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		
	MHI 092-546 B. WING		R 10/31/2018			
		MHL092-546	B. WING	· · · · · · · · · · · · · · · · · · ·	10/3	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CANAAN	I CARE HOME	429/431 W	ALDO STRE	ET		
OAITAAI	VOARE HOME	CARY, NO	27511			
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE				D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	An annual and follo on 10/31/18. Defici	w up survey was completed encies were cited.				
	categories: 10A NC Living for Adults wit	sed for the following service AC 27G .5600C Supervised h Developmental Disabilities G .5100 Community Respite				
V 115	27G .0208 Client Se	ervices	V 115			
	10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND I DIN OF CONNECTION			A. BUILDING:		R	
		MHL092-546	B. WING			1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CANAAN	CARE HOME	429/431 W CARY, NO	ALDO STRE	ET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	COMPLETE DATE
V 115	Continued From pa	ge 1	V 115			
V 118	This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure nutritious meals were served for five of five (#1, #2, #3, #4, #5) clients. The findings are: Observation on 10/31/18 at 11:30 AM of refridgerator in kitchen and spare freezer/fridge in other room revealed a box of Raman noodles, garlic cloves, eggs and water. A few cans of vegetable present in the cabinet. During interview on 10/31/18 stated: -He was not aware of the food situation. -His son, staff #2 did the grocery shopping and brought food to the home. -"It must be grocery day," due to the limited supply. -Will discuss this with staff #2 to ensure there is plenty of food in the home. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:		V 118			
	(c) Medication adm (1) Prescription or r only be administered order of a person a drugs.	non-prescription drugs shall ed to a client on the written uthorized by law to prescribe				
	clients only when a client's physician. (3) Medications, inc administered only b	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,				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		R		
		MHL092-546	B. WING			1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
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0(4) ID	CHIMMA DV CTA	CARY, NO		DDOVIDEDIS DI ANI OF CODDECTIO		0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 2	V 118			
	pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication recorded immediate 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. (5) Client requests checks shall be recorded.	r legally qualified person and re and administer medications. Idministration Record (MAR) of red to each client must be kept as administered shall be ely after administration. The				
	failed to ensure one physician order was home. The findings Review on 10/31/18 revealed:	eview and interview the facility e of three audited clients (#1) s followed and present in the s are: 8 of client #1's record				
		e: 6/15/17 Severe Mental Retardation, izure Disorder and Spastic				
	Record (MAR) on	's Medication Administration 10/31/18 revealed: mg- Three times a day."				
	Further review on 1	0/31/18 of client #1's				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING:		R		
		MHL092-546	B. WING	<u> </u>		1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CANAAN	CARE HOME		VALDO STRE	ET		
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(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	(X5) COMPLETE DATE
V 118	Continued From pa	ige 3	V 118			
	Medications, Oxybu	utynin 5 mg present.				
	Review on 10/31/18 of client #1 Physician note dated 5/15/18 revealed: -Discontinue Oxybutynin 5 mg due concerning side effects.					
	During interview on 10/31/18 Staff #2 stated: -Attends all doctors appointments with client #1Not aware the doctor Discontinued the					
	Oxybutynin. -Contacted pharmacy and they never received a discontinue order for this after the appointment. -Will call the doctor to follow up as to why this was in his note, but not mentioned during the visit or a new order written.					
	-Staff #2 took a sure they would be -Staff #2 is the	10/31/18 the Licensee stated: all clients to their apt to make on top of any changes. one who keeps up with and should file them in their				
	[This is a recited decorrected within 30	eficiency and must be days.}				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS It its grounds shall be e, clean, attractive and orderly be kept free from offensive				

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MHL092-546 B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER CANAAN CARE HOME CANAAN CARE HOME CARY, NC 27511 PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 4 V 736 This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, attractive manner. The findings are: Observation on 10/31/18 at 11:30 AM revealed: -Client #2 and #3 bathroom had a strong odor of urine, and the floor was wetBathroom vanity needed repairedThe hallway bathroom had dirty toilet and sink/back splashWalls through out the home were dirty and needed painting. During interview on 10/31/18 the Live In staff stated: -He is responsible for the cleaning of the homeWould ensure the home was cleaned. During interview on 10/31/18 The Licensee stated: -The live in staff is to ensure the home is cleanHad put in work order for repairs to be made	MUU 000 540						
CANAN CARE HOME (X4) ID PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 4 V 736 Continued From page 4 This Rule is not met as evidenced by: Based on observation and interview the facility falled to ensure the home was maintained in a safe, attractive manner. The findings are: Observation on 10/31/18 at 11:30 AM revealed: -Client #2 and #3 bathroom had a dirty toilet, floor and bathtubClient #2 and #3 bathroom had a strong odor of urine, and the floor was wetBathroom vanity needed repairedThe hallway bathroom had dirty toilet and sink/back splashWalls through out the home were dirty and needed painting. During interview on 10/31/18 the Live In staff stated: -He is responsible for the cleaning of the homeWould ensure the home was cleaned. During interview on 10/31/18 The Licensee stated: -The live in staff is to ensure the home is cleanHad put in work order for repairs to be made						10/3	1/2018
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		This Rule is not me Based on observating failed to ensure the safe, attractive many. Observation on 10/2 -Client #2 and #3 floor and bathtub. -Client #2 and #3 of urine, and the floor and the flo	et as evidenced by: on and interview the facility home was maintained in a nner. The findings are: 31/18 at 11:30 AM revealed: #3 bathroom had a dirty toilet, #3 bathroom had a strong odor or was wet. ity needed repaired. athroom had dirty toilet and out the home were dirty and 10/31/18 the Live In staff ble for the cleaning of the the home was cleaned. 10/31/18 The Licensee if is to ensure the home is				

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