	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ONE	EHOMES		SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	;	V 000			
	An annual and follow 10/5/18. Deficiencies	up survey was completed were cited.				
		d for the following service 27G .5600A Supervised Mental Illness.				
V 109	27G .0203 Privileging	/Training Professionals	V 109			
	 qualified professional (b) Qualified professionals professionals shall de and abilities required (c) At such time as a employment system i then qualified professionals shall de (d) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski 	SSIONALS privileging requirements for is or associate professionals. ionals and associate emonstrate knowledge, skills by the population served. competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; ss;				
	NCAC 27G .0104 (18 met the requirements employment system i MH/DD/SAS. (f) The governing bo develop and implement	ionals as specified in 10 A B)(a) are deemed to have of the competency-based in the State Plan for dy for each facility shall ent policies and procedures individualized supervision				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING			R / 05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 109	Continued From page	e 1	V 109			
	population served for	ofessional shall be ified professional with the r the period of time as 04 of this Subchapter.				
	interview the facility f Licensee/Registered	iew, observation, and failed to ensure the Nurse (RN) demonstrated d abilities required by the				
	Bi-polar Type and Sc	e of 9/24/17 chizoaffective Disorder, ocial Anxiety. dated 12/3/17 revealed the				
	-He had attende about three weeks ag -Licensee/RN to the taxi to take him to longer.	9/7/18 client #3 stated: d a day program, but stopped go. Id him she could not afford o his day program any to the day program and				
	guardian/brother stat -Client #3 was a Licensee/RN told hin transportation.	9/7/18 client #3's legal ted: ttending a day program, but n she could not afford RN told him client #3 would				

STATE FORM

STATEMENT	of Health Service Regu r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL092-833	B. WING		10	R / 05/2018
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 2	V 109			
	have to find a program transportation. -Client #3 is "priv programs are limited.	vate pay" and options for				
	-Legal Guardian During interview on 9	contact information				
	Professional (QP) sta -Not sure where clients are located. -Sometimes the the QP had asked the					
	pantry, refrigerator a -Multiple packs of and cheese. -The refrigerator hotdogs. -The pantry reve vegetables, boxes of cereal and a large ca	/6/18 at 9:00 AM of the and deep freezer revealed: of frozen bologna, hotdogs revealed eggs, bologna and caled various cans of rice, macaroni and cheese, use of Ramen noodles. or fresh vegetables present.				
	in." -Very limited on t	o work two days ago as a "fill food, all there is to cook is				
	night.	vegetables and rice every only been getting a bowl of				

EACH DEFICIENC EGULATORY OR red From pag or breakfast a and jelly sand here is no fres he Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	926 EDI: RALEIG	A. BUILDING: B. WING ADDRESS, CITY, STATE SON ROAD SH, NC 27610 ID PREFIX TAG V 109		OULD BE COMPLE
SUMMARY S EACH DEFICIENC EGULATORY OR Hed From pag or breakfast a and jelly sandw here is no fres the Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	STREET A 926 EDI: RALEIG TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and one bologna or peanut wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need by are grown men." 3 are home all day as they do	ADDRESS, CITY, STATE SON ROAD SH, NC 27610 ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	10/05/2018 CTION (X5) DULD BE COMPLE
SUMMARY S EACH DEFICIENC EGULATORY OR Hed From pag or breakfast a and jelly sandw here is no fres the Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	926 EDI: RALEIG	SON ROAD SH, NC 27610 ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	OULD BE COMPLE
SUMMARY S EACH DEFICIENC EGULATORY OR Hed From pag or breakfast a and jelly sandw here is no fres the Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	RALEIG	BH, NC 27610	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	OULD BE COMPLE
EACH DEFICIENC EGULATORY OR red From pag or breakfast a and jelly sand here is no fres he Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) e 3 and one bologna or peanut wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need by are grown men." 3 are home all day as they do	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	OULD BE COMPLE
EACH DEFICIENC EGULATORY OR red From pag or breakfast a and jelly sand here is no fres he Licensee/F and the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	e 3 and one bologna or peanut wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need ey are grown men." 3 are home all day as they do	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF	OULD BE COMPLE
or breakfast a and jelly sand here is no fres he Licensee/F and the clients besides hot do nce coming ir b fill their belli hese clients a od to eat, the ient #2 and #	and one bologna or peanut wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need by are grown men." 3 are home all day as they do	V 109		
nd jelly sand here is no fres he Licensee/F nd the clients besides hot do nce coming ir o fill their belli hese clients a od to eat, the ient #2 and #	wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need by are grown men." 3 are home all day as they do			
or fruit to eat orked at the f ne same food nd it was all s ation on 9/11/ ient #3 had a	during the day. acility a few months ago, and with no variety, very little to starchy. /18 at 12:00 PM revealed: peanut butter and jelly			
interview on S ame in to wor censee/RN br oles, but no of eeding clients butter sandw he took down ator that said be able to get ng interviews #4, #5 and #6 he home did r he staff that w	9/11/18 staff #3 stated: k on 9/8/18 as a relief. rought by some frozen ther food. hot dogs, bologna sandwich, ich. the sign in the kitchen on the "Staff only" because clients t food if they are hungry. on 9/6/18-9/11/18 clients #1, 5 stated: not have transportation. orked did not have a car.			
	nterview on S ime in to wor eensee/RN bi les, but no of eding clients butter sandw e took down ator that said be able to get ag interviews #4, #5 and #6 e home did r e staff that w ent #2 and # is and are ho	ch for lunch, no other side. Interview on 9/11/18 staff #3 stated: Ime in to work on 9/8/18 as a relief. Exensee/RN brought by some frozen les, but no other food. eding clients hot dogs, bologna sandwich, butter sandwich. le took down the sign in the kitchen on the ator that said "Staff only" because clients be able to get food if they are hungry. Ing interviews on 9/6/18-9/11/18 clients #1, #4, #5 and #6 stated: e home did not have transportation. e staff that worked did not have a car. ent #2 and #3 did not attend day is and are home all day. in the weekends, they did not go anywhere.	nterview on 9/11/18 staff #3 stated: ime in to work on 9/8/18 as a relief. eensee/RN brought by some frozen les, but no other food. eding clients hot dogs, bologna sandwich, butter sandwich. e took down the sign in the kitchen on the ator that said "Staff only" because clients be able to get food if they are hungry. ng interviews on 9/6/18-9/11/18 clients #1, #4, #5 and #6 stated: e home did not have transportation. e staff that worked did not have a car. ent #2 and #3 did not attend day is and are home all day.	nterview on 9/11/18 staff #3 stated: ime in to work on 9/8/18 as a relief. eensee/RN brought by some frozen les, but no other food. eding clients hot dogs, bologna sandwich, butter sandwich. e took down the sign in the kitchen on the ator that said "Staff only" because clients be able to get food if they are hungry. ng interviews on 9/6/18-9/11/18 clients #1, #4, #5 and #6 stated: e home did not have transportation. e staff that worked did not have a car. ent #2 and #3 did not attend day

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
		BERTH IO, THOM TOWER.	A. BUILDING:			
		MHL092-833	B. WING		10	R / 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 109	Continued From page	e 4	V 109			
	-Only attend Doo program. -There are no plathem to go on. -There was no tr E. Review on 9/6/18 dated 8/17/18 revealed -"Clonazepam 1 -Clonazepam 1 anxiety." Review on 9/6/18 of a medication administr -"Clonazepam 1 (as needed)." No order was present Clonazepam 1 mg th Further review on 9/6 revealed it had beent Clonazepam 1 mg th beside the orders for F. Review on 9/20/18 local Emergency Roo 9/6/18 at 6:01 PM reg -"Presents at a EMS (Emergency Me sustained to his right -Patient has sma granulated blood to h No signs of sk appreciable neurolog -No reported pro- -Discharge back	ctor Appointments or day anned activities or outings for ransportation to use to go out. of client #3's physician order ed: mg one time a day. mg, 1/2 BID (twice a day) for client #3's September 2018 ation record (MAR) revealed: mg three times a day PRN t in the record for ree times a day PRN. 6/18 of client #3's MAR initialed beside the ree times a day PRN and not Clonazepam dated 8/17/18. 8 of medical records from om (ER) department dated garding client #6 revealed: emergency department via edical Services) for injury he ear on van door all abrasions/hemostatic his right auricle kull fracture, facial trauma, no				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 5	V 109			
	Further review 9/20/1 from the Social Work revealed: -"SW (social work all numbers listed with RN (registered nurse is a good candidate f contacted [local polic officer be dispatched notify staff that patier and needs transport. -"8:29 PM [staff regarding patient, ga states with officer pre- department] will be p him home." -"8:43 PM discha with patient." During interview on 9 -On 9/6/18 client	18 of client #6's ER record a Department at 8:27 PM rker) attempted contact with th no success. SW spoke to e) who doesn't believe patient for a cab voucher. SW are department] to ask if an to patient's group home to nt is ready for d/c (discharge) " #2 from facility] called ve report to her. [Staff #2] esent that [local police icking up patient and taking arge instructions reviewed 9/7/18 staff #2 stated: t #6 arrived to the home from				
	from his day program -His ear was swo around it. -Contacted the L	ollen with some dried blood .icensee/RN.				
	picture of the ear. -There was a litt -After observing instructed her to call ER.	RN asked her to send a le blood around the ear, the picture, the Licensee/RN EMS and send him to the				
	knocking on the door was home because t to contact someone f because client #6 wa few hours ago. -Called the nurse	ing a police officer was wanting to know if anyone he hospital had been trying from the group home as ready to be discharged a e at the ER by number verify they were home.				

