PRINTED: 05/29/2018 FORM APPROVED

| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 05/21/2018 | |
|--------------------------|--|---|---|--|--|--|
| | | | | | | |
| | MHL055-025 | | | | | |
| IAME OF PF | OVIDER OR SUPPLIER | | DDRESS, CITY, STATE | , ZIP CODE | | |
| INCOLN | COUNTY | | NTON, NC 28092 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE | |
| ∨ 000 | INITIAL COMMENTS | | V 000 | | | |
| | An annual survey was completed on May 21, 2018. A deficiency was cited. | | | | | |
| | category: 10A NCAC | ed for the following service 27G .5600C Supervised Developmental Disabilities. | | | | |
| V 540 | 27F .0103 Client Rig Grooming | hts - Health, Hygiene And | V 540 | | | |
| | dignity, privacy and h of personal health, h Such rights shall incl to the: (1) opportunity daily, or more often a (2) opportunity (3) opportunity barber or a beauticia (4) provision o paper and soap for e individual personal h indigent client. Such not limited to toothpa napkins, tampons, sh utensil. (b) Bathtubs or show individual privacy sha (c) Adequate toilets, | be assured the right to humane care in the provision ygiene and grooming care. ude, but need not be limited for a shower or tub bath as needed; to shave at least daily; to obtain the services of a n; and f linens and towels, toilet each client and other ygiene articles for each other articles include but are aste, toothbrush, sanitary having cream and shaving wers and toilets which ensure all be available. lavatory and bath facilities a client with a mobility | | | | |
| | This Rule is not met Based on interview a | as evidenced by: and record review, the facility | | | | |

03IL11

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| Division of Health Service Regulat STATEMENT OF DEFICIENCIES (2 AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED 05/21/2018 | |
|--|--|--|---|---|---|--|
| | | | | | | |
| | MHL055-025 | | | | | |
| IAME OF PI | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE, | ZIP CODE | | |
| INCOLN | COUNTY | | ARRIAGE LANE NTON, NC 28092 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY) | ACTION SHOULD BE COMP TO THE APPROPRIATE DAT | |
| V 540 | Continued From page 1 | | V 540 | | | |
| | care by providing ind articles for each clier assistance affecting 3 #1, Client #2 and Clie Interview on 5/21/18 Manager (RM) revea -All of the facility client assistance; | led: | | | | |
| | special assistance. Interview on 5/17/18 -She was paid month | lucts for clients receiving with Client #1 revealed: nly; noney to buy her own | | | | |
| | -The facility staff tool -She bought her own -Client #2 had purcha cotton balls, soap, to comb and deodorant -Client #2 had bough | "hygienes;" ased shampoo, conditioner, othpaste, toothbrush, a | | | | |
| | -She bought her own and pillowcases; -She bought her own toothpaste, toothbrus Supplies];" | with Client #3 revealed: towels, washcloths, sheets shampoo, deodorant, sh, soap and "[Incontinent vas currently running low on oplies]." | | | | |
| | Staff #10 revealed: | 3 with Staff #8, Staff #9 and buse meeting and made a list | | | | |

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| AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CC A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|--|----------|----|-------------------------------------|--|
| | | | B. WING | | | | |
| | | MHL055-025 | | | 05 | 5/21/2018 | |
| AME OF P | ROVIDER OR SUPPLIER | | ADDRESS, CITY, STATE, | ZIP CODE | | | |
| INCOLN | COUNTY | | NTON, NC 28092 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC | TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | | | (X5) COMPLE ⁻ DATE | |
| V 540 | of things they needed -The clients bought to products such as sha deodorant and body | d and things they wanted; heir own personal care ampoo, soap, toothpaste, wash; ents and bought her own | V 540 | | | | |
| | | | | | | | |

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