STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL092-688	B. WING		R- 07/2	3/2018	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
BLESSE	D HOME, LLC		DIMONT RO , NC 27609	AD			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE	
V 000	INITIAL COMMENT	rs	V 000				
		was completed July 23, nt was substantiated (Intake # eficiency was cited.					
		sed for the following service AC 27G .5600A Supervised h Mental Illness.					
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110				
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills as population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence shexhibiting core skills (1) technical knowled (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal she (6) communication (7) clinical skills. (f) The governing the develop and implement of the initiation of the services of the services of the shall be as the services of the shall be as the services of the shall be as the shall be as the services of the shall be as the shall be as the services of the shall be as	edge; ess; ; g; kills;					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MIII 000 000	B. WING		R-	
		MHL092-688	B. WING		07/2	23/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
BLESSE	D HOME, LLC		DIMONT RO , NC 27609	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 1	V 110			
		et as evidenced by: s the facility failed to ensure aff#1) demonstrated				
	competency when of served. The finding	caring for the population as are:				
	Review of staff #1's -Hire date of 6/2					
	#1-#5 revealed the -Staff #1 yells n because they have and clothesStaff #1 will ge client #1 with her be -Staff #1 somet them because she	nostly at client #1 and #2 toileting incidents their beds t very agitated mostly with				
	#1 on occasionStaff #1 placed forehead when yelli -Feels like clien	her finer on client #1's				
	because they are m -Staff #1 will ma their bowel moveme while yelling at then clean up their mess	nore to care for. Take client #1 and #2 clean up ents while yelling at them, That she shouldn't have to				
	member of the chul because of the way while there.	ch "went off" on staff #1 she was talking to the clients #2 are staff #1's "targets."				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.		R-	C
		MHL092-688	B. WING	 		3/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
BLESSE	D HOME, LLC		DIMONT RO , NC 27609	AD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	-Staff #1 will tal not do what she wa -Staff #1 has a During interview on -Client #1 has stafficult to handle w -Clients #1 and toileting in their bed -Will clean ther once they have the -When in the coclient #2 because on tallowed to have -Lives in the hodays a weekHas a relief ped During interview with stated: -Observed staff they frequent on we -Several of the who work there has clients care for a will -The staff will of and very hateful to -One staff even staff #1The clients ap #1 and embarrasse -They were conthe clients like this in them at home where	k "hateful" to them if they do ints. "bad temper." 7/11/18 staff #1 stated: severe behaviors and can be hile in the community. #2 have incidents with l/clothes. In up and give them shower se incidents. In the service she is a diabetic. In and works 24 hours, 7 It with clients in a place seekends. It is that the community of #1 with clients in a place seekends. It is that the community of the ladies in front of others. In addressed this behavior with the ladies in front of others. In addressed this behavior with opear to be frightened of staff and by the way she treats them. In cerned that "if staff #1 treats in public, how is she treating in no one is around." In aff #1 is "very harsh" and	V 110	DELITION)		
	During interview on	7/23/18 The licensee stated:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
					R.	-C	
		MHL092-688	B. WING			23/2018	
NAME OF PROVIDER OR SUF	PLIER			STATE, ZIP CODE			
BLESSED HOME, LLC 1120 HARDIMONT ROAD RALEIGH, NC 27609							
PREFIX (EACH DEFI	CIENC	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
to the clientsStaff #1 yearsWill spea	e of s nas b k witl	ge 3 staff #1 talking down or harsh een with them for several in staff #1 and her Qualified ress these issues.	V 110				

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