Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
7.1.12 . 2.1.1		ISENTING TO THE STATE OF THE ST	A. BUILDING: _			
		MHL018-096	B. WING		12/3	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	ITE, ZIP CODE		
CHANGIN	G LIVE NOW #3		ORY LINCOLN NC 28658	ITON HIGHWAY		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	on 12/31/18. The <cor< td=""><td>aint survey was completed mplaint was substantiated. 5). Deficiencies were cited.</td><td></td><td></td><td></td><td></td></cor<>	aint survey was completed mplaint was substantiated. 5). Deficiencies were cited.				
	category: 10A NCAC	d for the following service 27G .1300 Residential n and Adolescents-Level II.				
V 114	27G .0207 Emergend	y Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster of shall be held at least repeated for each shi under conditions that	an shall be developed and				
	drills revealed: -While fire drills was been implemented, the Disaster Drills were burney 1, 20018 until the burney 1, 20	of logs for Fire and Disaster were documented as having he logs for the information on lank for the year from il December 27, 2018. ments were requested but				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED	
		MHL018-096	B. WING		12	/31/2018
	ROVIDER OR SUPPLIER G LIVE NOW #3	4675 HIC	DDRESS, CITY, STATE KORY LINCOLNTO N, NC 28658	,		
(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 IE APPROPRIATE	(X5) COMPLETE DATE
V 114	Continued From page	e 1	V 114			
	fire drills had been do	with Client #1 revealed that one while he was at the recall drills about other				
	revealed that staff ha types of drills. He cou	ogram Director on 12/31/18 d been trained to do both ald not offer an explanation on of disaster drills had not				
V 115	27G .0208 Client Ser	vices	V 115			
	(a) Facilities that provassure that: (1) space and supervithe safety and welfard (2) activities are suitally and treatment/habilital served; and (3) clients participate activities. (h) Facilities or programing these Rules as "24 available 24 hours as unless otherwise special contents shall ensure the digital whom are transported, the with secure adaptive (e) When two or more require special assistin a vehicle are transported.	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. e or prepare meals for nat the meals are nutritious. have a physical handicap rehicle shall be equipped				

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED
		MHL018-096	B. WING		12	2/31/2018
	ROVIDER OR SUPPLIER	4675 HI	ADDRESS, CITY, STATE CKORY LINCOLNTO N, NC 28658			
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page assist in supervision of		V 115			
	the facility failed to as supplied with sufficier	as evidenced by: cions, record and interview, ssure that the facility was nt food to prepare nutritious ts (Client #1 and #2) The				
	revealed: -the refrigerator I This included milk, ho chicken. The freezer kitchen. -the pantry was we canned vegetables, opantry items such as items were stored said there were no miseen in the facility.	well stocked with a variety of canned beans and other breakfast cereal. These fely above the kitchen sink. The sends or shopping reminders esh foods such as fruits and				
	revealed: -The pantry item many placed upon the -The refrigerator proteins that included Other items seen on	cility kitchen on 12/31/18 s had been re-arranged and e kitchen table. had the addition of frozen I chicken and red meat. 12/27/18 were still available. not have any fresh fruits or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL018-096	B. WING		12/3	1/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVE NOW #3	4675 HICK(NEWTON, I		TON HIGHWAY		
(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	(X5) COMPLETE DATE
V 115	Continued From page fresh vegetables with nutritional meal.	e 3 which to provide a complete	V 115			
	-He laughed whe					
	Interview with Client #2 on 12/31/18 revealed: -He had just moved into the facility the week prior to the interview. -He felt he had good food at the facility. -Staff prepared meals and did the shopping.					
	revealed: -Staff #1 was ask for lunch today?" -Staff and Client not say there were an indicated some surpri	1 at 1:00 PM on 12/31/18 ted what was "on the menu #2 who was present could by plans for lunch. Staff #2 se that it was time for lunch at plans he had for providing				
V 118	only be administered	MEDICATION	V 118			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL018-096	B. WING		12/3	1/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVE NOW #3		KORY LINCOLN I, NC 28658	TON HIGHWAY		
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V 118	clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications arecorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for add (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorded.	be self-administered by norized in writing by the ding injections, shall be licensed persons, or by ained by a registered nurse, agally qualified person and and administer medications. inistration Record (MAR) of the to each client must be kept administered shall be after administration. The following:	V 118			
	facility failed to ensure Administration Record	ew and interviews, the				
	Review of the record for Client #1 on 12/27/18 revealed: -Client #1 was a pre-adolescent admitted to					

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the facility on 1/17/18.

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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
CHANGIN	IG LIVE NOW #3		CKORY LINCOLNT N, NC 28658	ON HIGHWAY		
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V 118	-The Client's phy medications on 12/1/the client by facility standard on 12/1/the client by facility standard on 12/18 were medications. -The MAR for the had not been completed to in had been given. -The MAR for Dehave been machine of dates, 12/1/18 thru 12 without holding the standard of 12/19/18. Interview with Staff # -Staff #1 stated the Director to replace the acopy where the data. -The program Dithis yet. -He was continuing medication. Interview on 12/31/18 stated he was getting ordered by his physical.	rsician had ordered four 18 that were to be given to raff on a daily basis. The months of October and the completed for these The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the medication The period of days from the was blank and had not dicate that the wealed to the had asked the Program the period of days from the was blank and had not dicate that the was blank and had not dicate that the wealed to the had asked the Program the had asked the Program the blank and had not dicate that the wealed the the had asked the Program the had asked th	V 118			

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		NEWTON	, NC 28658		
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V 736	Continued From page	e 6	V 736		
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736		
		EMENTS			
	This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a clean, attractive, orderly manner. The findings are:				
	following items in need -The facility external leaves surrounding and - The facility "two and leaves had blowr the rear wall. The lead a trail were people had -The facility gutter area in the front of the out of the gutters. Sin plant of about 12 inchance the roof line sloped for -The rear handic covered by leaves as door. -The living room rug.	rior had a large number of and intruding into the facility. To car garage" had no doors in into this area all the way to we were sufficient to leave and walked thru them. The sers were full of leaves. In one to house plants were growing initiarly the rear gutters had a mes in height growing out of the ome piled on the roof where or drainage. The apped ramp was visible but were the steps out the back thad leaves tracked onto the and been placed in the garage			

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V 736	Continued From page	÷ 7	V 736			
V 736	Interview on 12/31/18 revealed he was awa be removed from arou	with the Program Director re that the leaves needed to und the facility but had not someone to rectify the	V 736			

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