PRINTED: 01/08/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL081-076	B. WING		01/04/2019			
NAME OF PI	ROVIDER OR SUPPLIER	521 OSC	AR JUSTICE ROA	PRESS, CITY, STATE, ZIP CODE R JUSTICE ROAD DRDTON, NC 28139				
(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)	TION SHOULD BE COMPLETE THE APPROPRIATE DATE			
V 000			V 000					
	2019. Deficiencies was This facility is licensed category: 10A NCAC Living for Adults with laboration for confidentiality pur identities of staff and/and specific interview.	d for the following service 27G .5600C Supervised Developmental Disabilities. poses and to protect the or clients, some identifiers dates have been omitted.						
V 110	SUPERVISION OF PA (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specif Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system is then qualified profess	A COMPETENCIES AND ARAPROFESSIONALS privileging requirements for a shall be supervised by an all or by a qualified fied in Rule .0104 of this a shall demonstrate abilities required by the competency-based as established by rulemaking, ionals and associate amonstrate competence. I be demonstrated by including: dge; ass;	V 110					

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

TITLE (X6) DATE

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		MHL081-076	B. WING		01/04/2019				
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE					
KELLV'S (KELLY'S CARE II 521 OSCAR JUSTICE ROAD								
KELLI 3 (JANE II	RUTHERF	ORDTON, NC	28139					
(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)	D BE COMPLETE				
V 110	Continued From page 1		V 110						
	(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.								
	This Rule is not met as evidenced by: Based on interviews and record review 2 of 3 staff, (Staff #2 and Staff #3) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:								
	be done a certain war-staff yelled and cuss and it was not cleane right way -staff said things like kitchen" -staff liked to have clibecause they did not	n their ways, things had to y or they "freaked" ed if something was spilled, d-up, or not cleaned up the "get outget out of my ents do extra chores like to do it ke away phones or power							
	client had 2 cups of cone else -now, no one had accoffee and everyone day -"they do not have to	rith Staff #2 revealed: offee for everyone and the offee for themselves, and no cess to coffee, she fixed the could only have one cup a to have coffee all day long"							

Division of Health Service Regulation

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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	
		MHL081-076	B. WING		01/0	4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
KELLY'S CARE II			R JUSTICE RO			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		V 110			

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