Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B WING MHL096-117 09/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD **COUNTRY PINES #1** LA GRANGE, NC 28551 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual, complaint and follow up survey was completed on September 25, 2018. The complaints were unsubstantiated (intake #NC00136271 and #NC00138766). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities. V 112 27G .0205 (C-D) V 112 Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE DHSR-Mental Health PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or OCT 1 7 2018 legally responsible person or both, within 30 days of admission for clients who are expected to Lic. & Cert. Section receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement: (2) strategies: (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained

Division of Health Service Regulation

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

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(X6) DATE

10-14-18

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL096-117 09/25/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD **COUNTRY PINES #1** LA GRANGE, NC 28551 SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE DATE (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 112 Continued From page 1 V 112 Short range goals updated and tolieting goal added This Rule is not met as evidenced by: 11-24-18 Based on record reviews and interviews the with strateates to be facility failed to develop and implement strategies implemented and applied based on assessment for one of three audited to Work, on this clients (#4). The findings are: to achieve continuing a possitive outcome Review on 3/5/18 and 9/25/18 of client #4's record revealed: - 41 year old female admitted to the facility 4/29/03. - Diagnoses included Severe Intellectual/Developmental Disability, Impulse Control Disorder, Atrial Septum Deficit, Hypothyroidism, Hypertension, - "Individual Support Plan" with start date of 5/1/17 from the Local Management Entity included "What Others Need to Know to Best Support Me . . . Behaviors . . . Toileting skills have decreased. [Client #4] is on a one hour toileting schedule to reduce incidents of accidents..." - "Individual Support Plan" implemented 5/1/17 with no strategies to address client #4's toileting needs or toileting program. During interview on 9/25/18 the Qualified Professional/Chief Executive Officer stated he was responsible for developing short range goals

assessed needs.

and strategies for clients based on assessed needs. There were no strategies to address client #4's one hour toileting program in her plan. He understood the requirement for developing and implementing strategies based on clients'

