PRINTED: 11/20/2018 FORM APPROVED

Division of Health Service Regulation

CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED					
		_							
	MHL060-626	B. WING		R 11/15/2018					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
THE HARRAH HOME 1408 MARLEWOOD CIRCLE CHARLOTTE, NC 28227									
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE					
INITIAL COMMENTS		V 000							
An annual and follow up survey was completed on 11-15-18. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 5600F Supervised Living in a Private Residence for All Disability									
Groups. 27F .0103 Client Rights - Health, Hygiene And Grooming		V 540							
ignity, privacy and hu f personal health, hy uch rights shall inclu to the: I) opportunity f aily, or more often as 2) opportunity f arber or a beautician d) provision of aper and soap for ea dividual personal hy digent client. Such o to limited to toothpas apkins, tampons, sha tensil. b) Bathtubs or show dividual privacy shall c) Adequate toilets, I quipped for use by a npairment shall be a	pe assured the right to cumane care in the provision giene and grooming care. de, but need not be limited for a shower or tub bath is needed; to shave at least daily; to obtain the services of a ci; and linens and towels, toilet inch client and other giene articles for each other articles include but are ste, toothbrush, sanitary aving cream and shaving ers and toilets which ensure and toilets which ensure it be available. avatory and bath facilities client with a mobility vailable.								
H — — N Inn Haivin 7 in ON () igf u () () a () () a () () o () a () () o () o	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE ITIAL COMMENTS In annual and follow In 11-15-18. Deficience In facility is licensed Integory: 10A NCAC is Iting in a Private Reserving in a Private Reserving IND GROOMING IND GROO	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ITIAL COMMENTS In annual and follow up survey was completed in 11-15-18. Deficiencies were cited. In a Facility is licensed for the following service integory: 10A NCAC 27G 5600F Supervised ving in a Private Residence for All Disability roups. IF .0103 Client Rights - Health, Hygiene And rooming IA NCAC 27F .0103 HEALTH, HYGIENE ND GROOMING (I) Each client shall be assured the right to grity, privacy and humane care in the provision personal health, hygiene and grooming care. In include, but need not be limited the: (I) opportunity for a shower or tub bath hilly, or more often as needed; (I) opportunity to shave at least daily; (I) opportunity to obtain the services of a proper or a beautician; and (I) provision of linens and towels, toilet inter and soap for each client and other dividual personal hygiene articles for each digent client. Such other articles include but are tot limited to toothpaste, toothbrush, sanitary upkins, tampons, shaving cream and shaving	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ITIAL COMMENTS ITIAL	SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY AUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ITIAL COMMENTS In annual and follow up survey was completed at 111-15-18. Deficiencies were cited. Itis facility is licensed for the following service tegory: 10A NCAC 27G 5600F Supervised ving in a Private Residence for All Disability roups. IF .0103 Client Rights - Health, Hygiene And rooming by Committed and the provision personal health, hygiene and grooming care. Lich rights shall include, but need not be limited the: I) opportunity to shave at least daily; opportunity to obtain the services of a where or a beautician; and proving privacy and humans and towers, to lied the per and soap for each client and other dividual personal hygiene articles for each dignent client. Such other articles include but are tilmited to toothpaste, toothbrush, sanitary upkins, tampons, shaving cream and shaving ensil. Bathubs or showers and toilets which ensure dividual privacy shall be available.					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		MHL060-626	B. WING		R 11/15/2018				
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
THE HARRAH HOME 1408 MARLEWOOD CIRCLE CHARLOTTE, NC 28227									
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE			
V 540	privacy, effecting one The findings are: Observation on 11-14 pm revealed: -Clients bedroom portion, which he cou appear to be a top po Review on 11-14-18 or revealed: -No mention of h Person Centered Plan approved by the hum Interview on 11-14-18 family living) revealed: -Client #2 had se be able to keep him in -It was for his sat Interview on 11-15-18 Professional revealed: -He used to have also. -They would have	n, record reviews and failed to ensure the right to of three clients (client #2). 1-18 at approximately 5:00 In had a half door, the bottom ld shut. There did not rition. 1-18 of client #2's record 1-19 alf door for safety in the nor evidence it had been an rights committee 1-19 awith the AFL (alternative lie) is sight. 1-19 are the record lie is sight. 1-19 are the right to ensure	V 540						

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