

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-155	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 03/28/2018
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NAME OF PROVIDER OR SUPPLIER ABHS 4124 NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4124 NORTHFORK DRIVE LA GRANGE, NC 28551
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(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
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on March 28, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to maintain the facility in an attractive and safe manner. The findings are:</p> <p>Observation on 03/28/18 at approximately 10:00am revealed:</p> <ul style="list-style-type: none"> -The control panel on the stove was sticky to the touch and visibly soiled. -The refrigerator door handle was being held to the door with clear packing tape. -The carpet in client #4's bedroom had soiled and stained carpet and a large ripped/torn area next to the bed in the carpet. -The entrance into client #2 and client #5's bedroom the carpet appeared to be torn and pulling away from sub floor. -Several of the light fixtures throughout the facility needed light bulbs. -The light fixture in the laundry room was missing the globe. 	V 736	<p><i>The OP notified the landlord of all needed repairs. They were told the repairs/carpet needed to be completed by 5/10/18. The OP will monitor weekly to ensure all repairs are completed. In addition a copy of the listed repairs was given to the landlord.</i></p>	

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Mandi Bush

TITLE
Co-Director

(X6) DATE
4/10/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL054-172	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 03/28/2018
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NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551
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V 118	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to keep the MARs current affecting one of three clients (#2). The findings are:</p> <p>Review on 3/27/18 of client #2's record revealed: - 59 year old male. - Admission date of 07/07/17. - Diagnoses of Paranoid Schizophrenia, Depressive Disorder, Mild Mental Retardation, Seizure Disorder Cerebral Palsy, Hemiparesis.</p> <p>Review on 03/27/18 of client #2's medication orders dated 11/16/17 and 01/11/18 revealed: -Phenobarbital 97.2mg (used to treat or prevent seizures) Take 1 tablet daily. -Cetirizine 10mg (used to treat cold or allergy symptoms) Take 1 tablet daily.</p> <p>Review on 03/27/18 of client #2's January 2018 MAR revealed the following blanks on the MAR: - Phenobarbital 97.2mg-01/30/18. -Cetirizine 10mg-1/23/18-1/31/18.</p> <p>Interview on 03/01/18 client #2 stated: - He did receive his medications everyday.</p> <p>Interview on 03/27/18 staff #1 stated: - Client #2 received his medication daily. -He was not sure why the medication was not signed off on the MAR.</p> <p>Interview on 03/27/18 the Licensee stated: -She had expressed to the staff the importance of always signing the MAR.</p>	V 118		

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NAME OF PROVIDER OR SUPPLIER ABHS - 4123 - NORTHFORK	STREET ADDRESS, CITY, STATE, ZIP CODE 4123 NORTHFORK DRIVE LA GRANGE, NC 28551
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V 118	Continued From page 2 -She knew client #2 received his medication. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.	V 118		
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 observation and interview, the facility failed to maintain the facility in an attractive and safe manner. The findings are: Observation on 03/28/18 at approximately 11:00am revealed: -The kitchen cabinet door next to the refrigerator was broken. - Client #3's bedroom had broken slates in the blind and the drawers on the dresser were broken and missing knobs. -The carpet throughout the facility was soiled and stained. Interview on 03/28/18 the Licensee stated: - She would follow up on needed repairs at the facility with the Landlord.	V 736	<p><i>The landlord was notified all the needed necessary repairs (kitchen cabinet and carpet replaced). The dresser has been removed from the bedroom and other storage secured. The blinds have been replaced.</i></p> <p><i>The landlord was told that this was a resite and would need to be completed by 5/10/18. AP will monitor weekly.</i></p>	