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DEFICIENCIES ORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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ntinued From pa	ge 2	V 736			
36 27G .0303(c) Facility and Grounds Maintenance		V 736			
TERIOR REQUI Each facility and intained in a safe nner and shall b	REMENTS I its grounds shall be e, clean, attractive and orderly				
ed on observati not maintained nner free from o	on and interviews the facility in a safe, clean, orderly				
on 9/25/18 reversallpaper was perter room. The 5 light overhers missing 2 shades are carpet in the form the wall and we have consumed to the paint was peer entry hallway. The paint was peer entry hallway, and air vents in the room were rusty sing substance of the smoke detect the strong and we have entry hallway. The paint was peer entry hallway, and air vents in the smoke detect the smoke detect the strong was peer that appears the smoke detect the strong was peers and the smoke detect the smo	aled: eling away at the seams in the ad fixture in the front room les and 1 light bulb. front room was separated as worn and wrinkled on the a tripping hazard. he ceiling in the front room. or was noted inside the e front room. eling from the ceiling in the forn recliner were stored in the the ceiling in client #1's and had a black powdery on the outer surface. or in client #1's bedroom was red to be dead insects was		ever head light filture replaced and new so provided. Elights we carpet situation assessed and plane replace in 2019 Brown acilina stain front room assessed conrected. Front storage closed oid, odor atteminated relevision and recipied removed from wide hallway. Air vents inceilina to be another to be smoke attention to be smoke attention and replaced.	client	S S S S
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Intinued From pa G. 0303(c) Facilit A NCAC 27G. 03 TERIOR REQUI Each facility and intained in a safe ner and shall b or. SRule is not me sed on observati s not maintained nner free from o callipaper was pe allipaper was pe alli	MHL096-117 IDER OR SUPPLIER STREET AD 2307 NOR LA GRAN SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 2 G. 0303(c) Facility and Grounds Maintenance A NCAC 27G. 0303 LOCATION AND TERIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly mer and shall be kept free from offensive or. Is Rule is not met as evidenced by: sed on observation and interviews the facility and maintained in a safe, clean, orderly mer free from offensive odors. The findings: Servation of the facility at approximately 12:15 on 9/25/18 revealed: allpaper was peeling away at the seams in the attroom. The 5 light overhead fixture in the front room is missing 2 shades and 1 light bulb. The carpet in the front room was separated in the wall and was worn and wrinkled on the arrand presented a tripping hazard. The brown stain on the ceiling in the front room. The strong moldy odor was noted inside the age closet in the front room. The paint was peeling from the ceiling in the entry hallway. The paint was peeling from the ceiling in the entry hallway. The paint was peeling in client #1's proom were rusty and had a black powdery wing substance on the outer surface. The smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the smoke detector in client #1's bedroom was and the summary and the smoke and the summary	MHL096-117 STREET ADDRESS, CITY. 2307 NORTH BESTOI LA GRANGE, NC 285 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 2 A NCAC 27G .0303 LOCATION AND TERIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly inner and shall be kept free from offensive or. SRule is not met as evidenced by: sed on observation and interviews the facility and maintained in a safe, clean, orderly inner free from offensive odors. The findings is servation of the facility at approximately 12:15 on 9/25/18 revealed: allipaper was peeling away at the seams in the introom. The 5 light overhead fixture in the front room is missing 2 shades and 1 light bulb. The carpet in the front room was separated in the wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall and was worn and wrinkled on the rand presented a tripping hazard. The wall was peeling from the ceiling in the entry hallway. The paint was peeling from the ceiling in the entry hallway. The wall and worn recliner were stored in the entry hallway. The wall and the	MHL096-117 STREET ADDRESS, CITY, STATE, ZIP CODE 2307 NORTH BESTON ROAD LA GRANGE, NC 28551 SIMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Intinued From page 2 3 .0303 (C) Facility and Grounds Maintenance NCAC 27G .0303 LOCATION AND TERRIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly internand shall be kept free from offensive if. S Rule is not met as evidenced by: seed on observation and interviews the facility snot maintained in a safe, clean, orderly inner free from offensive odors. The findings servation of the facility at approximately 12:15 on 9/25/18 revealed: allipaper was peeling away at the seams in the it room. It is signed to be seen and a replace of the seam of the room of the facility in the front room is missing 2 shades and 1 light bulb. It is carried to the front room was separated in the wall and was worn and wrinkled on the ir and presented a tripping hazard. Sommon stand in the ceiling in the front room. It is not met as evidenced by: Servation of the facility at approximately 12:15 on 9/25/18 revealed: Ill pact in the foot addressed. Wall pact struction to address	MHL096-117 B WING

Division of Health Service Regulation

STATE FORM

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL096-117	B. WING	R 09/25/2018
NAME OF PROVIDER OR SUPPLIER	STREET #	ADDRESS CITY STATE ZIP CODE	

COUNTRY PINES #1

2307 NORTH BESTON ROAD LA GRANGE, NC 28551

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 3	V 736	Drivate bathroom cleaned	10-118
	bathroom Client #1's bathroom had a strong moldy odor The ceiling in client #1's bathroom appeared to be sagging over the toilet Brown stains on the ceiling of client #1's		client 1 hathroom thouroughly cleaned + sanitize: odor no larger anissue	10-1-18
	 bathroom. A row of floor tiles were missing at the face of the bathtub. The exhaust fan was loud, and rusty with black powdery looking substance on the outer surface. 		stains on ceiling of client #1 bathroom to be assessed floor tiles missing at face of bath tub to	11-24-18
- C	- Client #1's shower curtain rod was extremely rusty.		be replaced to	11-24-18
	 Client #1's bathtub had greenish gray staining. A drawer front was missing from client #3's chest of drawers. 		exhausted fan to be assessed cleaned and replaced it needed.	11-24-18
- CI	- Client #3's bedroom ceiling was dusty around the air vent near the window.			11-24-18
	- Client #3's shower curtain liner had heavy mildew staining.		throughly cleaned	10-1-18
	- Matter that appeared to be dead insects were noted inside both light fixtures in client #3's bathroom.		ne replaced	11-24-18
b - r s -	 A brown stain to the ceiling over client #3's bathroom sink. The round air vent in client #3's bathroom was 		client to he droom dust	et 10-1-18
	rusty and had black matter on the outside surface The window blind in client #3's bathroom had 8		client #3 shower curtain	10-1-18
	broken slats Multiple brown stains of various sizes on the		Bathresm colling in Client	1 11-244
	ceiling in client #4 and #6's shared bedroom. - The large air vent in client #4 and #6's bedroom		14	101-18
	was heavily dusty. - A broken drawer in client #4's chest of drawers. - A broken drawer in client #6's chest of drawers.		bedroom to be replaced	11-24-18
-	- Several small screw/nail holes in the wall beside client #6's bed.		client 3 window blind to be replaced in bathroom	11-24-18
	- Matter that appeared to be dead insects inside the light fixture in client #4 and #6's bathroom.		shared bothroom to be	11-244
dolon -fil	- The finish on client #4 and #6's bathroom mirror		Broken Chest of drawers	10-1-18
vision of H ATE FORI	ealth Service Regulation	6899	Client#4+6 replaced 15 continuation	ion sheet 4 of

