STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411146	B. WING		07/2	25/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		TH STREET SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on 7/25/201. The complaint was unsubstantiated (intake #NC140592). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
V 110	27G .0204 Training/Supervision Paraprofessionals		V 110			
	 SUPERVISION OF P. (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional as special subchapter. (c) Paraprofessionals shall de population served. (d) At such time as a employment system is then qualified profess professionals shall de (e) Competence shall exhibiting core skills in (1) technical knowled? (a) analytical skills; (b) Communication s (7) clinical skills. 	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, ionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; ss;				
	develop and impleme	nt policies and procedures individualized supervision				

AND PLAN OF CORRECTION		IT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA OF CORRECTION IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL0411146	B. WING		07	/25/2018
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	OME LIVING CARE LLC	2708 16	TH STREET			
		GREENS	SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE
V 110	Continued From page	91	V 110			
	facility failed to ensure	as evidenced by: ews and interviews, the e 1 of 3 surveyed staff (the I knowledge, skills and				
	abilities required by th findings are: Review on 7/19/2018 file revealed: - Hire date: 4/12/2018	ne population served. The of the Owner 's employee				
	 Training in Client Rig Training on alternation 	the position of Director Populations" on 1/26/2018 ghts on 3/23/2017 ves to restrictive				
	record revealed: - Admission date: 12/ - Discharge date: 6/28	of former client (FC) #4 ' s 18/2018				
	Psychotic Features; U Disability; Gastroesop Vitamin D Deficiency - Documentation of an	Inspecified Intellectual phageal Reflux Disease; and n assessment dated				
	aggression, multiple g	a history of isolation, group home placements, a thoughts that a man is ssessment at a local				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411146	B. WING		07	/25/2018
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		TH STREET SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 2	V 110			
	for "aggressive behaviors" and on 4/26/2018 for "suicidal, hallucinations."					
	- She had decided to	8 with client #1 revealed: leave the facility because "I				
	was not too happy. The staff didn ' t treat me right"					
	 The Owner cursed at FC #4 and other clients; When asked if anyone else at the facility had witnessed the Owner cursing at her, FC #4 					
	replied: "They are going be on her side" - On 6/27/2018, FC #4 and the Owner had been					
	mad at each other when FC #4 asked the Owner a question;					
	 FC #4 was taken to a local hospital ED following the argument with the Owner; She had thrown a rock across the road towards 					
		as standing on, but was not				
	- On the morning of 6	/28/2018, the Owner and er up from a local hospital				
	ED and taken her to a - She had been taken	-				
	- " I went to [the loo	nt to get out of the van" cal hospital ED] first, then				
	Center Social Worker	he case worker (the Crisis · (SW)) talked to me that Jidn ' t want to go back to				
	her They (Crisis Ce	enter staff) said you can ' t ner (the Owner) just got into				
	it that morning And I said 'Bye, damn bitch' after she (the Owner) said the same thing to me,					
	He heard her cussing	o [Staff #1] was there too. J at me. [Staff #1] will say I ave witnesses that she				
	started it first '	vitnessed the Owner cursing				
	at FC #4.					
	Interviews on 7/24/20	18 and 7/25/2018 with the				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411146	B. WING		07	//25/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		TH STREET BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 3	V 110			
	#4 to the Crisis Center "outburst" that mornin - FC #4 initially refuse vehicle; - After getting out of f and called the Owner - The Owner respond "B***h" and further st here" in an antagoniz - " You can ' t treat - The Crisis Center M had to get involved to - The Owner told Cris didn ' t see a doctor f she would be dischar - " Her (the Owner (FC #4) off here" - FC #4 had not met admission, but the O Commitment (IVC) th and FC #4 was broug on the afternoon of 6 - The Crisis Center a found alternative resi boarding home for FO Interview on 7/24/207 Registered Nurse (R - On the morning of 6 staff #1 brought FC # - The Owner unsucce #4 out of the vehicle, get FC #4 out;	Dwner and staff #1 took FC er because FC #4 had an ng; ed to get out of the facility the vehicle, FC #4 was upset r a "b***h"; ded by calling FC #4 a tated "I got your b***h right zing manner to FC #4; t a client that way" Manager and Vice President to calm the situation down; sis Center staff that if FC #4 for medication management, rged from the facility; ' s) plan was to dump her criteria for Crisis Center wner obtained an Involuntary prough the local Magistrate, ght back to the Crisis Center /28/2018; dmitted FC #4 and later idential placement at a local C #4.				
	- FC #4 "turned arou home manager (the (nd and called the group Owner) a b***h and the r said 'B***h, I have your				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			B. WING			
		MHL0411146	I1146 B. WING 07/25/2018 STREET ADDRESS, CITY, STATE, ZIP CODE		/25/2018	
	ROVIDER OR SUPPLIER		TH STREET	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 4	V 110			
	pointing to the ground - The Crisis Center N Crisis Center Vice Priviles witnessed part of the attempting to "deesca - The Owner said that the facility; - " She (the Owner (FC #4) and just go - FC #4 had not met of admission; - " The first time sh [The Owner] was privile was going to go dowr - FC #4 was later bro Center under and IVC - "We felt for the co shouldn 't go back to Interview on 7/25/201 revealed: - On 6/28/2018, she filt being returned to the - FC #4 "said something a 'b***h' and 's the b***h now?' - " She (the Owner b***h' She (the Owner) b***	urse Manager (NM) and the esident of Operations (VPO) incident as they were alate" the Owner; t FC #4 could not return to) was just going to leave her ." criteria for Crisis Center he did leave with [the Owner] oretty upset and said she h and file an IVC" ught back to the Crisis C order; onsumer 's safety that she the group home" 18 with the Crisis Center NM had witnessed the Owner " and adamant that FC #4 Crisis Center instead of facility; ing about her (the Owner) she (the Owner) said ' Who c) called her (FC #4) a ' vner) was continually #4) [FC #4] was very ed of her (the Owner)"				
vision of Hea	intervened with the O staff coordinated FC	wner as other Crisis Center				

