STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL011-386	B. WING		08/1	5/2018
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
LIVINGSTONE'S HOME	212 BALD ARDEN, N	WIN ROAD IC 28704			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000 INITIAL COMMENTS		V 000			
Deficiencies were of This facility is licens categories: 10A NCAC 27G .51 Services for Individ 10A NCAC 27G Su	vas completed 8/15/18. sited. sed for the following service 00 Community Respite uals of all Disability Groups pervised Living for Individuals ups-Alternative Family Living.				
only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, incomposition administered only build unlicensed persons pharmacist or other privileged to prepare (4) A Medication Accall drugs administer current. Medication recorded immediated MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug.	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and be and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The	V 118			

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

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL011-386	B. WING		08/1	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIVINGS	TONE'S HOME	212 BALD ARDEN, N	WIN ROAD IC 28704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	checks shall be rec file followed up by a with a physician. This Rule is not me Based on record re facility failed to keel to follow the written 2 of 2 clients (Client Record review on 8 -Admission date of Intellectual Disabilit and Oppositional De-Physician order dateaspoons 1-2 time Review on 8/14/18 2018 revealed: -Fiber Powder not a 6/14/18, 7/2/18, 7/3 7/20/18, 7/26/18, 7/8/1/18-8/13/18. Record review on 8 -Admission date of Moderate Intellectual High Cholesterol, Pobstructive Pulmor Depressive Disorder datomg once daily.	et as evidenced by: view and interviews, the p the MAR current and failed order of a physician affecting t #1 and #2). The findings are: b/15/18 for Client #1 revealed: 1/1/16 with diagnoses of Mild y, Impulse Control Disorder efiant Disorder. bted 5/22/18 for Fiber Powder 2 s daily. of MARs for June-August administered on 6/10/18, b/18, 7/5/18, 7/6/18, 7/8/18, b/18, 7/5/18, 7/6/18, 7/30/18, b/15/18 for Client #2 revealed: 8/17/16 with diagnoses of al Disability, Hypothyroidism, brarkinson's, COPD (Chronic hary Disease) and Major	V 118	DEFICIENCY)		
	(TID).	ake 1 tab three times daily adaily except 7/28/18 when it				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			, 50.25 10.			
		MHL011-386	B. WING		08/1	5/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
LIVINGSTONE'S HOME 212 BALD ARDEN, N			WIN ROAD IC 28704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	was administered to	wice.				
	-She thought the Fi PRN (as needed) a wayShe was not aware was to give every done administered daily and did not know that it was given two mistake." -She had not notice were written incorrectly she got the month (qualified professional reveal professional reveal she began working 2017She was responsible and MARs at the falshe had not notice	the Loratadine to Client #2 ow why she had documented ice on 7/28/18. "That was a ed the instructions on the MAR ectly to give Loratadine TID. ly MARs from her QP nal). 8 with the Qualified ed: g for Licensee in November ole for reviewing medications				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disastervices that is licentical Chapter.					

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		MHL011-386	B. WING		08/1	5/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER STREET ALL		, ,	7/// L, Zii 00BL			
LIVINGS	TONE'S HOME	ARDEN, N	_			
040.15	CUMMADY CTA				ON	0.(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 133	Continued From pa	ge 3	V 133			
	provider licensed u	nder this Chapter to an				
		sition that does not require the				
		n occupational license is				
	conditioned on con-	sent to a State and national				
		ord check of the applicant. If				
		een a resident of this State for				
	•	, then the offer of employment				
		onsent to a State and national				
		ord check of the applicant. The				
		story record check shall he applicant's fingerprints. If				
		een a resident of this State for				
		then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
		t who refuses to consent to a				
	criminal history reco	ord check required by this				
		otherwise provided in this				
		ive business days of making				
		of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
	,	ord check required by this mit a request to a private				
		State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
	record checks for e	mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health				
		es, Criminal Records Check provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				

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DIVISION	of Health Service Re	egulation				
STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-386	B. WING		08/1	5/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
LIVINGSTONE'S HOME 212 BALDY ARDEN, N		WIN ROAD IC 28704				
(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 133	with the provider. Pupon request verific check has been conby this section. A coappropriate local or the Division of Crimmay conduct on be criminal history reconsection without the request to the Department of the Conditional offer of the All criminal history is conditional offer of the conditio	roviders shall make available cation that a criminal history impleted on any staff covered ounty that has adopted an dinance and has access to sinal Information data bank half of a provider a State ord check required by this provider having to submit a cartment of Justice. In such a call commence with the State ord check required by this pusiness days of the employment by the provider. Information received by the stall and may not be disclosed, ant as provided in subsection for purposes of this in "private entity" means a engaged in conducting ord checks utilizing public or a State agency. Soplicant's criminal history also one or more convictions of the provider shall consider all ors in determining whether to be riousness of the crime. Derson at the time of the crime, if known. The provider of the position to be determined to the provider of the position to be determined to the position t	V 133			

