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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING:		JOHN E				
		MHL012-118	B. WING		12/07/2018				
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
OUR PLA	CE GROUP HOME	166 VFW MORGAN	ROAD TON, NC 2865	5					
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE			
V 000	INITIAL COMMENTS		V 000						
	2018. Deficiencies we This facility is license category: 10A NCAC	s completed on December 7, ere cited. d for the following service 27G .5600C Supervised Developmental Disabilities.							
V 131	-	HCPR - Prior Employment	V 131						
	REGISTRY (d2) Before hiring hea health care facility or health care facility sh	alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.							
	failed to ensure that to personnel, the Health (HCPR) be accessed	ew and interview, the facility perfore employment of a Care Personnel Registry and each incident of access riate business file affecting 1							
	Review on 12/7/18 of revealed: Job position: House N Start date: 3/12/10 -3/22/18, HCPR acce								
	Interview on 12/7/18 revealed:	with the Administrator/Owner							

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

(X6) DATE TITLE

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		MHL012-118	B. WING		12/07/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE		
OUR PLA	CE GROUP HOME	166 VFW I MORGAN	ROAD TON, NC 28655	5		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 131	Continued From page 1		V 131			
	-No response regarding delayed access of the HCPR.					
V 774	27G .0304(d)(7) Minimum Furnishings  10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client.		V 774			
	failed to provide the n	ns and interviews, the facility ninimum furnishings for 3 of the facility that included				
	Observation on 12/7/ 10:20 am of the facilit -No bedside tables lo bedrooms.					
	revealed: -When she took over an initial licensing wa	with the Administrator/Owner ownership of the facility and lk through was done, she s' bed headboards could				

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MHL012-118		B. WING		12	12/07/2018				
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
OUR PLACE GROUP HOME MORGANTON, NC 28655									
(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) COMPLETE DATE			
V 774	serve in place of the backers of the	pedside tables; ed for not having the	V 774						

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