STATE FORM

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		IDENTIFICATION NUMBER		X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411146	B. WING		07	/25/2018	
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
GAPE H	OME LIVING CARE LLC		TH STREET SBORO, NC 27405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From page	9 5	V 110				
	wits end with her (FC #4) and treated it like it (the Crisis Center) was a homeless shelter" Interviews on 7/19/2018 and 7/25/2018 with staff #1 revealed: - He had been with the Owner on 6/28/2018 when FC #4 was picked up from the local hospital ED and taken to the local Crisis Center; - While at the hospital ED, FC #4 refused to speak to the Owner and refused to leave the ED to get into the facility vehicle; - Staff #1 went into the ED to try to encourage FC						
	 #4 to get in the vehicle, and was told by FC #4 "I don ' t want to go." FC #4 eventually got into the facility vehicle with staff #1, the Owner, and a client from a sister 						
	FC #4 to the Crisis Co hospital ED;	-					
	and said "I don ' t war called the Owner a "b	aggressive, kind of snappy" ht to talk to you" and had ***h" when the Owner					
	refused to get out of t	t the Crisis Center, FC #4 he vehicle and it seemed					
	- The Owner kept goi the vehicle and the C	staff did not want to help; ng back and forth between risis Office trying to get help; came out to the vehicle and					
	the Owner asked her vehicle;	to get FC #4 out of the					
	can ' t make me get c	out ' I FC #4 to get out of the					
	- When FC #4 still wo vehicle, the Owner ca - The local Police Offi Owner that she shoul	alled the local Police; icers who responded told the					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411146	B. WING		07	//25/2018
iame of Pf	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		TH STREET SBORO, NC 27405			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 110	Continued From page	e 6	V 110			
	people", and then left	:				
		taff came out to the vehicle				
	after the Police left;					
	- FC #4 told the two C	Crisis Center staff "I ' II get				
	off for ya ' ll, but I wor	n ' t get off for [the Owner"				
	- FC #4 got out of the vehicle, then called the					
	Owner a "b***h, a b-*-*-h";					
	- " [The Owner] said ' how could you call me					
	that when I ' ve done all this for you ' Then she					
	(the Owner) said 'did ya'll hear what she called					
	me? I didn ' t deserve that. '"					
	- To my knowledge, I didn ' t hear her (the Owner)					
	call [FC #4] a b***h If they (the Crisis Center					
	staff) are saying that, they are lying I think she					
	(the Owner) was nervous and seeking help I					
	thought she was going to break down When					
		ng they (Crisis Center staff)				
		en ' t helping her [FC #4]				
	said that 'B' word					
		make any threats towards				
	FC #4 or touch her;					
		regarding interacting with				
		ng, no loud talking, talk to				
		as grown people Like they or friend that you care about				
	"					
	Interview on 7/25/201	8 with the Qualified				
	Professional (QP) rev					
		d training on appropriate				
	interactions with clien					
		ad any concerns about the				
	way the Owner intera	-				
	-	d the Owner curse at clients				
	or use any derogatory	y language towards them.				
	Interviews on 7/23/20	18 and 7/25/2018 with the				
	Owner revealed:					
	- On 6/27/2018, while	e at a local store, FC #4 got				
	angry about the Own					

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		MHL0411146	B. WING		07	//25/2018
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
GAPE H	OME LIVING CARE LLC		TH STREET SBORO, NC 27405			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE
V 110	Continued From page	97	V 110			
	purchase items for ar	nother client;				
		and aggressively came				
		ou (the Owner) buying her				
	(the other client) pant	s? ' She (FC #4) was very				
	combative with them	(the other clients) and telling				
	staff she was hearing voices telling her to kill					
	herself"					
	- FC #4 was "aggressively attacking" her peers					
	verbally;					
	-	t into the facility vehicle and				
	threw a rock at the Owner;					
	- The Owner called the local Police;					
	- FC #4 was transported to the local hospital ED					
	by the police as the Owner followed in the facility					
	vehicle; - On 6/28/2018, the Owner and staff #1 went to					
		p FC #4 after the ED staff				
	discharged;	ell her that FC #4 was				
		rived to pick up FC #4, FC				
		till and refused to get in the				
	van"	in and refused to get in the				
		t in the van and refused to				
	speak to the Owner of					
		staff #1) decided they (the				
	-	psych evaluation Our				
		her (FC #4) to Crisis At				
	the Crisis office, I said	d '[FC #4], come on, let 's				
		nce you won ' t talk to me or				
		t out of the vehicle, so the				
		al Police (who did not arrive				
		eady out of the vehicle);				
		bell at the Crisis Center				
	and got a Nurse, who	got her supervisor to come				
	out to talk to FC #4;					
	- The Crisis Center su	upervisor asked FC #4 to get				
		which FC #4 responded: "I '				
		then got out of the vehicle;				
	- FC #4 turned around	d and told the Owner: "Bye,				

STATE FORM

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					07/05/00	
		MHL0411146			07	/25/2018
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, "H STREET	ZIP CODE		
GAPE H	OME LIVING CARE LLC		BORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	b***h"; - " I said ' [FC #4], after all I ' ve done for - She had never calle Crisis Center staff we heard her say that; - She had never threa remarks to facility clie	you ' re going to call me that r you '" ed FC #4 a b***h, and the ere lying if they said they atened or made disparaging	V 110			