Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			,	
MHL092-871		B. WING			R 05/23/2018		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CI ODIO	UC HOME CARE	4418 KAF	RLBROOK LA	ANE			
GLURIU	US HOME CARE	RALEIGH	, NC 27616				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X						
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An Annual and Follo May 23, 2018. A Do	ow-Up Survey was completed eficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 290	290 27G .5602 Supervised Living - Staff		V 290				
	numbers specified in of this Rule shall be enable staff to responeeds. (b) A minimum of compresent at all times premises, except whabilitation plan doccapable of remaining without supervision as needed but not let the client continues the home or common specified periods of (c) Staff shall be profollowing client-staff child or adolescent (1) children of abuse disorders should of the client spresent. However, the governing slee emergency back-up the governing body (2) children of developmental disa	in Paragraphs (b), (c) and (d) e determined by the facility to ond to individualized client one staff member shall be when any adult client is on the hen the client's treatment or cuments that the client is in the home or community. The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for time. The plan shall be reviewed essent in a facility in the fratios when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present: In a facility in the fration when more than one client is present.					
	one staff present fo	r every one to three clients off present for every four or					

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:) DATE SURVEY COMPLETED	
					F	₹	
		MHL092-871	B. WING			3/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
GLORIO	US HOME CARE		LBROOK L <i>A</i> , NC 27616	ANE			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	CH CORRECTIVE ACTION SHOULD BE COMPL SS-REFERENCED TO THE APPROPRIATE DATI		
V 290	Continued From page 1		V 290				
	more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.						
	interview, the facilit staff-clients rations respond to individuative clients (#2). The Review on 05/17/18 revealed: -Admission Data-Diagnoses who Intellectual Develop Disorder, Attention Paraphilia, Intermitt Bipolar, Anxiety Disorder	on, record review and y failed to implement above the minimum to alized client needs for one of e findings are: B of client #2's record E: 03/29/18 Ich include: Autism Spectrum, omental Disability, Conduct Deficit Hyperactivity Disorder, ent Explosive Disorder, corder and Oppositional					
	supervision in the control of the co	n dated 03/29/18 listed 1:1 ommunity and at school. 17/18 at 2:00 PM revealed nts #1 and #2 at the group					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL092-871	B. WING		05/2	R 3/2018		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
GLORIOUS HOME CARE 4418 KARLBROOK LANE RALEIGH, NC 27616								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE		
V 290	Continued From pa	ge 2	V 290					
	During interview on about client #2: -1:1 services sh due to his inapprophehaviors. -The school proschool and the home when he was at the -She was the own was closed During interview on Care Coordinator a reported client #2 when the variety of the company, she had aphysical property or operations of the grayear or longer -Currently, the provided oversight cases of the clients	05/18/18, staff #1 reported nould be provided at all times riate sexual desires and ovided the 1:1 services at the provided the 1:1 services home nly staff on duty and school 05/18/18-05/22/18, client #2's and his Qualified Professional was to have 1:1 at all times. 05/23/18, the Licensee atters with the management not been able to access to the was involved in the overall roup home for an estimated management company to the staff and managed the ware client #2 required 1:1 discuss with the						

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