Division of Health Service Regula STATE FORM

TATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED
	DENTIFICATION NOMBER.	A. BUILDING:		
	MHL092-833	B. WING		R 10/05/2018
AME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
ARE ONE HOMES		SON ROAD H, NC 27610		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE COMPLET
V 109 Continued From page	9 6	V 109		
 The nurse was sonot get up with anyon they were provided. "That's when I reworking." The nurse said sonome and it would justion of the police office few minutes later with G. Review of financia for clients #1, #2, #4, Licensee/RN received to meet the clients nei pay resident, which the \$1500.00 a month for guardian. Observation on 9/6/18 revealed the client's he unkept and clothes and did not appear to #4 also had long facial Observation on 9/7/18 was oily and long, his stained. Observation on 9/7/18 was long, oily and his Observation on 9/11/¹ hair was long, clothes 	so upset because they could be from the contact numbers ealized the land line was not she had been calling the string with no answer. For then left and returned a in client #6 around 9:00 PM. I records on 9/6/18-9/7/18 #5, & #6 revealed the d Special Assistance in order reds. Client #3 was a private the Licensee was paid this care by his brother/legal 8 of client #2 at 9:00 AM hair to be long, facial hair oppeared dirty/stained. 8 of client #4 at 1:00 PM hair was long and unkept have been washed. Client al hair. 8 at 11:30 AM client #5's hair clothes looked dirty and 8 at 11:30 AM client #6's hair oclothes appeared dirty. 18 at 12:00 PM of client #1's sappeared dirty/stained.			

Division of Health Service Regula STATE FORM

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IDENTIFICATION NUMBER:	A BUILDING		COMPLETED
MHL092-833	B. WING		R 10/05/2018
STREET A	DDRESS, CITY, STATE	, ZIP CODE	
UST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLET
	V 109		
ao bad, he was wearing ed all his clothes. Hents in his clothes and he g around his room that take a shower because he re no towels or washcloths ver. If of paper towels to dry ed. ught him a toothbrush and ut on because all of his soap for the clients to use ste for them to brush their insee/RN last night and washcloths and toiletries. stated "They will have to elves." ecause when prompted, r, they just didn't have the o. ed dirty and needed hair the wanted a hair cut, but ex." ne today, 'Can you take I pay for it' to all be taken to a ut, but from what they tell id they didn't have the I shower more if they had			
	STREET A 926 EDIS RALEIG MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	MITLUSZ-003 STREET ADDRESS, CITY, STATE 926 EDISON ROAD RALEIGH, NC 27610 ID MENT OF DEFICIENCIES UST BE PRECEDED BY FULL ID PREFIX TAG V 109 Not 109 Not 109 V 109 Not 109 Not 109 Not 109 A 109 Not 100 A 109 Not 109 Not 109 Not 109 Not 109 Not 109 Not 100 Not 100 Not 100 Not 100 Not 100 <td>Initialization STREET ADDRESS, CITY, STATE, ZIP CODE SZE EDISON ROAD RALEIGH, NC 27610 MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRE DEFICIENCY) V 109 Note once before a few So bad, he was wearing ad all his clothes. Identifying information V 109 V 109 V 109 DEFICIENCY) V 109 REFIX So bad, he was wearing ad all his clothes. Identifying information Addition on that take a shower because he re on towels or washcloths wer. JIDE THE PRECED OF THE APPRE JIDE THE PREFIX STREET ADDREGON</td>	Initialization STREET ADDRESS, CITY, STATE, ZIP CODE SZE EDISON ROAD RALEIGH, NC 27610 MENT OF DEFICIENCIES UST BE PRECEDED BY FULL IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRE DEFICIENCY) V 109 Note once before a few So bad, he was wearing ad all his clothes. Identifying information V 109 V 109 V 109 DEFICIENCY) V 109 REFIX So bad, he was wearing ad all his clothes. Identifying information Addition on that take a shower because he re on towels or washcloths wer. JIDE THE PRECED OF THE APPRE JIDE THE PREFIX STREET ADDREGON

Division of Health Service Regula STATE FORM

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		10	R / 05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 109	Continued From pag	e 8	V 109			
	soap nor shampoo p #1, #2, #4, #5, #6.	8 at 10:00 AM, there was no resent in the home for clients is own products bought by his				
	were brought by Lice -A pack of 60 "T inch multipurpose re household and more -The picture on					
	-The Licensee/F towels last night, tha -These are not " -Contacted QP I the Licensee/RN bro work. -The QP bought over "asap" (immedia	RN should know better, but				
	Guardian stated: -Had issues a fe Client #1 at an appoi -Client #1's hair looked dirty. -The Licensee/F appointment, "I was -Client #1 used how he looked then.	9/18/18 client #1's Legal ew weeks ago when he saw ntment. was long and his clothes RN had brought him to the upset in how he looked." to be homeless and this is concern to the Licensee/RN				

Division of Health Service Regu STATE FORM

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If continuation sheet 9 of 61

STATEMEN	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
			B. WING			R	
		MHL092-833	D. WING	· · · · · · · · · · · · · · · · · · ·	10	/05/2018	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
	SUMMARY ST			PROVIDER'S PLAN OF			
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 9	V 109				
	needed to take him fo	e Licensee/RN that day she or a hair cut and provided a lients to, a Barber school eaper					
	-Kitchen floor ve crumbs) with dirty ba	vere broken and hanging					
	laying under cabinets -A one foot long	kitchen sink and cabinets, s, not attached. by five inches wide hole kposed where molding was					
	off.						
		ave and extra microwave					
	-	upstairs base boards were					
	covered in black dus -Upstairs bathro	t and dirt. om used by all clients was					
	dirty, shower curtain mildew as well and b	was covered with black ath tub/shower.					
	-Bathroom vanit	y cabinets broken with					
	missing door/drawer. -Bathroom walls						
	-An old rusted ve was beside toilet.	ent cover leaning against the					
	clogged.	full of water, appeared to be feces and urine around the					
	edge.	dirty/wet and smelled of					
	urine. -Client Bedroom						
	-Client #1:						
	covered in plastic, pil						
	middle.	ad a deep worn area in the					
	-Client #2: alth Service Regulation						

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R / /05/2018
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDIS	SON ROAD			
	E HOMES	RALEIGI	H, NC 27610			
(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 TC DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 10	V 109			
	urine soaked pull up s -bedding wa stain/worn pillow. -blinds were down the window. -bedroom ha out and exposed. -Client #3 and Cl -shared a be -both had we worn/stained pillow. -had dirty sta body odor smell. -Client #5: -bed frame w sideways. -bedding hav pillow was stained/wo -Hallway leading black dirt and dust. -Floor in the dow exposed base board -Downstairs bath ripped out with pipes -Smoke detector During interview on 9 -She came into w in" because the full tin	edroom orn/dirty bedding and ained carpet with a strong was broken and sitting d holes in it as well as stained orn. downstairs was covered in n stairs was ripped with and uneven tile. room ceiling was completely exposed over the toilet area. was chirping down stairs. /6/18 staff #2 stated: vork two days ago as a "fill				
	trying to get it straight	'extremely nasty", had been t since arrived two days ago. clean with, so "doing the best				
	-The house smel soiled clothes and pu	led so bad, client #2 had Il ups all over his room. shed all his clothes and help with the smell.				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R
		MHL092-833	B. WING		10)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		ON ROAD			
		RALEIG	H, NC 27610			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 11	V 109			
	stopped up, the client way for months. -Client #6 has act had soiled clothes lay needed washing. -The bathroom s was so dirty, but didn't to put up. -When she work home was "nasty." -Wanted to wash sheets/bedding, but f use. -Client #1 didn't he sleeps on the mat -The bathroom c for staff, has the ceili -There are expo something is going to am using the bathroot Further interview on -The Licensee/R tried to get her to go bathroom, but she re I. During interview or -The facility phot -Came on shift tworked since. -Not sure how loo of service.	they don't have a spare set to even have sheets on his bed, ttress. down stairs that is designated ng missing over the toilet. sed pipes, "I'm scared o fall out on top of me while I om." 9/7/18 staff #2 stated: RN came by last night and "I up stairs and show her the				
	City Police Officer an anyone present beca	ning between 8:30-9:00 a rived to the home asking was ause the ER was ready to nd they could not get up with				
sion of Hea	alth Service Regulation		1			1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BERTIN IS KHOW NOW BERK	A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(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 109	Continued From pag	e 12	V 109			
	was very upset beca home multiple times #6 had been ready fo hours.	the nurse at the ER and she use they had been calling the with no success and client or discharge for several officers then transported				
	since Christmas. -Very difficult to	n stated: ne facility has been off and on make contact with his icensee/RN or just ride over				
	because of transport -The day progra back until he had trai up timely. -The taxi driver t and from day program on time. -The taxi picked day program was up -The facility did take client #3 at the t new transportation" f program.	ed going to day program ation issues. m told him he could not come nsportation that picked him that transported client #3 to m had issues picking him up him up late everyday and the set about this. not have transportation to time, "trying to coordinate for client #3 to attend a day				
	-She had the inf sure where its locate -Had all emerge -She purchased -Brought groceri needed.	ncy contacts in her phone. all the groceries in the home. ies to the home daily as what they wanted to eat, and				

