(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL096-225 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 SOUTH CLAIBORNE STREET** CLAIBORNE PLACE GOLDSBORO, NC 27533 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual survey was completed on August 22, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness. V 118 V 118 27G .0209 (C) Medication Requirements DHSR - Mental Health 10A NCAC 27G .0209 MEDICATION REQUIREMENTS SEP 062018 (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written Lic. & Cert. Section order of a person authorized by law to prescribe (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unilcensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Division of Health Service Regulation

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

Larry Lackey

Digitally signed by Larry Lackey Date: 2018.09.06 08:16:37 -04'00' TITLE Director of Operations

(X6) DATE 08/04/2018

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: B. WING MHL096-225 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 SOUTH CLAIBORNE STREET** CLAIBORNE PLACE GOLDSBORO, NC 27533 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V 118 Continued From page 1 This Rule is not met as evidenced by: Based on record review, observation and interview, the facility falled to (1) keep MARs current for 1 of 3 audited clients and (2) to obtain a physician's order for self-administration of finger stick blood sugar checks for 2 of 3 audited clients. The findings are: Finding 1: Finding: #1 Review on 8/22/18 of client #1's record revealed: - 69 year old male admitted to facility 10/29/09. Measure to Correct: - Diagnoses included Paranoid Schizophrenia, Blue Ridge Pharmacy has been 08/23/2018 Altered Mental Status, Type II Diabetes Mellitus, contacted and a corrected MAR to reflect Hygroma, Coronary Artery Disease, Hyperlipidemia, Hypertension, lung nodule. the 75mg Synthroid on the Physician's - Physician's order dated 5/10//17 for Synthroid Order is now correctly listed on the MAR. (treats hypothyroldism) 75 micrograms, one tablet Prevent: by mouth dally. All Claiborne Place Staff will be assigned 09/15/2018 - FL-2 signed by the Physician dated 8/2/18 with a Medication Administration Refresher order for Synthroid 88 micrograms, one tablet by Course. In addition, September's Clinical mouth dally. Training will focus specifically on the procedure for ensuring the Physician's Review on 8/22/18 of client #1's MARS for May -Order and the Client's MAR are in August 2018 revealed printed transcription for agreement. Synthroid 88 mcg one tablet by mouth daily, with Who Will Monitor: staff initials to signify the medication was 1st Onsite Program's QP will assign training and administered as ordered. Visit ensure it has been satisfactorily 9/5/2018 completed. Regional Manager will Observation on 8/22/18 at 2:00 pm of client #1's conduct routine unannounced site visits medications on hand revealed a supply of to examine the MAR's & Physician's Synthroid 75 mcg one tablet by mouth daily. Orders. dispensed 7/23/18. How Often: Regional Manager will conduct on-site Finding 2: Medication Records Audits monthly. Review on 8/22/18 of client #1's record revealed

