STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:				
		MHL060-157	B. WING		10	10/02/2018	
ME OF PRO	IDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	, ZIP CODE			
REACH/GF	REYWOOD DRIVE		EYWOOD DRIVE DTTE, NC 28212				
(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 TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 000 IN	IITIAL COMMENTS	;	V 000				
	n annual survey wa eficiencies were cite	s completed on 10-2-18. ed.					
ca Li	ategory: 10A NCAC	d for the following service 27G 5600C Supervised se Primary Diagnosis is a vility.					
V 289 2	7G .5601 Supervise	d Living - Scope	V 289				
p h th re ill or si (1 (1 (2 M si (1 (1 (2 M (1 (1 (2 M) (1 (2 M) (1 (2 M) (1 (2 M) (1 (2 M) (1 (2 M) (1) (1 (2 M) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	ovides residential s ome environment w lese services is the shabilitation of indivi- ness, a development a substance abuse upervision when in t o) A supervised livin the facility serves eith) one or more the facility. Each supervised censed to serve a special serves adults whose ness but may also h the facility whose ness but may also h the facility serves adults whose evelopmental disabilitation agnoses; b) "C" designal serves adults whose	ng facility shall be licensed if					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHI 060-157			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING				
	ROVIDER OR SUPPLIER	MHL060-157	DDRESS, CITY, STATE		10)/02/2018
	CONDER OR SUPPLIER			, ZIF CODE		
NREACH/	GREYWOOD DRIVE		OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	e 1	V 289			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on observations and interviews, the facility failed to provide services within the scope of their license effecting 3 of 3 audited clients (client					
	failed to provide serv license effecting 3 of #1-3). The findings a	ices within the scope of their 3 audited clients (client re:				
	alth Service Regulation	18 at approximately 11:00				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		NUL 000 457	A. BUILDING:			
	AME OF PROVIDER OR SUPPLIER STREET A		DDRESS, CITY, STATE,		10	/02/2018
	ROVIDER OR SUFFLIER			, ZIF CODE		
NREACH	GREYWOOD DRIVE		DTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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	CTION SHOULD BE	(X5) COMPLET DATE
V 289	Continued From page	e 2	V 289			
	am revealed:					
		e doorbell, a man who				
	identified himself as					
		the the staff quarters are	a			
		and stated that the clients were not home.				
	-Upon entering the staff quarters, saw an					
	unmade bed that appeared recently slept in -Clothes piled on the floor.					
		child present in the facility				
	Interview on 9-28-18 with son of facility manager revealed:					
	beach.	taken the clients to the				
		employee of the licensee aying at the facility "for a				
	-He had a job nearby and it was convenient for him to stay at the facility.					
	-The young child	l did not stay there, he had				
	picked her up to take to a doctor's appointment that day.					
	-Did not mention get the manager's ma	anything about coming to ail.				
		with staff # 1 revealed: manager's son had been				
		ever said why her son was				
	staying at the facility.					
	-The clients did s there.	seem to enjoy having him				
		with client #1 revealed: son did live at the facility, but				
	he could not say how	long he had been there. son would come out and				
	watch TV with them.					
		e son stayed at the facility				
	when they went to th					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL060-157	B. WING		10	0/02/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
NREACH	GREYWOOD DRIVE		EYWOOD DRIVE DTTE, NC 28212			
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V 289	Continued From pag	e 3	V 289			
	-The manager's around." -He would have eat with them, and u -He originally sta a local fast food resta the manager drove. Interview on 10-1-18 -The manager's long time." -"I liked him." -The son would	with client #2 revealed: son would "sometimes come dinner with them, go out to se the facility's washer/dryer ated that the son took them to aurant and them stated that with client #3 revealed: son had "stayed here for a eat dinner with them but food and that is what he				
	revealed: -She stated that the facility. -He had only be came to pick up her out in the sun. -She didn't know the facility, but she to Interview on 10-1-18	with facility manager ther son had never stayed at en there when the surveyor insulin because it couldn't sit why her son had gone into old him"he can't do that."				
	approximately one m -They had askee	the manager until nonth ago. d her to fill in on 9-28-18 v any details about where the				
	Interview on 9-28-18 Professional reveale -She had no ide at the facility that wa	d: a that someone was staying				

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If continuation sheet 4 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-157	B. WING		10	/02/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
IREACH/	GREYWOOD DRIVE		REYWOOD DRIVE			
			OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 289	Continued From page	e 4	V 289			
	-She would take immediately.	care of the situation				

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