STATE FORM

926 EDIS RALEIGH	A. BUILDING: B. WING DDRESS, CITY, STATE SON ROAD		COMPLETED R 10/05/2018
STREET A 926 EDIS RALEIGH	DDRESS, CITY, STATE	, ZIP CODE	
926 EDIS RALEIGH	SON ROAD	, ZIP CODE	
RALEIG			
	I, NG 2/010		
IT OF DEFICIENCIES BE PRECEDED BY FULL NTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETI DATE
	V 109		
they did not get and bologna. It what they eat, they e clients over me." it and vegetables." etables are present in because they go e purchased fresh fruit store for them to buy store and around the ends. but the eat. ily, "I check the house in the clients daily." is several times a the Clonazepam per had sent a discontinue on 9/6/18 to let her ar on the van at the picture and text it to was blood around it. ally bad" so instructed t client to the ER. ed she is a Registered o be seen at the ER ation at the facility, so			
	tore and around the nds. but the eat. ly, "I check the house the clients daily." as several times a the Clonazepam per had sent a discontinue on 9/6/18 to let her ar on the van at the bicture and text it to was blood around it. ally bad" so instructed t client to the ER. ed she is a Registered be seen at the ER	tore and around the nds. but the eat. ly, "I check the house the clients daily." is several times a the Clonazepam per had sent a discontinue on 9/6/18 to let her ar on the van at the bicture and text it to was blood around it. ally bad" so instructed t client to the ER. ed she is a Registered be seen at the ER	tore and around the nds. but the eat. ly, "I check the house the clients daily." is several times a the Clonazepam per had sent a discontinue on 9/6/18 to let her ar on the van at the bicture and text it to was blood around it. ally bad" so instructed t client to the ER. ed she is a Registered be seen at the ER

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL092-833	B. WING		10	R // 05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		926 EDIS	SON ROAD			
CARE ON	E HOMES	RALEIGI	H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	· ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 109	Continued From page	e 14	V 109			
	-The clients show	wer everyday.				
		els, wash cloths and toiletries.				
	-	shampoo and toothpaste for				
	the clients.					
	-Not sure they have	ad run out of those toiletry				
	items.					
	-Clients do not w	vant to shower.				
	-The bedding is	new, had not seen it looking				
	stained or torn.					
	-Always took the	clients to get haircuts and				
	paid for the hair cuts.					
	-	wels yesterday after the QP				
		lients did not have any.				
		ntion to the size of the				
	towels, just saw it sai	id "60 towels" on the				
	package.					
	-	more for the clients to use.				
		re "lying" if they say they				
		o shower with, "the State				
	always believe them	over me. ts everything they need."				
	- The home just					
		have everything fixed on				
	"Saturday" (9/8/18).	have everything lixed on				
	-The house is al	ways clean				
		irs, "did not see the shower				
	curtain in the bathroo					
		nad been fixed, "Its not				
	broken."	,				
		ink, "just broke and no one				
	had told her."					
	-The down stairs	had a leak, not sure when,				
	"getting it fixed Satur					
		ng with the clients bedding,				
	pillows and mattress,					
	-Staff cleans the	•				
	-	the repairs immediately."				
		with Licensee/RN toured the				
		out the areas of concern.				
	-When asked to	the Licensee/RN "Would you				

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STATEMEN	of Health Service Regu r of Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING			R
		MHL092-833	B. WING		10	/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 15	V 109			
	-Not aware the p until two days ago.	om?" She replied "No." hone had been not working ce provider multiple times, wires."				
	NCAC 27G .5601 Su	ss referenced into: 10A pervised Living - Scope rule violation and must be ays.				
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible pe of admission for clien receive services beyo (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultati responsible person o (5) basis for evaluat outcome achievement (6) written consent of responsible party, or	TATION OR SERVICE e developed based on the partnership with the client or erson or both, within 30 days ats who are expected to bond 30 days. clude:) that are anticipated to be n of the service and a lievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 112	Continued From page	e 16	V 112			
	This Rule is not met	as evidenced by:				
	Based on record revi failed to implement e	ew and interviews the facility xisting strategies for five of 3, #4, & #6). The findings				
	revealed: -Admission date	ental Retardation and				
	following goals.	dated 1/12/18 revealed the is participation in household				
	activities, menu plan laundry, keep room o bathroom and other l	ning, meal prep, completing lean free of clutter, cleaning				
	-	9/11/18 client #1 stated: go in the kitchen, "staff only." repare a meal.				
	-Did not have ba	d food to do menu planning. athing supplies to shower. r on his body one time a day.				
		f Qualified Professional's 1 dated 6/17/18 revealed:				
		o require reminders to bathe. a same clothing if not				
	-He will also wea to."	ar soiled clothing if allowed				
	-"Recommendat	ions: Encourage independent				

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If continuation sheet 17 of 61

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
			A. BUILDING:			Р
		MHL092-833	B. WING			R / 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD 6H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 112	Continued From pag	ge 17	V 112			
	completion of ADL's	daily."				
	8/17/18 revealed: -"Recommenda	of client #1's QP note dated tions: Ensure that he has re to doAllow him to make				
	revealed: -Admission date -Diagnoses of F Mental Retardation, of Depression. -Treatment Plar	of client #2's record e of 6/21/15 Paranoid Schizophrenia, Mild Seizure Disorder and History n dated 3/1/18 revealed the				
	hygiene.	nd attending personal nd washing clothes."				
	unable to interview t	on 9/6/18 client #2 was based on his inability to nd provide information ent plan goals.				
	6/17/18 revealed: -"Daily living ac	of client #2's QP note dated tivities (bathing, grooming, sistance for safety reasons."				
	8/17/18 revealed:	of client #2's QP note dated				
	revealed: - Admission dat	Schizoaffective Disorder,				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R
		MHL092-833	B. WING		10	0/05/2018
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 18	V 112			
	-Treatment Plan following goals: -"Attend Da	dated 12/3/17 revealed the y Program."				
	-Had attended a about three weeks ag -Licensee/RN to the taxi to take him to	9/7/18 client #3 stated: Day Program, but stopped go. Id him she could not afford o his program any longer. o the day program and				
	guardian/brother stat -Client #3 was a Licensee/RN/RN told transportation. -The Licensee/R have to find a program transportation.	ttending a day program, but I him she could not afford N told him client #3 would m that provided vate pay" and options for				
	6/17/18 revealed:	f client #3's QP note dated ions: Engage in more group				
	8/17/18 revealed:	f client #3's QP note dated gage in more group				
	Substance use.					

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If continuation sheet 19 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MUI 002 922	B. WING			R
	ROVIDER OR SUPPLIER	MHL092-833	ADDRESS, CITY, STATE		10	/05/2018
			SON ROAD			
CARE ON	E HOMES		H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 19	V 112			
	-"Improve in	dependent living skills."				
	During interview on 9 -Did not help cle -Staff prepared a Licensee/RN purchas -Not allowed in t	all the meals, the sed groceries.				
	8/17/18 revealed:	f client #4's QP note dated courage participation when lunch."				
	revealed: -Admission date -Diagnoses of So Schizoaffective Disor	chizophrenia-paranoid type-				
	soap when bathing	ower three times a weekUse wearing clean clothing ilyclean up after himself				
	to interview based or questions. Client #6 and spoke of delusion	0/6/18 Client #6 was unable in his inability to answer referenced himself as Jesus ns and could not provide g his treatment plan goals.				
	6/17/18 revealed: -"[Client #6] cont hygiene. He requires assistance to shower resistant most of the	⁻ but staff reports he is time. tance to clean up after				