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STATE FORM

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING MHL096-225 08/22/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **404 SOUTH CLAIBORNE STREET** CLAIBORNE PLACE GOLDSBORO, NC 27533 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) V 118 | Continued From page 2 V 118 Finding: 2 Measure to Correct: no Physician's for fingerstick blood sugar (FSBS) checks daily and no order for the client to Client #1 has scheduled an appointment 09/15/2018 self-administer FSBS checks. with his VA Physician to evaluate/approve self-administration for Finger Stick Blood Client #1 declined to participate in an interview on Sugar (FSBS) checks. Copy of the 8/22/18. Physician's Order will be placed in the Client's Medication File. Review on 8/22/18 of client #5's record revealed: Prevent: - 34 year old female admitted to the facility September, 2018 Clinical Training will 09/20/2018 6/30/17. focus specifically on the requirement for - Diagnoses included Schizophrenia, Unspecified acquiring & maintaining a current Doctor's Depressive Disorder, Intellectual/Developmental Disability, mild, Diabetes Mellitus. Order specifying the Client's ability to self-- FL-2 signed by the Physician 11/30/17 with administer a Finger Stick Blood Sugar order to check FSBS daily. Check. - No Physician's order for client #5 to Who Will Monitor: self-administer FSBS checks. Program's QP will assign training and 1st Site During interview on 8/22/18 client #5 stated that ensure it has been satisfactorily Visit: she checked her own blood sugars. completed. Regional Manager will 9/5/2018 conduct routine unannounced site visits Interview on 8/22/18 the Program Manager to examine Client Medical Records and document by their initials that the - Client #1 went to the Veteran's Administration appropriate/current Physician's Order for (VA) clinic for medication management and for FSBS is present in the Client's Record. medical care. His sister took him to all of his appointments. How Often: - She dld not know the Synthroid dosage had Regional Manager will conduct on-site been changed. Medication Records Audits monthly. - The pharmacy had not changed the MAR when the dosage changed, the correct dosage was 75 Note: micrograms. - No one had noticed the error on the MAR. Client #5's Physician Signed Order to - She was not aware a Physician's order was Self Administer has been located and required for clients to check their own blood placed in her Medical Record. Please sugars. see attached. - She was told staff had to teach the clients how to perform their own FSBS checks since the facility did not have a CLIA (Clinical Laboratory Improvement Amendments of 1988) walver.

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STATE FORM 0E1K11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY A. BUILDING: _______ COMPLETED

MHL096-225 B. WING ______ 08/22/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

CLAIBORNE PLACE

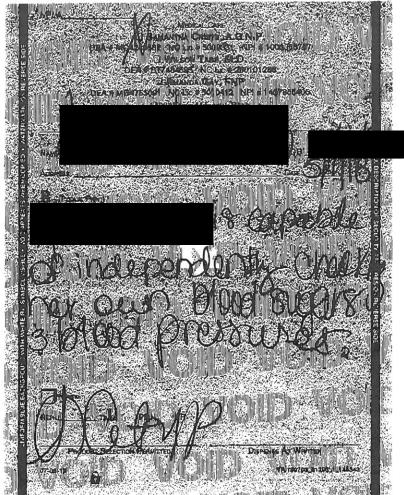
404 SOUTH CLAIBORNE STREET GOLDSBORO, NC 27533

| GOLDSBORO, NC 27533 | | | | | | | |
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| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE | | | |
| V 118 | Continued From page 3 | V 118 | | | | | |
| ∨ 736 | - There was no Physician's order for client #1 to perform his own FSBS checks Staff taught client #1 to do his FSBS checks prior to her admission to the facility, so they allowed her to continue to do so She thought client #5 had a physician's order to do her own FSBS checks, but she could not find the order Client records had recently been purged and the order may have been removed from the facility's copy of her record She would request Physician's orders for client #1 and client #5 to self-administer FSBS checks. 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. | V 738 | | | | | |
| | This Rule is not met as evidenced by: Based on observation and interview the facility was not maintained in a safe, clean and orderly manner. The findings are: | | | | | | |
| | Observations of the facility on 8/22/18 at approximately 9:30 am revealed: No globe over the light bulb over the kitchen sink. Black stains to the carpet in the small den. Unpainted repairs is to the wall at the tollet paper holder in the hall bath near the small den. Damage to the side of the bathroom vanity. | | | | | | |