Division of Health Service Regulation STATE FORM

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-386	B. WING		08/1	5/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
212 BAI (WIN ROAD				
LIVINGSTONE'S HOME ARDEN, N			C 28704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 5	V 133			
	a relevant offense. The fact of conviction shall not be a bar to listed factors shall but the provider disquestion of the provider may disclost the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (a) Limited Immunition or employee of a procomplies with this socivil liability for: (b) The failure of the individual on the base the criminal history (c) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense include the compliance of a criminal history indictment of a criminal felony, that bears uphave responsibility persons needing medisabilities, or substitutes include the cany of the following General Statutes: A Issuing Monetary Sendangering Executarticle 6, Homicide; Sex Offenses; Article	on of a relevant offense alone employment; however, the person of a relevant offense alone employment; however, the person of a relevant provider. It is an applicant after expley and applicant after expley and the see information contained in record check that is relevant on, but may not provide a copy ry record check to the exployed and an officer ovider that, in good faith, ection shall be immune from the provider to employ an exist of information provided in record check of the individual, an employee's criminal exployee's exployed in this section, the exployed in the section or pending the exployed in the section. The exployed in the section in this section, the safety and well-being of the exployed in the section of the safety and well-being of the exployed in the section. These criminal offenses set forth in the exployed in the section of the safety and well-being of the exployed in the section of the safety and well-being of the exployed in the section. These criminal offenses set forth in the exployed in the section of the exployed in the section of the safety and well-being of the exployed in the section. These criminal offenses set forth in the exployed in the section of the exployed in the provider in the section of the exployed in the section of the exployed in the provider in the section of the exployed in the section of the exployed in the exployed in the section of the exployed in the explo				

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DIVISION	of Health Service Re	guiation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMP	LETED
		MHL011-386	B. WING		08/1	5/2018
NAME 05	DD01//DED 05 01/251/:==		DDE00 0:=:::			
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
L LIVINGSTONE'S HOME			WIN ROAD			
		ARDEN, N	IC 28704			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR E	OCIDENTII TINO INI ONIMATION)	TAG	DEFICIENCY)	MAIL	5,112
14400						
V 133	Continued From pa	ge 6	V 133			
	Iniury or Damage b	y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		icle 16, Larceny; Article 17,				
		, Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
		ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		Offenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related				
	Crime. These crime	es also include possession or				
	sale of drugs in viol	ation of the North Carolina				
	Controlled Substan	ces Act, Article 5 of Chapter				
	90 of the General S	Statutes, and alcohol-related				
	offenses such as sa	ale to underage persons in				
	violation of G.S. 18	B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.					
		shing False Information Any				
		yment who willfully furnishes,				
		ise gives false information on				
	an employment app	olication that is the basis for a				
		ord check under this section				
		Class A1 misdemeanor.				
		oloyment A provider may				
		t conditionally prior to				
		s of a criminal history record				
		e applicant if both of the				
	following requireme					
	(1) The provider sh	all not employ an applicant				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		SURVEY PLETED	
		MHL011-386	B. WING		08/	15/2018
	PROVIDER OR SUPPLIER	212 BAL	DDRESS, CITY, S DWIN ROAD NC 28704	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	prior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider she criminal history reconsusiness days after conditional employr 2001-155, s. 1; 200	ge 7 e applicant's consent for ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	interviews the facilit Bureau of Investigate background check conditional offer of sampled staff (Qual had lived in North Conditions).	et as evidenced by: el record review and staff ty failed to request a State tion (SBI) national criminal within 5 days of making the employment for 1 of 3 lified Professional (QP) who Carolina for less than 5 years t. The findings are:				
	-Date of Hire 11/1/1 -Criminal backgrou -SBI fingerprint che -Interview on 8/15/1 -She had previously been in NC for 5 ye Interview on 8/15/1 Manager revealed:	nd check conducted 10/10/17. ck sent 11/22/17. 18 with QP revealed: y lived in Florida and had not				
	included a national	check. e a specific SBI check was				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMEN AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL011-386			08/15/2018	
NAME OF	PROVIDER OR SUPPLIER	•		STATE, ZIP CODE	1 00/10/2010	
LIVINGS	TONE'S HOME		OWIN ROAD NC 28704			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPL	ETE

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