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	of Health Service Regu r of Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R) /05/2018
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDI	SON ROAD			
CARE ON	E HOMES	RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 112	Continued From page	e 20	V 112			
	prefers not to do this.	ions: Encourage him to keep				
	8/17/18 revealed: -"He has been e other hygiene items v resistant to this, but s ensure that he bather -"Recommendat	f client #6's QP note dated ncouraged to use soap and when he showers. He is staff monitor closely to s sufficiently." ions: Continue to assist with				
	-Started working time live in staff. -Always cleaned -The clients did r 'Clients did not	want to shower.				
	interest. -"I would really n could smell them." -They may show -"I used to shave	n, but they did not show nake them shower when I rer one time a week. e the clients, but had not				
	preparing meals or si -Client #3 stoppe few weeks ago becau	ed going to his day program a use the taxi driver was going				
	-	ee/RN/RN more due to when o, he would have to sit him.				
	-Since arriving ir work, all clients have	0/11/18 Staff #3 stated: a the facility on 9/8/18 to showered. only taken one prompt to do				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
_		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 21	V 112			
	-Clients have be do so. -Doing meal pre- they were to help. Took down the refrigerator that said should be able to get During interview on 9 -"Every time I ca kitchen." -Staff #1 told her on their hygiene and -Would speak wi on independent skills working the goals wit -Client #3 was a driver that took him g would always have to -This program w -Looking for ano	ith the clients about working s, not aware the staff was not				
	stated: -Clients are work -Staff is promptin "they just won't do the -Clients have inp meal prep. -Clients tell her want to prepare. Further interview on stated: -Client #3 stopped because of transports	but on the menu and help with what to buy and what they 10/5/18 the Licensee/RN ed going to day program				

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If continuation sheet 22 of 61

STATEMEN	of Health Service Regu r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		SURVEY
		MHL092-833	B. WING			R / 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES					
			H, NC 27610			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	22	V 112			
	back until he had tran up timely. -The taxi driver th and from day program on time. -The taxi picked day program was ups -The facility did n take client #3 at the ti new transportation" fo program. This deficiency is cross NCAC 27G .5601 Su	Asportation that picked him hat transported client #3 to in had issues picking him up him up late everyday and the set about this. Not have transportation to me, "trying to coordinate or client #3 to attend a day ss referenced into: 10A pervised Living - Scope rule violation and must be				
V 113	 (a) A client record sha individual admitted to contain, but need not (1) an identification fa (A) name (last, first, n (B) client record numl (C) date of birth; (D) race, gender and (E) admission date; (F) discharge date; (2) documentation of developmental disabi diagnosis coded accord (3) documentation of assessment; (4) treatment/habilitation (5) emergency inform shall include the naminal 	6 CLIENT RECORDS all be maintained for each the facility, which shall be limited to: nee sheet which includes: niddle, maiden); ber; marital status; mental illness, lities or substance abuse ording to DSM IV; the screening and	V 113			

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED		PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE		
V 113	Continued From page	e 23	V 113			
	physician; (6) a signed statement responsible person g emergency care from (7) documentation of (8) documentation of (9) if applicable: (A) documentation of diagnosis according to of Diseases (ICD-9-C (B) medication orders (C) orders and copies (D) documentation of administration errors (b) Each facility shall relative to AIDS or re only in accordance w	progress toward outcomes; physical disorders to International Classification CM); s; s of lab tests; and				
	failed to ensure clien	as evidenced by: ew and interview the facility t records were maintained #1, #2, #3, #4, #5 & #6). The				
	#6's records revealed the following, -Admission Date -Diagnoses -Date of Birth -Emergency con					

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 113	Continued From page	24	V 113				
	During interview on 9 Professional (QP) sta -Not sure where clients are located. -Sometimes the had asked the provide into one book as its d During interview on 9 stated: -She had the info sure where its located	/7/18 the Qualified tted: the "face sheets" for the clients had two records and er to compile all information ifficult to find. /7/18 the Licensee/RN					
V 115	27G .0208 Client Ser	vices	V 115				
	 (a) Facilities that provassure that: (1) space and supervised the safety and welfare (2) activities are suital and treatment/habilital served; and (3) clients participate activities. (h) Facilities or progration in these Rules as "24 available 24 hours a curless otherwise speetor (c) Facilities that server clients shall ensure the (d) When clients who are transported, the with secure adaptive (e) When two or more require special assist in a vehicle are transported assist in a special assist. 	ble for the ages, interests, ation needs of the clients in planning or determining ams designated or described -hour" shall make services day, every day in the year. cified in the rule. re or prepare meals for nat the meals are nutritious. have a physical handicap rehicle shall be equipped					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 25	V 115			
	assist in supervision	of the children.				
	This Rule is not met as evidenced by:					
	Based on interview and observation the facility failed to ensure nutritious meals were served and activities were available for six of six clients (#1, #2, #3, #4, #5, #6). The findings are:					
	A. Observation on 9/6/18 at 9:00 AM of the					
	pantry, refrigerator and deep freezer revealed: -Multiple packs of frozen bologna, hotdog's and cheese.					
	hotdog's.	revealed eggs, bologna and				
		ealed various cans of rice, macaroni and cheese, e of Ramen noodles.				
		or fresh vegetables present.				
		9/6/18 staff #2 stated: to work two days ago as a "fill				
	-All there is to co	food as what to cook. bok is chicken legs, canned				
		only been getting a bowl of and one bologna or peanut				
		wich for lunch with nothing				
	serve.	sh fruit or vegetables here to				
	week and the clients	RN buys the same stuff every had been asking for other ogs and Ramen noodles.				

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	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDIS	SON ROAD				
	E HOMES	RALEIGI	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 115	Continued From page	e 26	V 115				
	more food to eat, the -Client #2 and #2 not attend a day prog snacks or fruit to eat -Worked at the fa it was the same food serve and it was all s During interview on 9 -He eats a bould e -Lunch, he eats a -Dinner, he eats, with rice or Raman no -No snacks or fre During interview on 9 -The food is very	Are all so skinny, they need y are grown men." 3 are home all day as they do yram and they have no during the day. acility a few months ago, and with no variety, very little to tarchy. 1/6/18 Client #2 stated: of cereal for breakfast, egg with it. one sandwich, bologna. , hot dogs, beans, chicken bodles. esh fruits. 1/6/18 client #3 stated:					
	one bowl of oatmeal. -Lunch consist o butter sandwich, "eve chips." -Never any fresh provided. -Dinner, they are vegetables and rice, 1 -The food is alwa -Legal Guardian, grocery store for the o wants.	f one bologna or peanut ery now and again have a fruit or vegetable or snacks e served chicken, mixed hot dogs, Raman noodles. ays the same. /Brother takes him to the extra food (snacks/fruit) he					
	-His brother has the last two years wh	lost almost fifty pounds in					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 27	V 115			
	nutritious or enough	served.				
		r weekly to the store to buy				
	him food to have in th	he home.				
	, ,	ooked food and took it over				
	_	bad for the other guys not				
	having enough good					
		an tell, all the guys in the				
	home look severely ι	inder weight.				
	During interview on 9	0/7/18 client #4 stated:				
	-Eats the same					
		ked them what they would				
	like to eat.					
		owl of cereal, nothing else.				
		ay program during the week,				
		as one bologna sandwich.				
	-	chicken, rice, vegetable mix,				
	hot dogs or noodles					
	Observation on 9/11/	/18 at 12:00 PM revealed:				
		peanut butter and jelly				
	sandwich for lunch, r	no other side.				
	During interview on §	0/11/18 staff #3 stated:				
	-Came in to wor	k on 9/8/18 as a relief.				
		ought by some frozen				
	vegetables, but no of					
		hot dogs, bologna sandwich,				
	peanut butter sandw	icn. sign in the kitchen on the				
		"Staff only" because clients				
		t food if they are hungry.				
	During interview with	on 9/19/18 staff #1 stated:				
	_	at the facility on 6/20/18.				
	-	RN is the one who brought the				
	groceries over.	-				
		d consist of sometimes a				
	boiled egg and toast	or cereal.				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 115	Continued From pag	e 28	V 115				
	-Lunch was a bo	ologna, ham or peanut butter					
	and jelly sandwich, "sometimes chips."						
		i, macaroni cheese,					
	vegetable.						
		censee/RN what the house					
		eries, not the clients, and the					
	Licensee/RN would p	oick it up.					
	During interview on 9						
	Professional (QP) sta						
		e Licensee/RN several times					
	about the food in the home and not having more						
	fresh fruits and fresh vegetables. -Came by a few months ago and check food						
	-	-					
	-	w, called the Licensee/RN					
	and asked her to buy	-					
		cause the Licensee/RN told					
	still not much food in	ed groceries and there was					
		cited on this in the past and that it would happen again.					
		y fresh fruits and vegetable,					
	but it had been a lon						
		rdian had complained about					
		he Licensee/RN in the past.					
		9/7/18 The Licensee/RN					
	stated:						
		all the groceries in the home.					
		ies to the home daily as					
	needed.						
		what they wanted to eat, and					
	they helped plan the						
		old her they did not get					
	enough to eat.	t dogs and halagna					
		t dogs and bologna.					
	-	ng about what they eat, they					
	eat healthy."	lieve the clients over me."					
	alth Service Regulation	lieve the clients over me."					