Division of Health Service Regulation

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ B. WING MHL096-225 08/22/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **404 SOUTH CLAIBORNE STREET** CLAIBORNE PLACE GOLDSBORO, NC 27533 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) Measure to Correct: All Repairs V 736 V 736 Continued From page 4 •Globe for light bulb over the kitchen sink has been replaced Completed Damage to side of bathroom vanity has been repaired 8/28/2018 The water controls in the bath tub leaked. ·Water Controls in the bath tub have been fixed Except Floor The ceiling exhaust vent was dusty. Door knob on the cabinet door beneath the sink has been Replacement - A door knob was missing from the door to the replaced Anticipate ·Light Fixture in the bathroom across the hall from Resident cabinet below the sink. Unit #4 has had the bulb replaced (unit is now fully functional)Completion - A large black stain to the carpet in the hallway. by 10/22/2018 ·Exhaust vent cover has been cleaned - Clothing cluttered the floor in client #2's •Wasp nest has been removed Cigarettee ·Containers specifically designed for cigarette butt disposal bedroom. Receptical with a lid or cover on-order and will be used in all designated - Dark staining to the carpet in client #3's has been outside smoking areas •Condition of the carpet has been reported to the responsible ordered bedroom. party; The ARC who are financially responsible for A light fixture in the bathroom across the hall replacement of the carpet. Their response has been that the from client #4's bedroom was not working. plan is to replace the carpet with a more suitable product -- The exhaust vent was dusty. Laminate Flooring. The delay has been the cost; estimated at \$55,000. While we agree the Laminate Product is a better - A wasp nest in the corner of the ceiling on the choice than carpet, it is being recommended that action be taken immediately and that new carpet be installed if the - A bucket on the front porch contained sand and Laminate Flooring is not scheduled for installation in the next cigarette butts. (45) days. The Carpet has been cleaned; modest improvement noted. ARC has indicated that replacement of the Carpet is a priority. During Interview on 8/22/18 the Program Manger stated: - They were aware of some of the issues cited. 09/20/2018 Change-of-Shift Check List will be generated with facility - The carpet stains were cited during the facility's buildings & grounds items to be checked listed. Out-Going recent inspection by the Construction Section. & In-Coming Staff will acknowledge by their initials they have checked each item and indicate any corrections/ - The carpet stains had been reported to the HUD repairs that are necessary. (Housing and Urban Development) authority. Who Will Monitor & How Often: The bathroom light bulb needed to be replaced; Group Home Manager will review the list on a weekly basis she would make sure a new bulb was installed in and indicate what measures have or will be taken to correct the fixture. any deficiencies. - Client #2 changed clothes frequently throughout Regional Manager will review the list and note any outstanding issues during their monthly inspection of the the day and would leave her clothes on the floor; facility. she sometimes didn't want staff to be in her room and she would become aditated if staff asked her Note: to clean her room. Staff responsible for Monitoring Facility and Medical - She would call the exterminator to remove the Records are registered for DHSR Training Class in wasp nest. Raleigh on 10/08/2018. The clients sat on the front porch to smoke.

Division of Health Service Regulation



INSPECTION/SERVICE Termite Benefect Moisture

We have either performed an inspection or treatment on your property today. A report of our findings will be mailed to you within seven days.

Pest Control Mosquito Control

We have protected your home from the outside to prevent unwanted pests from entering. The Service Report will tell you exactly where we treated your home, and the materials we used. Should you encounter a problem, call us. We'll return and take care of the situation at no extra charge.

Sprayed wasp of Took down

SERVICE NOT RENDERED NO OTHER NEST

Please call our office and advise when service can be rendered.

Signature M. Fulcu

Office Telephone #: ____1-800-284-7911

www.insect.com

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| | | 252-670-8542 DavidsonServiceCo@Gmail.com | | | |
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| Payment terms: Contact name | Jolan Clark | en Clark Involce date: | | Work order number | |
| | | | | | 8/29/18 751 |
| Contact phone # | | | Invoice number | MENTAL PRINCIPLE AND PRINCIPLE | 751 |
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NEW DESTINATIONS

Phone: 919-773-2706 Fax: 866-929-2834

DHSR - Mental Health

SEP 06 2018

Lic. & Cert. Section



| To: Licensure & Certification | From: Larry Lackey | | |
|-------------------------------|--------------------------|--|--|
| Fax: 919-715-8078 | Pages: 9 | | |
| Re: MHL-096-225 POC | Date: September 06, 2018 | | |

Plan of Correction for Claiborne Place Survey conducted 8/22/2018. Please contact me if you have questions or concerns. Sincerely, Larry Lackey Cell Phone: (919) 414-2860