Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
7.1.12 . 2.1.1	0. 00.11.20.10.1	.5	A. BUILDING:	A. BUILDING:		
		MHL001-237	B. WING		11/0	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		EBANE STRE STON, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	on November 1, 20 This facility is licens	w-up survey was completed 18. Deficiencies were cited. sed for the following service C 27G .5600A Supervised				
	Living for Adults wit					
V 105	27G .0201 (A) (1-7)	) Governing Body Policies	V 105			
	105 27G .0201 (A) (1-7) Governing Body Policies  10A NCAC 27G .0201 GOVERNING BODY POLICIES  (a) The governing body responsible for each facility or service shall develop and implement written policies for the following:  (1) delegation of management authority for the operation of the facility and services;  (2) criteria for admission;  (3) criteria for discharge;  (4) admission assessments, including:  (A) who will perform the assessment; and  (B) time frames for completing assessment.  (5) client record management, including:  (A) persons authorized to document;  (B) transporting records;  (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons;  (D) assurance of record accessibility to authorized users at all times; and  (E) assurance of confidentiality of records.  (6) screenings, which shall include:  (A) an assessment of the individual's presenting problem or need;  (B) an assessment of whether or not the facility can provide services to address the individual's needs; and  (C) the disposition, including referrals and recommendations;					

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R		
		MHL001-237	B. WING			1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE TON, NC 27			
(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 SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 105	assurance and qua (B) written quality a improvement plan; (C) methods for more quality and approprincluding delineation utilization of services (D) professional or a requirement that professionals and treatment/habilitation (G) review of staff of determination made treatment/habilitation (G) review of all fat were being served residential program (H) adoption of star and programmatic applicable standard purpose, "applicable means a level of coreference to the professional profes	d activities of a quality lity improvement committee; ssurance and quality  onitoring and evaluating the iateness of client care, n of client outcomes and es; clinical supervision, including staff who are not qualified provide direct client services by a qualified professional in ; nproving client care; ualifications and a e to grant	V 105			
	failed to develop ar standards that ensu programmatic perfo	et as evidenced by: view and interview, the facility and implement adoption of ured operational and ormance meeting applicable be for the use of a Glucometer				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		MHL001-237	B. WING			1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE TON, NC 27			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	 ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
V 105	Continued From pa	ge 2	V 105			
		g the CLIA (Clinical Laboratory adments) waiver. The findings				
	revealed:	of the facility's records ence of a CLIA waiver.				
	-Admission date of -Diagnoses of Schiz Constipation, Cereb Dysfunction, Glauce -Physician's orders Truetrack Blood Check blood sugar Interview on 11/1/18 Manager revealed: -Staff checked Clied -Staff were required sugar every dayThey had never he -They were not awa CLIA waiver in orde sugars. Interview on 11/1/18 revealed: -He had never hear -He was not aware waiver in order to clievelsHe confirmed the f waiver in order to clievels.	zophrenia, Diabetes. Dral Infarction, Diastolic Dran, Vitamin D Deficiency. Dated 5/21/18: Di Glucose Monitoring System- Devels three times a day. Di with Staff #1 and the House Di the three times a day. Di to check Client #1's blood Devels the group home needed a per to check Clients #1's blood Di with the Administrator				

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	or riealth Service IN					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAIN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
					F	
		MHL001-237	B. WING			` 1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ΔΙ ΔΜΔΝ	ICE HOMES II		BANE STRE			
, ( <u>—</u> , (111)		BURLING	TON, NC 27	217		
(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 APPROI		COMPLETE DATE
TAG	REGULATORT OR E	3C IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	INAIL	BALL
V 133	Continued From pa	ge 3	V 133			
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	0.0					
	G.S. §122C-80 CRI	MINAL HISTORY RECORD				
	CHECK REQUIRED					
	APPLICANTS FOR	EMPLOYMENT.				
		used in this section, the term				
		o an area authority/county				
		ovider of mental health,				
		bility, and substance abuse				
		nsable under Article 2 of this				
	Chapter.	An offer of employment by				
		An offer of employment by a				
		nder this Chapter to an				
		sition that does not require the occupational license is				
		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				
	five years or more,	then the offer is conditioned				
		te criminal history record				
		ant. A provider shall not				
	employ an applican	t who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
	•	ve 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				
	G.S. 114-19.10, the	Department of Justice shall				

Division of Health Service Regulation STATE FORM

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Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL001-237	B. WING		F 11/0	≀ 1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			BANE STRE			
ALAMAN	ICE HOMES II		TON, NC 27			
(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	Continued From pa	ge 4	V 133			
	record checks for e covered by Public L Department of Hea Criminal Records C business days of rehistory of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. Pupon request verific check has been corby 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 All criminal history is provider is confident except to the application of the Conditional offer of the conditional	Ith and Human Services, check Unit. Within five precipt of the national criminal in, the Department of Health in the Story record check be shared roviders shall make available sation that a criminal history in the Department of Health in the State of the Department of Health in the State of the Health in the Health i				

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If continuation sheet 5 of 11 KF5W11