STATE FORM

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
			B. WING			R	
		MHL092-833					
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	e, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(, (,),),)		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PRÉFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLETE	
V 115	Continued From pag	e 29	V 115				
	-"I always buy fresh fruit and vegetables." -No fresh fruit and vegetables are present now, "I stopped buying them because they go bad." -Not sure when last time purchased fresh fruit and vegetable.						
B # p tt c o w d	 and vegetable. B. During interviews on 9/6/18-9/11/18 clients #1, #2, #3, #4, #5 and #6 stated: The home did not have transportation. The staff that worked did not have a car. Client #2 and #3 did not attend day programs and are home all day. On the weekends, they did not go anywhere. Only attend Doctor Appointments or day program. There are no planned activities or outings for them to go on. There was no transportation to use to go out. 						
	-Clients sit here -Only the ones v out. -"I don't have a d	0/6/18 staff #2 stated: all day everyday. who go to day programs get car to take them, and if I did, I					
	doctor appointments -Client #3 went of guardian/brother or to neighborhood.	N came by to take clients to and not outings.					
	had a doctor appoint	ment. ee/RN she needed to					
	-Worked at the f staff until two weeks	0/18/18 staff #1 stated: acility since 6/20/18 as live in ago due to medical issues. ansportation while working in					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		IDENTIFICATION NONIBER.	A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD 6H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 30	V 115			
	the home. -Client #3 went of guardian/brother to ef- -Client #3 would neighborhood. -Client #5 had wo cigarettes. -Did not go anywow watch television and neighborhood. -The Licensee/F appointments. During interview on S -Had told the Licensee the community.	but with his legal eat and shopping. walk around the ralked to the store for where on the weekends, just walk around the RN would take them to doctor 0/7/18 the QP stated: censee/RN for a while she a van for clients to go out in ad unsupervised time and ore. but with his legal				
	stated: -She took them items they wanted. -Clients walked neighborhood on the	9/7/18 the Licensee/RN to the store for them to buy to the store and around the weekends. clients out the eat.				
	NCAC 27G .5601 St	ess referenced into: 10A pervised Living - Scope rule violation and must be ays.				
V 118	27G .0209 (C) Medic 10A NCAC 27G .020	-	V 118			
	REQUIREMENTS					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		10	R D/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page 31		V 118			
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other I privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for aut (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be record 	on-prescription drugs shall to a client on the written thorized by law to prescribe be self-administered by thorized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. ninistration Record (MAR) of d to each client must be kept administered shall be y after administration. The				
	audited client's (#3) r on the order of the pl	-				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING			R 10/05/2018	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	j ~it	1/05/2016		
			SON ROAD	, 0002			
CARE ON	E HOMES	RALEIG	iH, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 118	Continued From page	e 32	V 118				
	 A. Review on 9/6/18 of client #3's record revealed: Admission date of 9/24/17 Diagnoses of Schizoaffective Disorder, Bi-polar Type and Social Anxiety. 						
	Review on 9/6/18 of client #3's physician order dated 8/17/18 revealed: -"Clonazepam 1 mg one time a day. -Clonazepam 1 mg, 1/2 BID (twice a day) for anxiety."						
	MAR revealed:	client #3's September 2018 mg three times a day PRN					
	No order was presen Clonazepam 1 mg th	t in the record for ree times a day PRN.					
	revealed it had been Clonazepam 1 mg th	6/18 of client #3's MAR initialed beside the ree times a day PRN and not Clonazepam dated 8/17/18.					
	staff #1 had written ir	August 2018 MAR revealed n 8/17/18 orders for se blocks were initialed.					
		iving client #3 the					
		ree times a day. r to give it this way before he					
		k present says to give it three t had just been giving it three					
	times because that is	what staff #1 told her.					
	Observation on 9/6/1	8 at 11:30 AM revealed a					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET
V 118	Continued From pag	e 33	V 118			
	bubble pack of Clona three times a day PR	azepam revealing "1 mg RN."				
	-Received a nev	0/6/18 the Pharmacist stated: v order for Clonazepam on				
	8/17/18 from his doctor.There was no order to discontinue the old order of Clonazepam.					
	-Was concerned	I about this as staff could Clonazepam based on what				
	is present on the MAR. -Contacted client #3's doctor for a discontinue					
	order because he had standing orders for "too much Clonazepam." -Did not send out a new order of Clonazepam					
		t filled the old order on				
	controlled medication -Assumed staff v per the new order of	was giving the Clonazepam				
	During interview on 9 stated:	0/7/18 the Licensee/RN				
	-She is at the ho	ome daily. dications several times a				
	month. -Staff should be the order of 8/17/18.	giving the Clonazepam per				
		doctor had sent a discontinue sist.				
	at 10:00 AM of staff a	and observation on 9/6/18 #2 filling in MAR's with her				
		t had a crazy morning and				
	morning."	to initial clients' MAR's this rell the night before and was				
	"out of it this morning					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ARE ON	E HOMES		SON ROAD H, NC 27610				
	SUMMARY ST			PROVIDER'S PLAN OF	CORRECTION	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLET DATE	
V 118	Continued From page	e 34	V 118				
	their medications.						
	revealed: -Admission date	ental Retardation and					
	Review on 9/6/18 of	client #1's physician order aminophen 600 mg, PRN					
		8 at 10:30 of client #1's taminophen was not present.					
	staff #2 walked into k medications were kep	rview on 9/6/18 at 10:30 AM itchen area where ot and surveyor was working m local pharmacy. Staff #2					
	driveway outside and her car.	N had pulled into the called her to come out to					
	over the counter med "sneak" them into the surveyor could see th	N handed her a bag of some lications and told her to medication cabinet before hey medications were not					
		hat to do, so I just walked in ying to hide anything."					
	NCAC 27G .5601 Su	ss referenced into: 10A pervised Living - Scope rule violation and must be ays.					
V 289	27G .5601 Supervise	d Living - Scope	V 289				
	10A NCAC 27G .560	1 SCOPE					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833			R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 289	Continued From page	e 35	V 289			
	these services is the rehabilitation of indivi illness, a developmen or a substance abuse supervision when in t (b) A supervised livin the facility serves eith (1) one or more (2) two or more (2) two or more (2) two or more Minor and adult clien same facility. (c) Each supervised licensed to serve a sp designated below: (1) "A" designated serves adults whose illness but may also h (2) "B" designated diagnoses; (3) "C" designated diagnoses;	duals who have a mental ntal disability or disabilities, e disorder, and who require the residence. Ing facility shall be licensed if ner: e minor clients; or e adult clients. ts shall not reside in the living facility shall be				
	other diagnoses; (5) "E" designa serves adults whose substance abuse dep other diagnoses; or	tion means a facility which				
	private residence, wh	hich serves no more than hose primary diagnoses is				
	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDIS	SON ROAD			
		RALEIGI	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page 36		V 289			
	clients whose primary developmental disabil other disabilities who family provides the se exempt from the follow .0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NCAC (i); 10A NCAC 27G .0 (a),(b); 10A NCAC 27 27G .0208 (b),(e); 10, non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac	lities but may also have live with a family and the ervice. This facility shall be wing rules: 10A NCAC 27G				
	services in a home er	5				
	COMPETENCIES OF PROFESSIONALS AI PROFESSIONALS (T review, observation, a failed to ensure the Li	ND ASSOCIATE ag 109). Based on record and interview the facility censee/Registered Nurse nowledge, skills and abilities				
	B. Cross Reference 1 ASSESSMENT AND	0A NCAC 27G .0205				

STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		MHL092-833	B. WING		10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF		(X5)
PREFIX TAG	· ·	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 289	Continued From page	e 37	V 289			
	PLAN (Tag 112). Bas interviews the facility	ITATION OR SERVICE sed on record review and failed to implement existing six clients (#1, #2, #3, #4, &				
	C. Cross Reference 10A NCAC 27G .0208 CLIENT SERVICES (Tag 115). Based on interview and observation the facility failed to ensure nutritious meals were served and activities were available for six of six clients (#1, #2, #3, #4, #5, #6).					
	MEDICATION REQU Based on record revi interview the facility f audited client (#3) me on the order of the pl	10A NCAC 27G .0209 IIREMENTS (Tag 118). ew, observation and ailed to ensure one of three edication was administered hysician and six of six (#1, audited clients MAR's were				
	OPERATIONS (Tag 2	10A NCAC 27G .5603 291). Based on record review ility failed to coordinate x clients (#6).				
	HEALTH, HYGIENE a Based on observation failed to ensure the ric care in the provision	10A NCAC 27F .0103 AND GROOMING (Tag 540). n and interview the facility ight to dignity and humane of personal health, hygiene or six of six client (#1, #2, #3,				
	LOCATION AND EX (Tag 736). Based on and interview the fac	10A NCAC 27G .0303 TERIOR REQUIREMENTS record review, observation ility failed to ensure the d in a safe, clean, attractive				

