

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2018
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, follow-up, and complaint survey was completed on November 16, 2018. The complaints were substantiated (intakes #NC00144019 and #NC00143763). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A, Supervised Living for Adults with Mental Illness.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observations and interview the facility (1) failed to ensure medications administered were recorded on each client's MAR immediately after administration affecting 2 of 3 audited clients (#4, #5); (2) failed to administer medications on the written order of a physician and to keep the MARs current for 1 of 3 audited clients (#5). The findings are:</p> <p>Finding #1: Review on 11/15/18 of client #4's record revealed: - 27 year old male admitted to the facility 11/27/17. - Diagnoses of Schizophrenia, Impulsive Disorder, Personality Disorder, and Intermittent Explosive Disorder. - Physician's order signed 10/3/18 for Buspar (anti-anxiety) 10 milligrams (mg) 2 tablets three times a day (tid) and Trileptal (anticonvulsant) 600 mg one tablet tid. - Physician's orders signed 11/27/17 for Thorazine (antipsychotic) 200 mg one tablet tid, and Depakote (used to treat manic episodes of bipolar disorder and seizures) 250 mg one tablet tid.</p> <p>Review on 11/15/18 of client #4's MARs for September, October, and November 2018 revealed: - Transcriptions for Buspar, Thorazine, Depakote, and Trileptal.</p>	V 118		

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V 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> - 2:00 pm doses of Buspar, Thorazine, Depakote, and Trileptal were documented as administered at 10:43 am on 11/15/18. - No staff initials that Buspar was administered at 8:00 am 10/15/18 or 10/29/18; or at 2:00 pm on 10/1/18, 10/10/18, 10/29/18, or 10/31/18. - No staff initials that Thorazine was administered at 2:00 pm on 9/7/18, 9/11/18; or at 8:00 pm on 10/6/18. - No staff initials that Trileptal was administered at 8:00 am on 9/23/18, or 8:00pm on 9/16/18 and 9/27/18. - No staff initials that Depakote was administered at 8:00 am on 10/15/18. - No documented explanations for the omissions. <p>Review on 11/15/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 70 year old male admitted to the facility 8/20/18. - Diagnoses included Bipolar Disorder, Schizophrenia, Hypertension, Parkinsons Disease, Arrhythmia, Atrial Tachycardia, Syncope, and Urinary Retention. - Physician's orders dated 2/9/18 for Depakote 500 mg one tablet in the morning, two tablets at bedtime, and Rhythmol (treats arrhythmia or heart rhythm problems) 225 mg one tablet tid. - Physician's order dated 3/6/18 for Apresoline (treats high blood pressure) 100 mg one tablet tid. - Physician's order dated 7/30/18 for Cozaar (anti-hypertensive) 100 mg one tablet every day. - No physician's orders for Atropine 1% eye drops (treats certain eye conditions) or Prednosolone 1% eye drops (treats certain eye conditions due to inflammation or injury). - No physician's orders to discontinue Atropine or Prednosolone eye drops. <p>Review on 11/15/18 of client #5's MARs for September, October, and November 2018</p>	V 118		

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V 118	<p>Continued From page 3</p> <p>revealed:</p> <ul style="list-style-type: none"> - Transcriptions for Depakote, Rhythmol, Apresoline, and Cozaar. - No staff initials that Apresoline was administered at 8:0 pm on 11/4/18, at 8:00 pm on 9/27/18, or at 2:00 pm on 9/28/18. - No staff initials that Cozaar was administered on 9/23/18. - No staff initials that Depakote was administered on 9/27/18. - No documented explanations for the omissions. <p>Finding #2: Review on 11/15/18 of client #5's MARs for September, October, and November 2018 revealed:</p> <ul style="list-style-type: none"> - Transcription for Atropine 1% eye drops instill 1 drop twice daily (bid). - Transcription for Prednisolone 1% eye drops, instill one drop to the right eye bid. - Staff initials indicated Atropine 1% eye drops and Prednisolone 1% eye drops were administered twice daily during September, 10/1/18 - 10/14/18, and 11/1/18 - 11/14/18. - "D/C" (discontinue) handwritten on October MAR with a line drawn from 10/15/18 - 10/31/18. - Staff initials that Prednisolone 1% eye drops were administered twice daily 11/1/18 - 11/14/18. <p>Observation on 11/15/18 at 11:05 am of client #5's medications on hand revealed: A bottle of Prednisolone 1% eye drops, instill one drop to the right eye bid, dispensed 8/30/18. A bottle of Atropine 1% eye drops, instill one drop bid, dispensed 8/30/18.</p> <p>Interview on 11/16/18 the Qualified Professional stated client #5's eye drops had been ordered to be administered for 2 weeks and had been discontinued in October. The November MARs</p>	V 118		