Division of Health Service Regulation

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
				R	
	MHL001-237	B. WING			1/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMANCE HOMES II		BANE STRE			
		TON, NC 27		ı	
PREFIX (EACH DEFICIENCY MUS	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 Continued From page 5	5	V 133			
(1) The level and serious (2) The date of the crimical (3) The age of the person conviction.  (4) The circumstances commission of the crimical (5) The nexus between the person and the job filled.  (6) The prison, jail, proform rehabilitation, and emploers on since the date to (7) The subsequent correlevant offense. The fact of conviction of shall not be a bar to employed factors shall be consideration of the releprovider may disclose in the criminal history recent to the disqualification, the factors of a provide to the disqualification, the criminal history recent to the disqualification, the criminal history recent (2) Limited Immunity. For employee of a provide complies with this section in the basis of the criminal history recent (2) Failure to check and criminal offenses if the history record check is compliance with this section (e) Relevant Offense. The provider may disclose in the history record check is compliance with this section (c) Failure to check and criminal offenses if the history record check is compliance with this section. The provider means the compliance with this section (c) Relevant Offense. The convertible of the provider means the compliance with this section (c) Relevant Offense. The convertible of the provider means the compliance with this section (c) Relevant Offense. The convertible of the provider means the c	usness of the crime. ne. son at the time of the surrounding the ne, if known. In the criminal conduct of duties of the position to be bation, parole, loyment records of the the crime was committed. In mission by the person of of a relevant offense alone inployment; however, the considered by the provider. Ties an applicant after levant factors, then the information contained in ord check that is relevant but may not provide a copy ecord check to the  A provider and an officer der that, in good faith, ion shall be immune from rovider to employ an of information provided in ord check of the individual. employee's criminal requested and received in ection. As used in this section,	V 133			

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Division of Health Service Regulation

DIVISION	of Health Service Re	egulation				
		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
					R	
			B. WING			
		MHL001-237	B. WINO		11/0	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
			BANE STRE			
ALAMAN	ICE HOMES II					
		BURLING	TON, NC 27	21/		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	FRIATE	DAIL
				,		
V 133	Continued From pa	ge 6	V 133			
	falam. Haat baans					
		pon an individual's fitness to				
		for the safety and well-being of				
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
		Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
		ubstitutes; Article 5A,				
		ıtive and Legislative Officers;				
	Article 6, Homicide;	Article 7A, Rape and Other				
	Sex Offenses; Artic	le 8, Assaults; Article 10,				
	Kidnapping and Abo	duction; Article 13, Malicious				
	Injury or Damage b	y Use of Explosive or				
	Incendiary Device of	or Material; Article 14, Burglary				
	and Other Housebr	eakings; Article 15, Arson and				
	Other Burnings; Art	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				
		es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				<b>]</b>
		Statutes, and alcohol-related				<b> </b>
		ale to underage persons in				<b> </b>
		B-302 or driving while				
		n of G.S. 20-138.1 through				
	G.S. 20-138.5.					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
				F	₹	
		MHL001-237	B. WING		11/0	1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE			
			TON, NC 27			
(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 APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 7	V 133			
	applicant for employ supplies, or otherwick an employment approximinal history reconshall be guilty of a C (g) Conditional Employ an applicant obtaining the results check regarding the following requirement (1) The provider shappior to obtaining the criminal history reconsubsection (b) of the fingerprint cards as (2) The provider shappions are conditional employment (2001-155, s. 1; 200	shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a ord check under this section Class A1 misdemeanor. Class A1 misdemeanor. Class A1 misdemeanor of a criminal history record explicant if both of the ents are met:  all not employ an applicant explicant's consent for ord check as required in its section or the completed required in G.S. 114-19.10.  all submit the request for a pord 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.)				
	failed to ensure the was requested with making the condition	et as evidenced by: view and interview, the facility criminal history record check in five business days of nal offer of employment ee staff (House Manager). The				
	Review on 11/1/18 of personnel record re- Hire date: 10/22/16 -House Manager was Paraprofessional.	5.				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R		
		MHL001-237	B. WING			1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE			
	OLIMANA DV. OTA		TON, NC 27		DN .	
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 8	V 133			
	-House Manager had no documentation of a criminal record check completed within five business days of making the conditional offer of employment.					
	revealed the followi -The Administrator the criminal record -He thought his crir the fileHe confirmed there criminal record che	was responsible for requesting check. ninal background check was in e was no documentation of a ck completed within five aking the conditional offer of				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 303 LOCATION AND REMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	failed to ensure fac in a clean, attractive findings are: Observation of the revealed:	on and interview, the facility illity grounds were maintained e and orderly manner. The facility on 11/1/18 at 2:00 PM				
	Wooden floors thro scratched and pain	ughout the home were t was peeling.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:	` '		COMPLETED	
			7.1. 50.25.1.10.			,
		MHL001-237	B. WING		F 11/0	1/2018
		WITTEOUT-237			11/0	1/2010
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ALAMAN	ICE HOMES II		BANE STRE			
		BURLING	TON, NC 27	217		
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 736	Continued From pa	ge 9	V 736	•		
	- Several drawers in	d next to the kitchen:  In the dresser were not usable.  It were broken and could not				
		ithout risk of the front or side				
	Bedroom #3 located - Peeled paint on the	d by the laundry area: se wall by the door.				
	Bathroom #2 - bath - Walls were dirty a	room off the laundry area: nd stained.				
	Facility kitchen: - Kitchen cabinets under kitchen counters were held closed with bent nails The linoleum on the kitchen floor was cracked and broken.					
	Laundry area: - The linoleum on the laundry area was cracked and broken.					
	Interview on 11/1/18 with the House Manager revealed: - Home was built sometimes in the 1920's He was going to start painting facility on day of survey He was aware walls needed painting He did not know that kitchen cabinets were not to be held together by bent nails He was aware that linoleum flooring needed to					
	be changed Agency owner had about changing floor	d been talking to landlord				
	- He confirmed facil	lity grounds were not an, attractive and orderly				
	This deficiency conand must be correct	stitutes a recited deficiency ted within 30 days.				

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PRINTED: 11/02/2018

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_\_ R B. WING \_ MHL001-237 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **801 N MEBANE STREET ALAMANCE HOMES II BURLINGTON, NC 27217** SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE (X5) COMPLETE DATE (X4) ID PRÉFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

Division of Health Service Regulation STATE FORM