	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
				A. BUILDING:		R	
		MHL092-833	B. WING		10	0/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 289	Continued From pag	e 38	V 289				
	and orderly manner l for six of six (#1, #2,	kept free from offensive odor #3, #4, #5, #6).					
	H. Cross Reference 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT Tag (744) Based on record review and interview the facility was failed to be maintained with equipment to ensure safety of the clients.						
Re co da to go Ac nu ha Ac ar de re im thi we an	completed by the Qu dated 9/26/18 reveal -"The facility QP to reflect clients curre goals/efforts. The Q Administrators imme nutritious foods are p have input into menu Administrator will ens are available for clien develop a checklist to repairs. Any needed immediately. The facility weekly inspections w	P will revise all treatment plans ent participation in treatment P will meet with the diately to ensure that purchased and that clients					
	a strong urine and be walls were extremely bathroom sink was c with shower/curtain of home needed multip result from a leak ain with all clients and st	cility on 9/6/18 the home had ody odor, the floors, bedding, a dirty/stained, the client logged and inoperable along coated in black mildew. The le repairs throughout as a most a year ago. Interviews caff #2 revealed the home or many months. There were					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R	
		MHL092-833	B. WING		10)/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	e 39	V 289			
	trash cans or bathtub with long hair, dirty of soiled clothes to their treatment plans were were not implemente Once Licensee/RN w hygiene supplies by s "multipurpose" towels restaurants (the size claimed the clients co dry off with. Food pre home was minimal ar sodium, offering no f Physicians orders no in client #3 receiving medication. The lack resulted in client #2 b Room by EMS for an sitting there for hours being able to make co due to phone line in t is no transportation ir #3 having to leave his #4 sitting in the home planned activities and weekends. The Licen competency when en were met. These sys serious neglect and co violation and must be An administrative per \$2000.00 is imposed corrected within 23 day	were brushing their teeth in All clients looked unkempt othes and were wearing day program. Although present, goals/strategies d in the care of the clients. ras informed of the lack of surveyor, she purchased is used for cleaning of average washcloth) and ould use that as a towel to esent and served in the nd high in carbohydrates and resh fruit/vegetables. t correctly followed resulting the wrong dose of his of coordination of services being sent to Emergency "ear abrasion" and left after discharge due to not ontact with group home staff he home not working. There in the home resulting in client s day program, client #2 and e seven days a week with no d no actives for all clients on usee/RN failed to exhibit astemic failures resulted in constitutes a Type A1 rule the violation is not ays, an additional y of \$500.00 per day will be y the facility is out of				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833			10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
-		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From page	e 40	V 291			
V 291	27G .5603 Supervise	d Living - Operations	V 291			
	six clients when the or developmental disabi- on June 15, 2001, an than six clients at tha provide services at no licensed capacity. (b) Service Coordina maintained between to qualified professional treatment/habilitation (c) Participation of the Responsible Person. provided the opportun relationship with her or means as visits to the the facility. Reports a annually to the paren legally responsible per Reports may be in wr conference and shall progress toward mee (d) Program Activities needs and the treatment Activities shall be desi inclusion. Choices mo or legal system is invo safety issues become This Rule is not met Based on record revie	ity shall serve no more than clients have mental illness or lities. Any facility licensed d providing services to more t time, may continue to o more than the facility's attion. Coordination shall be the facility operator and the s who are responsible for or case management. We Family or Legally Each client shall be nity to maintain an ongoing or his family through such e facility and visits outside shall be submitted at least t of a minor resident, or the erson of an adult resident. Titing or take the form of a focus on the client's ting individual goals. s. Each client shall have based on her/his choices, went/habilitation plan. signed to foster community way be limited when the court olved or when health or e a primary concern.				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDIS	SON ROAD				
		RALEIG	H, NC 27610				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 291	Continued From page	e 41	V 291				
	Review on 9/6/18-9/7 revealed: -Admission date -Diagnoses of SG Schizoaffective Disor Review on 9/20/18 of Emergency Room (El at 6:01 PM revealed" -"Presents at e EMS (Emergency Me sustained to his right -Patient has sma granulated blood to h No signs of sk appreciable neurolog -No reported pro -Discharge back -No further interv warranted at this time Further review 9/20/11 from Social Work Deg revealed: -"SW (social wor all numbers listed witt RN (registered nurse is a good candidate for contacted [local polici officer be dispatched notify staff that patien and needs transport.' -"8:29 PM [staff # regarding patient, gav states with officer pre department] will be pi him home."	 /18 of client #6's record of 2/4/12 chizophrenia-paranoid typeder. medical record from local R) department dated 9/6/18 mergency department via cdical Services) for injury he ear on van door ull abrasions/hemostatic is right auricle ull fracture, facial trauma, no ic deficit. dromal symptoms. to his group home. rention warranted or imaging e." 8 of client #6's ER record partment at 8:27 PM ker) attempted contact with h no success. SW spoke to p who doesn't believe patient for a cab voucher. SW e department] to ask if an to patient's group home to the ready for d/c (discharge) #2 from facility] called ve report to her. [Staff #2] 					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R	
		MHL092-833	HL092-833 B. WING		10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From pag	e 42	V 291			
	During interview on 9/7/18 staff #2 stated:					
	•	t #6 arrived to the home from				
	day program and sai	d he hit his ear on the van				
	from his day program					
		ollen with some dried blood				
	around it.					
	-Contacted the L					
	picture of the ear.	RN asked her to send a				
		le blood around the ear,				
		the picture, the Licensee/RN				
	-	EMS and send him to the				
	ER.					
	-Later that even	ing a police officer was				
	knocking on the door wanting to know if anyone					
	was home because hospital had been trying to					
	contact someone from the group home because					
	-	o be discharged a few hours				
	ago.					
		e at the ER by number verify they were home.				
		so upset because they could				
		ne from the contact numbers				
	they were provided.					
	-"That's when I r	ealized the land line was not				
	working."					
		she had been calling the				
	-	st ring with no answer.				
	-	er then left and returned a				
	iew minutes later wit	h client #6 around 9:00 PM.				
	During interview on 9	0/26/18 The Qualified				
	Professional stated:					
		vare client #6 went to the				
	hospital with an ear a	abrasion on 9/6/18.				
	-The Licensee/R	RN is RN and usually checks				
	the clients with that k					
		aff #2 would have called				
	-	the Licensee/RN would have				
	told her to call EMS f	or his ear abrasion.				