STATE FORM

PRINTED: 09/25/2018 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R B. WING 09/25/2018 MHL096-117 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2307 NORTH BESTON ROAD **COUNTRY PINES #1** LA GRANGE, NC 28551 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) small screw holes in client 11-24-18 V 736 V 736 Continued From page 4 right, fixture in client was worn. 10-1-18 #446 properly cleaned - Client #4 and #6's shower curtain liner was Bathroom heavily stained with mildew. mirror in client#44#6 - The round exhaust vent over the bathtub was bathroom to be assessed rusty and had black stains on the outside surface. and replaced if necessary 11-24-18 - The drain grate was missing from client #4 and client 4 dt shower curtain #6's bathtub. 10-1-18 line replaced. - Brown stains to client #5's bedroom ceiling. - One of client #5's bi-fold closet doors was out of round exhaust vent cover 11-24-18 replaced its track. drain a rate replaced in - The carpet in the den area adjacent to the client # Act # 6 bothroom 11-24-18 kitchen was heavily stained and worn. - The kitchen ceiling was stained yellow and was cirent \$ 5 beartom cerline dusty. 11-24-18 assessed and painted - A partially smoked cigarette was seen on the client \$5 closef door Dut kitchen counter next to the back door. 112448 back on track - The finish on the molding around the back car pet to be cleaned+ kitchen door was dirty and stained. 11-24-18 replaced in 2019 - The toaster oven was extremely grimy causing the glass door to be opaque. Kitchen ceiling cleaned - Flies were noted throughout the facility. 11-24-18 or painted finish & molding on back During interview on 9/25/18 the Qualified Kitchen door throughly cleaned 11-24-18 Professional/Chief Executive Officer stated the facility had recently had septic tank issues; the toaster oven throughly septic tank had been pumped out twice. He would make sure the facility was cleaned well.

231M11

STATE FORM: REVISIT REPORT PROVIDER / SUPPLIER / CLIA / MULTIPLE CONSTRUCTION DATE OF REVISIT **IDENTIFICATION NUMBER** A. Building B. Wing MHL096-117 9/25/2018 Y3 NAME OF FACILITY STREET ADDRESS, CITY, STATE, ZIP CODE COUNTRY PINES #1 2307 NORTH BESTON ROAD LA GRANGE, NC 28551 This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form). ITEM DATE ITEM DATE ITEM DATE Y4 Y5 Y4 Y5 Y4 Y5 ID Prefix V0118 Correction **ID** Prefix Correction **ID Prefix** Correction 27G .0209 (C) Reg. # Completed Reg. # Completed Reg. # Completed LSC 09/25/2018 LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC ID Prefix Correction **ID Prefix** Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC **ID Prefix** Correction ID Prefix Correction **ID Prefix** Correction Reg. # Completed Reg. # Completed Reg. # Completed LSC LSC LSC REVIEWED BY REVIEWED BY DATE SIGNATURE OF SURVEYOR DATE STATE AGENCY (INITIALS) 9/25/18 **REVIEWED BY REVIEWED BY** DATE TITLE DATE CMS RO (INITIALS) Facility Compliance Consultant I FOLLOWUP TO SURVEY COMPLETED ON CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF

Page 1 of 1

UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY?

EVENT ID:

U18F12

YES NO

6/27/2017