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V 118	<p>Continued From page 4</p> <p>were printed by the pharmacy and included both eye drops. A former overnight staff saw the transcriptions on the November MAR and documented administration of the eye drops and other staff followed suit.</p> <p>Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 364	<p>G.S. 122C- 62 Additional Rights in 24 Hour Facilities</p> <p>§ 122C-62. Additional Rights in 24-Hour Facilities.</p> <p>(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:</p> <p>(1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;</p> <p>(2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and</p> <p>(3) Contact and consult with a client advocate if there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.</p> <p>(b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all</p>	V 364		

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V 364	<p>Continued From page 5</p> <p>times keeps the right to:</p> <p>(1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies;</p> <p>(3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals;</p> <p>(4) Make visits outside the custody of the facility unless:</p> <p>a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;</p> <p>b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or</p> <p>c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision;</p> <p>(5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p>	V 364		
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V 364	<p>Continued From page 6</p> <p>(8) Keep and spend a reasonable sum of his own money;</p> <p>(9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and</p> <p>(10) Have access to individual storage space for his private use.</p> <p>(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.</p> <p>Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to:</p> <p>(1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him;</p> <p>(2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and</p> <p>(3) Contact and consult with a client advocate, if</p>	V 364		

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V 364	<p>Continued From page 7</p> <p>there is a client advocate.</p> <p>The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times.</p> <p>(d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to:</p> <p>(1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;</p> <p>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</p> <p>(3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;</p> <p>(4) Receive special education and vocational training in accordance with federal and State law;</p> <p>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</p> <p>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</p> <p>(7) Participate in religious worship;</p> <p>(8) Have access to individual storage space for the safekeeping of personal belongings;</p> <p>(9) Have access to and spend a reasonable sum of his own money; and</p> <p>(10) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.</p> <p>(e) No right enumerated in subsections (b) or (d)</p>	V 364		

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V 364	<p>Continued From page 8</p> <p>of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record.</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed: (1) to ensure a restriction of clients' rights was reasonable and related to the clients' treatment or habilitation needs, (2) to include a written statement detailing</p>	V 364		

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V 364	<p>Continued From page 9</p> <p>the reason for the restriction and (3) to document the evaluation of the continued need for the restriction every 7 days, for 3 of 3 audited clients. The findings are:</p> <p>Observation at approximately 8:45 am on 11/15/18 revealed the door between the kitchen and living areas locked from the dining room side preventing clients from having free access to beverages and food items. Staff #2 had difficulty finding the correct key to unlock the kitchen door.</p> <p>Review on 11/15/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - 54 year old male admitted to the facility 10/2/08. - Diagnoses of Schizophrenia, paranoid type; Alcohol Abuse, Asthma, Constipation, Hypokalemia, and Tinea Pedis. - No documented incidents of stealing items from others. - No written statement of the detailed reason for rights restriction; no documented evaluation of the restriction at least every 7 days. <p>Review on 11/15/18 of client #4's record revealed:</p> <ul style="list-style-type: none"> - 27 year old male admitted to the facility 11/27/17. - Diagnoses of Schizophrenia, Impulsive Disorder, Personality Disorder, and Intermittent Explosive Disorder. - No documented incidents of stealing items from others. - No written statement of the detailed reason for rights restriction; no documented evaluation of the restriction at least every 7 days. <p>Review on 11/15/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> - 70 year old male admitted to the facility 8/20/18. - Diagnoses included Bipolar Disorder, Schizophrenia, Hypertension, Parkinson's Disease, Arrhythmia, Atrial Tachycardia, 	V 364		

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V 364	Continued From page 10 Syncope, and Urinary Retention. - No documented incidents of stealing items from others. - No written statement of the detailed reason for rights restriction; no documented evaluation of the restriction at least every 7 days. During interview on 11/15/18 staff #2 stated the kitchen door was locked to prevent the clients from taking food items from the kitchen. During interview on 11/16/18 the Qualified Professional stated the door to the kitchen should not be locked and she was not sure why it was locked.	V 364		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interview the facility was not maintained in a safe, clean and orderly manner, free from offensive odors. The findings are: Observations of the facility between approximately 8:45 am and 9:15 am on 11/15/18 revealed: - Clothing hanging across the sideyard fence in the rain. - Numerous large holes in the facility driveway.	V 736		