STATEMENT	of Health Service Regun TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
					R	
		MHL092-833	B. WING	10	10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	- CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 291	Continued From page	e 43	V 291			
	stated: -Staff #2 contact know client #2 had hi day program. -Told staff #2 to her of the ear. -Staff #2 told her -The picture look staff to call EMS to tr -The Licensee/R Nurse and felt he nee and there was no trans staff had to call EMS -Lived about 10- home, and did not go ear.	10/5/18 the Licensee/RN and her on 9/6/18 to let her it his ear on the van at the take a picture and text it to an there was blood around it. an there was blood around it. ansport client to the ER. SN stated she is a Registered edded to be seen at the ER ansportation at the facility, so 15 minutes from the group o over to check client #2's ss referenced into: 10A				
V 540	NCAC 27G .5601 Su (V289) for a Type A1 corrected within 23 d	pervised Living - Scope rule violation and must be	V 540			
	Grooming 10A NCAC 27F .0103 AND GROOMING (a) Each client shall dignity, privacy and h of personal health, hy Such rights shall inclu- to the: (1) opportunity daily, or more often a (2) opportunity	3 HEALTH, HYGIENE be assured the right to numane care in the provision ygiene and grooming care. ude, but need not be limited for a shower or tub bath as needed; to shave at least daily; to obtain the services of a				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page 44		V 540			
	 paper and soap for e individual personal h indigent client. Such not limited to toothpa napkins, tampons, sh utensil. (b) Bathtubs or show individual privacy sha (c) Adequate toilets, 	ygiene articles for each other articles include but are iste, toothbrush, sanitary naving cream and shaving vers and toilets which ensure all be available. lavatory and bath facilities a client with a mobility				
	failed to ensure the r care in the provision	n and interview the facility ight to dignity and humane of personal health, hygiene or six of six clients (#1, #2,				
	#4, #5, & #6 revealed Special Assistance in needs. Client #3 is a	6/18-9/7/18 of clients #1, #2, d the Licensee/RN recieved n order to mmet the clients a private pay resident, which 1500.00 a month for his care guardian.				
		8 of Client #2 at 9:00 AM to be long, face hair unkept d dirty/stained.				
	revealed the clients'	8 of client #4 at 1:00 PM hair was long and unkept d to have been washed. cial long facial hair.				
		8 at 11:30 AM client #5's hair g, his clothes looked dirty and				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833			R 10/05/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	e 45	V 540			
	stained.					
		8 at 11:30 AM client #6's hair s clothes appeared dirty.				
	Observation on 9/11/18 at 12:00 PM of client #1's was long, clothes appeared dirty/stained.					
	During interview on 9/6/18 staff #2 stated: -She came into work two days ago as a "fill in" because the full time staff was sick. -Worked at the home once before a few					
	months ago.	ed so bad, he was wearing				
	-Immediately wa -Client #6 has ad	ished all his clothes. ccidents in his clothes and he ying around his room that				
	needed washing.	to take a shower because he				
	smelled so bad.	was no towels or washcloths				
	to use for clients to s -Gave client #6 a	hower. a roll of paper towels to dry				
		bought him a toothbrush and				
	clothes were so bad.	o put on because all of his " any soap for the clients to use				
		paste for them to brush their				
	asked her about towe	icensee/RN last night and els, washcloths and toiletries.				
	buy those things ther	RN stated "They will have to mselves." g" because when prompted,				
		wer, they just didn't have the				
	-All the clients lo	ok dirty, and need hair cuts. me he wanted a hair cut, but				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
		BENTI IOATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 540	Continued From page	e 46	V 540			
	he had to save his m	oney."				
	-"[Client #2 aske	d me today, 'Can you take				
	me to get a haircut, I					
		eed to all be taken to a				
	÷	ir cut, but from what they tell				
		and they didn't have the				
	money to do so.	uld about a man if they had				
		buld shower more if they had				
	prompting."	l to do so, it just takes some				
	prompting.					
	Observation on 9/6/1	8 at 10:00 AM, there was no				
		resent in the home for clients				
	#1, #2, #4, #5, #6.					
		is own products bought by his				
	guardian/brother.					
	During interview on 9	0/6/18 client #2 stated:				
	-Showers a few					
		d soap if he had it.				
		ap, did not have the money.				
	-Would like a ha	ircut, had not had one in a				
	long time.					
		lars last time he had a				
	haircut.					
	During interview on 9	0/6/18 Client #3 stated:				
	-	in the home for two years.				
	-Showers a few					
		o towels and washcloth he				
	brought to the home					
	-	pap, shampoo, toothpaste				
	and shaving supplies					
		e Licensee/RN to provide				
	toiletries.	aliant #4) daga nat hava a				
	-His roommate (towel or washcloth	client #4) does not have a				
		his roommate last showered.				
		es me to get a haircut."				
		e other clients going to get				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	e 47	V 540			
	haircuts.					
	-"I cant remember -Did not have too -Would like to ta the stuff needed to do -"I will sit on the with my washcloth an -Would use wash himself down. -Would do this ty days. -"I have bought n shampoo before, I do -Had asked the I past, she said the clie -Would like to ge	edge of bathtub and wash off nd water." hcloth and water to wipe ype of bathing every few my own soap, toothpaste and on't have any now." Licensee/RN for soap in the ents had to buy it. et a hair cut, but the e would have to pay for it, "I				
	-Took a shower a -Had been buyin toothpaste and razor -When he would Licensee/RN and she	run out, he had asked the e told him to "Yall should buy				
	Licensee/RN took the to pay for it.	our own money." naircut in a while, if the em, they (clients) would have rough the day program, they				
	started to smell. -Client #6 always accidents in his cloth	ell them to shower if they s smells because he has es and wears the same				
	clothes and not show -Client #6 did no every two to three we alth Service Regulation	t take a shower but one time				

STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:			
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 540	Continued From page	e 48	V 540				
	-Did not have bu clients didn't have on	ut one towel to use, other ne.					
	Attempted interview of -Unable to interv	on 9/7/18 client #6: /iew due to diagnoses.					
	During interview on 9/11/18 client #1 stated: -Been living in the group home for a year. -Had not been able to shower much, "Didn't have towels and washcloths." -Had a "rag" so would splash water on face						
	and body one time a	-					
	-No one had eve haircut.	er offered to take him for one to take him to get a hair v money to go."					
	Day Program stated:	9/7/18 Staff at client #5 & #6 #6 come in with "dirty looking"					
	body odor.	s has a smell of urine and					
	clothes and shower.	he is making him wear clean 6's hair is long and oily					
	-	ted that client #6 smells van in the mornings.					
	During interview on 9 Brother/Legal Guardi -Took his brothe						
	groceries and toiletrie	es. tell him he needed shampoo,					
		the clients were responsible					

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If continuation sheet 49 of 61

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL092-833	B. WING	10	R // 05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		ON ROAD I, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	e 49	V 540			
	 V 540 Continued From page 49 Client #3 is private pay, "I pay 1,500 month for him to stay there, and I am not is what it is they do for him." Often worried about the other clients who didn't have family to buy their "basic is items. During interview on 9/11/18 staff #3 stated -Since arriving in the facility on 9/8/18 work, all clients have only taken one prom so. Had no issues in getting them to bat During interview on 9/18/18 staff #1 stated -Clients did not want to shower. Would ask them, but they did show i -"I would really make them shower with the stated to be the shower with the shower					
	-"I used to shave done it in a while."	er one time a week. the clients, but had not e Licensee/RN taking clients				
	Guardian stated: -Had issues a fe Client #1 at an appoi	9/18/18 of client #1's Legal w weeks ago when he saw ntment. was long and his clothes				
	-The Licensee/R appointment, "I was u -Client #1 used t how he looked. -Expressed his c about how client #1 p -Mentioned to the	N had brought him to an upset in how he looked." to be homeless and this is concern to the Licensee/RN presented on that day. e Licensee/RN that day she				
vision of He		or a hair cut and provided a lients to, a Barber school				

STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MUU 000 000	B. WING			R	
	ROVIDER OR SUPPLIER	MHL092-833	ADDRESS, CITY, STATE		10)/05/2018	
	CONDER OR SUPPLIER		SON ROAD	, ZIF CODE			
CARE ON	E HOMES		H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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) THE APPROPRIATE	(X5) COMPLET DATE	
V 540	Continued From page	e 50	V 540				
	where it would be che	eaper.					
	supplies to bath, "I ju -Not aware the L buying the toiletries for mentioned this to her -Staff #1 told her bathe. -Client #6 soiled difficult to get him to L -Will contact the purchase supplies, "I this afternoon." Observation on 9/7/1 were brought by Lice -A pack of 60 "Te inch multipurpose res household and more. -The picture on t	ated: clients did not have the st assumed they did." .icensee/RN had not been or them, no one had r he couldn't get the clients to his pants often, and is bathe. Licensee/RN immediately to f not I will buy them myself 8 at 9:00 AM of towels that ensee/RN on 9/6/18 revealed: erry Towels 14 inch by 17 staurant, automotive,					
	counter top. During interview on 9 -The Licensee/R towels last night, that -These are not "f -Contacted QP la the Licensee/RN brow work. -The QP bought over "asap" (immedia	0/7/18 staff #2 stated: 2N brought by a package of t appear to be "dish cloths." towels" to use for showering. ast night to let her know what ught by and that would not towels and brought them ately). 2N should know better, but					
	During interview on 9 stated:	0/7/18 the Licensee/RN					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL092-833	B. WING			R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE	
V 540	Continued From page	e 51	V 540				
	toiletries.	ver everyday. Is, wash clothes and npoo and toothpaste for					
	them. -Not sure they ha items.	ad run out of those toiletry					
	-Clients do not want to shower. -The bedding is new, had not seen it looking stained or torn.						
	-Comes by the home everyday to check on the clients and what they need. -Always took the clients to get haircuts and						
	-	vels yesterday after the QP ients did not have any.					
	-Did not pay atte towels, just saw it said package.	ntion to the size of the d "60 towels" on the					
	-The QP bought -These clients ar	more for the clients to use. e "lying" if they say they					
	always believe them	o shower with, "the state over me." s everything they need."					
	NCAC 27G .5601 Su	ss referenced into: 10A pervised Living - Scope rule violation and must be ays.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	10A NCAC 27G .0303 EXTERIOR REQUIRI (c) Each facility and it maintained in a safe,	EMENTS					
		kept free from offensive					

STATE FORM

STATEMEN	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	SPOOLAEDHON	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 736	Continued From pag	e 52	V 736			
	was maintained in a orderly manner kept	3				
	-Kitchen floor ve crumbs) with dirty ba -Kitchen blinds v sideways on window -Molding under k laying under cabinets -A one foot long under kitchen sink ex off. -Broken microwa present on kitchen co -Hallway to the u covered in black dus -Upstairs bathro	vere broken and hanging kitchen sink and cabinets, s, not attached. by five inches wide hole kposed where molding was ave and extra microwave punter. upstairs base boards were t and dirt. om used by all clients was				
	mildew as well and b -Bathroom vanity missing door/drawer. -Bathroom walls -An old rusted vo was beside toilet. -Bathroom sink f clogged. -Toilet dirty with edge.	y cabinets broken with				

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		D	
		MHL092-833	B. WING		R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 53	V 736			
	-Client #1's math the middle. -Client #3 had w worn/stained pillow. -Client #2's roon with a urine soaked p stand. -Client #2's bedo stain/worn pillow. -Client #2's bedo stain/worn pillow. -Client #2's bedo hanging down the wi -Client #2's bedo sideways. -Client #5's bedo sideways. -Client #5's bedo stained pillow was sta -Hallway leading black dirt and dust. -Floor in the dow exposed base board -Downstairs bath ripped out with pipes -Client #3 and # carpet with a strong b -Clients #3 and a bedding. -Smoke detector During interview on S -She came into w in" because the full ti -Worked at the h months ago. -The home was trying to get it straight	room had an electrical outlet osed. frame was broken and sitting ding had holes in it as well as ained/worn. g downstairs was covered in wn stairs was ripped with and uneven tile. nroom ceiling was completely exposed over the toilet area. 4's bedroom had dirty stained body odor smell. #4 both had stained/worn r was chirping down stairs.				

