	BORO, NC 27		
(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	DRRECTION
TAG	REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE COMPLETE E APPROPRIATE DATE
V 114	Continued From pa	ge 1	V 114		
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure disaster drills were held at least quarterly and repeated for each shift. The findings are:  Review on 12/3/24 of the facility's disaster drill log from 1/28/24 to 12/3/24 revealed:  A disaster drill was held on 1/28/24 at 9 pm  No additional disaster drills were held during the first quarter of 2024 (January - March)  A disaster drill was held on 4/20/24; however, the time the drill was held was not listed  No additional disaster drills were held during the second quarter of 2024 (April - June)  A disaster drill was held on 7/6/24; however, the time the drill was held was not listed  No additional disaster drills were held during the third quarter of 2024 (July - October)  Interviews on 12/2/24 with clients (#1, #2 and #3) revealed:  They had not participated in a disaster drill  Interview on 12/4/24 with the Administrator revealed:  The Associate Professional was responsible for ensuring fire and disaster drills were held as required  Could provide no additional evidence drills were held at least quarterly and repeated for each				
S	hitt				
V 752 2	7G .0304(b)(4) Hot	Water Temperatures	V 752		
/ E	QUIPMENT	FACILITY DESIGN AND ity shall be designed,			

PRINTED: 12/09/2024 FORM APPROVED

Division of Health Service Regulation							
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL041-781	B. WING		12/05/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY,	STATE, ZIP CODE			
OUR HO	ME-AUNT ZOLA'S		REW STREE				
(X4) ID PREFIX TAG	) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION SHOULD PREFIX (EACH CORRECTIVE ACTION SHOULD PREFIX (EACH CORRECTIVE ACTIO				IOULD BE COMPLETE		
V 752	Continued From pa	ge 2	V 752				
	constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.  (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.						
	This Rule is not met as evidenced by: Based on observation and interview, the facilty failed to ensure that in the areas of the facilty where clients were exposed to hot water, the temperature of the water was maintained between 100-116 degrees. The findings are:  Observation on 12/4/24 at 11:45 am revealed:  The temperature of the hot water at the kitchen sink was 122 degrees  Observation on 12/4/24 at 11:50 am revealed:  The temperature of the hot water at the bathroom sink was 122 degrees  Interviews on 12/2/24 with clients (#1, #2 and #3) revealed:  No concerns reported about the temperature of the hot water  Interview on 12/4/24 with the Administrator revealed:  She was unaware of the temperature of the hot water was above 116 degrees  Would assure the temperature of the hot water was adjusted to meet the required temperature range		V 752 27G .0304(b)(4) Hot Water Temperature  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT  Temperature of the hot water in the kitchen sink  was 122 degrees.  The temperature in the hot water at the bathroom sink was  122 degrees.  Effectively immediately as of December 7, 2024, and  ongoing, management has adjusted the water temperature  In the kitchen sink and the bathroom sink to 110 degrees respecti  The group home manager is responsible  for ensuring that the hot water temperature does not exceed  116 degrees.				
			TO STATE OF THE ST				