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V 736	<p>Continued From page 11</p> <ul style="list-style-type: none"> - A hole surrounded by plastic in the backyard near the house. - The back storm door had no chain to prevent it from blowing open once unlatched. - The back storm door did not have an interior handle. - Flies were present throughout the facility, particularly the kitchen and dining room. - A mop bucket with brown water and a dark brown stained mop beside the back door emanated a foul sour odor. - The fluorescent lights in the kitchen did not work properly. - The overhead light fixture in the kitchen contained what appeared to be dead insects. - Heavy stale cooking odor in the kitchen. - A dark gray stained dish cloth hung over the faucet in the kitchen sink. - The dining room table was balanced on top of an unattached table leg and was very unsteady. - The finish on top of the dining table was worn. - The vinyl table cloth had circular area, approximately the size of a softball, where the top layer of plastic was bubbled away from the base layer. - Only 4 plastic stacking chairs were available for seating in the dining room for six clients. - The light fixture over the dining table contained what appeared to be dead insects. - Spider webs and other organic matter were between the dining room windows. - A missing floor tile at the step down between the dining room and the den area. - Doors to the built in cabinets between the fireplace and main hall entry were broken. - The built in cabinets on either side of the fireplace contained various articles of trash. - A brown and black stain on the ceiling in the den near the door to the back patio area. - 3 panes of glass were missing from the door 	V 736		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2018
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 12</p> <ul style="list-style-type: none"> from the den to the patio area; the spaces were covered with pieces of cardboard. - All decorative surfaces in the den were dusty. - An unpainted repair to the wall next to the main hall entry from the den. - The overhead light in the main hallway had no globe. - The air return in the main hallway was rusty. - No mirror in the hall bathroom. - The toilet filled spontaneously. - The toilet tank lid was too small for the toilet tank. - A hole in the bathtub wall at the water controls. - No drawer pulls on the bathroom drawers. - A slight urine odor in the bathroom. - The bathroom exhaust vent was coated with gray dust. - The wardrobe in client #1's bedroom was broken and missing a drawer. - Paint was peeling from client #1's bedroom wall. - There was no globe on client #1's overhead light. - A spider web in the corner near the ceiling in client #1's bedroom. - A very heavy odor of cigarette smoke in client #2 and #6's bedroom. - Client #2 had no bedframe; his box spring and mattress were directly on the floor. - Unevenly set floor tiles near the door to client #2 and #6's bedroom door presented a tripping hazard. - Large areas of peeling paint in client #3 and #4's bedroom. - A softball size hole in the wall at client #4's bed. - A bedside table was broken and propped against the bedroom wall. - The bottom of client #3 and #4's bedroom door was broken. - There was no globe on the overhead light in client #5's bedroom. 	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2018
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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V 736	<p>Continued From page 13</p> <ul style="list-style-type: none"> - Client #5's private bathroom had a urine odor. - The finish on the counter top in client #5's bathroom was worn and missing in places. - The cabinet doors and drawers in client #5's bathroom were missing handles. - The light fixture in the front hallway adjacent to client #2 and #6's bedroom did not work properly. - Storm windows and window screens were missing throughout the facility. - Floor tiles were broken and cracked throughout the facility. - The floor throughout the facility was uneven and seemed to sag in places, which indicated possible subfloor or foundation issues. <p>During interview on 11/15/18 the facility's "handyman" stated he "replaced a window one day and they knock it out the next."</p> <p>During interviews on 11/15/18 and 11/16/18 the Qualified Professional stated improvements had been made to the facility since the last annual survey. There were turkey houses nearby and they couldn't control the flies, everyone in the community had issues with flies.</p> <p>This deficiency has been cited 5 times since the original cite on 3/23/15 and must be corrected within 30 days.</p>	V 736		
V 746	<p>27G .0304(b)(1) Unobstructed Doors, Stairs, Corridors</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p>	V 746		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL040-026	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 11/16/2018
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NAME OF PROVIDER OR SUPPLIER EDWARDS GROUP HOME #3	STREET ADDRESS, CITY, STATE, ZIP CODE 1233 APPLE TREE ROAD STANTONSBURG, NC 27883
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V 746	<p>Continued From page 14</p> <p>(1) All hallways, doorways, entrances, ramps, steps and corridors shall be kept clear and unobstructed at all times.</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews the facility's doorways were not kept clear and unobstructed at all times. The findings are:</p> <p>Observation at approximately 8:45 am on 11/15/18 revealed the door between the kitchen and dining area locked from the dining room side.</p> <p>Observation at approximately 9:15 am on 11/15/18 revealed the front double doors of the facility would not open.</p> <p>Review on 11/15/18 of the facility's emergency evacuation plan posted on the dining room wall revealed three emergency exits: the front door, the back door from the den, and the back door from the laundry area adjacent to the kitchen.</p> <p>At approximately 8:30 am on 11/15/18, an unidentified male who stated he was a staff member informed the surveyors that the front doors were nailed shut, but did not offer an explanation when asked for one.</p> <p>During interview on 11/15/18 staff #2 stated: - The kitchen door was locked to prevent the clients from taking food items from the kitchen. - The front doors would not open. - "I think they have it so it won't open so they (clients #2 and #6) won't use it to go out and they'll have to use the backdoor."</p> <p>During interview on 11/16/18 the Qualified</p>	V 746		

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V 746	Continued From page 15 Professional stated the door to the kitchen should not be locked. She was not aware the front doors wouldn't open. She would have the maintenance man take a look at it.	V 746		