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If continuation sheet 54 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	S. SOULOUGH		A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD				
	1		H, NC 27610				
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 54	V 736				
	-The house smelled so bad, client #2 had						
		Ill ups all over his room.					
	-	shed all his clothes and					
	cleaned his room to I	help with the smell.					
	-Noticed the sink	c in the bathroom was					
		ts told her it had been this					
	way for months.						
		ccidents in his clothes and he					
		ying around his room that					
	needed washing.	shower curtain and bathtub					
		't have a new shower curtain					
	to put up.	Thave a new shower curtain					
	-When she worked a few months ago the						
	home was "nasty."						
	-Wanted to wash all the clients						
	sheets/bedding, but they don't have a spare set to use.						
	-Client #1 didn't he sleeps on the mat	-Client #1 didn't even have sheets on his bed,					
		lown stairs that is designated					
	for staff, has the ceili	ng missing over the toilet.					
	-There are expo	sed pipes, "I'm scared					
		o fall out on top of me while I					
	am using the bathroo	om."					
	Further interview on	9/7/18 staff #2 stated:					
		RN came by last night and "I					
		up stairs and show her the					
	bathroom, but she re						
	During interview on 9	0/6/18 client #3 stated:					
	-	sink has been stopped up for					
	a few months.						
	-Sometimes the	water goes down, but if you					
	turn it on, it fills back	•					
		e by a few months ago to					
	check it, but its still b						
	-The house look						
	-Staff is suppose alth Service Regulation	ed to clean, but he (staff #1)					

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	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 736	Continued From page	e 55	V 736			
	never does.					
	-No one has ask	ed him to clean the house.				
	-Some clients br their hands in the bat	ush their teeth and wash thtub.				
	During interview on 9	9/6/18 client #4 stated:				
	-	ne home a few years.				
		lean, but not anymore."				
		n or ask them to clean.				
	"a long time."	is stopped up, been that way				
		Is in the bathtub."				
	-	s stopped up, "I brush my				
	teeth in my trash can in my room, I'm careful not					
	to spill on the floor."					
	-The bathroom is a "mess," the shower					
	-	en there for a long time.				
	-Downstairs had a leak a few months ago, they had not fixed it yet.					
	-	9/7/18 client #5 stated:				
	-Staff never clea					
		m been broken for at least six				
	months, brushed his	l a leak about a year ago,				
		rpet and ripped out the				
	ceiling.					
	-No one came b	ack to repair.				
		e 5-6 months ago, not sure if				
	staff saw it.					
		n smells because of other				
	clients not washing c	aoures and cleaning.				
	During interview on 9	9/11/18 client #1 stated:				
	•	bathroom broke almost a				
	year ago.					
		nds and brushes teeth with				
	the bathtub faucet.					
		had sheets in a while, "I don't				
	know what happened alth Service Regulation					

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
					R	
		MHL092-833	B. WING	. WING		/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
	1		H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO T DEFICIENCY DEFICIENCE DEFICIENCE		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 56	V 736			
	Legal Guardian state -Goes by the hor -Brother has bee -The home alwa -Client #3 told hi the staff didn't clean. During interview on 9 -Started working time live in staff. -Always cleaned -The clients did n -The sink had iss starting there.	me several times a month. en there for two years. ys has an "odor" in it. im the home was "dirty" and 0/19/18 staff #1 stated: j in the home 6/20/18 as full I daily when at work.				
	-The sink was fix back up again. -This new staff (home as well as the -Had not checke -There was a lea	ated: nome had got this bad. ked, not aware it had stopped staff #1) had not care for the previous staff. ed client rooms in a while. ak twice down stairs where it nere was another leak, not				
	stated: -"The home just -Had planned to "Saturday" (9/8/18). -Visited the hom house when I am her -The house is all	have everything fixed on e everyday, "I check the re."				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 57	V 736				
	broken." -The bathroom si had told her." -The down stairs "getting it fixed Sature -"Nothing is wrom pillows and mattress, -Staff cleans the -"I always fix all t -Surveyor along " home again to point of -When asked to the shower in this bathrood This deficiency is cross NCAC 27G .5601 Sup	had been fixed, "Its not ink, "just broke and no one had a leak, not sure when, day" (9/8/18). Ing with the clients bedding, its fine." home daily. he repairs immediately." with Licensee/RN toured the but the areas of concern. the Licensee/RN "Would you bom?" She replied "No." ss referenced into: 10A pervised Living - Scope rule violation and must be					
∨ 744	EQUIPMENT (b) Safety: Each facili constructed and equip ensures the physical visitors. This Rule is not met Based on record revie was failed to be main ensure safety of the c	as evidenced by: ew and interview the facility tained with equipment to clients. The finidngs are:	∨ 744				

Division of Health Service Reg STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMP	SURVEY LETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRE		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLET DATE
V 744	Continued From page	e 58	V 744			
	-"SW (Social Worker) attempted will all numbers listed with no success. SW spoke to					
	RN (Registered Nurs	e) who doesnt beleive				
		didate for a cab voucher.				
		Police Department) to ask				
		patched to patient's group				
	•	hat patient is ready for				
	discharge and needs	s transport."				
	During interview on 9	0/7/18 Staff #2 stated:				
	-The facility pho	ne does not work.				
	-Came on shift t	wo days ago and it has not				
	worked since.					
		ong the phone had been out				
	of service.					
	-On 9/6/18 client #6 went to the Emergency					
	Room (ER) for an abrasion to his ear.					
		ning between 8:30-9:00 a				
		rived to the home asking was				
		ause the ER was ready to nd they could not get up with				
	anyone at the home.	nd they could not get up with				
		he nurse at the ER and she				
		use they had been calling the				
	, , , , , , , , , , , , , , , , , , ,	with no success and client				
		or discharge for several				
	hours.	-				
	-The city police	officers then transported				
	client #6 to the home).				
	During interview on 9	0/7/18 client #3 stated:				
	-	ne has been out for several				
	months.					
	-Not sure if anyc	one had fixed it, but everyone				
	knew it had been out					
	During interview on 9	9/7/18 client #3's				
	brother/legal guardia					
		he facility has been off and on				
	since Christmas.	-,				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R 10/05/2018	
			A. BUILDING:			
		MHL092-833	B. WING			
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 744	Continued From pag	e 59	V 744			
	-Very difficult to make contact with his					
	brother, had to call L to speak to client #3.	icensee/RN or just ride over				
	During interview on 9	9/11/18 client #1 stated:				
	-	had been out for a few				
	months.	e able to call his brother, but				
	unable to do so.					
	During interview on §	9/11/18 staff #3 stated:				
	-The phone line					
	During interview on 9/18/18 client #1's legal guardian stated:					
	•	n able to make contact with				
	his client in the home					
		l always call him from his one ne to make contact with him.				
	•	speak to client or relay				
	information, he would	d call the Licensee/RN.				
	During interview on §	9/18/18 Staff #1 stated:				
	-He had started 6/20/18.	working in the home on				
		not working when he started,				
	used his personal ce	Il phone to make phone calls				
	and for clients to use	eThe Licensee/RN told een out about two weeks				
	prior to his employme					
	-	9/7/18 the Licensee/RN				
	stated: -Not aware the r	phone had been not working				
	until two days ago.	shone had been not working				
	-Called the servi "its something in the	ice provider multiple times, wires "				
	-					
	This deficiency is cro NCAC 27G .5601 Su	oss referenced into: 10A				

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OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
	MHI 002,833			10	R 10/05/2018	
NAME OF PROVIDER OR SUPPLIER					10/03/2010	
			,211 0002			
EHOMES	RALEIG	iH, NC 27610				
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE		
Continued From page	e 60	V 744				
	ROVIDER OR SUPPLIER E HOMES SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag (V289) for a Type A1	The second secon	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-833 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE HOMES 926 EDISON ROAD RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 60 V 744 (V289) for a Type A1 rule violation and must be V 744	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL092-833 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PROMES 926 EDISON ROAD RALEIGH, NC 27610 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN O (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIE Continued From page 60 V 744 V 744	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL092-833 B. WING Description Mestion Mestion	