AND PLAN OF CORRECTION		RRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL092-833	B. WING	B. WING		
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	HOMES	926 EDIS	SON ROAD			
	L HOWES	RALEIG	H, NC 27610			•
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	ECORRECTION	0.0
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow 10/5/18. Deficiencies	up survey was completed were cited.				
	This facility is licensed category: 10A NCAC Living for Adults with f	d for the following service 27G .5600A Supervised Mental Illness,				
V 109		Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFES (a) There shall be no qualified professionals (b) Qualified profession professionals shall de and abilities required b (c) At such time as a employment system is then qualified professi	SSIONALS privileging requirements for s or associate professionals. onals and associate monstrate knowledge, skills oy the population ser ved. competency-based s established by rulemaking, onals and associate monstrate competence. be demonstrated by ncluding:				
	 (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication skills. (7) clinical skills. (e) Qualified profession 	s; s;				
	met the requirements of employment system in MH/DD/SAS. (f) The governing bod develop and implemen	of the competency-based the State Plan for y for each facility shall t policies and procedures				
		ndividualized supervision associate professional.				

6899

J1GB11

If continuation sheet 1 of 61

Division of Health Service Regulation

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE	
CAREON	E HOMES	926 EDIS	SON ROAD		
	r		H, NC 27610		
(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 BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	
V 109	Continued From page	1	V 109		
	(g) The associate pro supervised by a qualit population se rved for specified in Rule .010	fied professional with the the period of time as			
	knowledge, skills and population served. The A. Review on 9/6/18 of revealed: - Admission date - Diagnoses of Sc Bi-polar Type and Soc - Treatment Plan of following goals: - "Attend Day During interview on 9 -He had attended about three weeks ago - Licensee/RN tolo the taxi to take him to longer.	w, observation, and iiled to ensure the Nurse (RN) demonstrated abilities required by the he findings are: f client #3's record of 9/24/17 hizoaffective Disorder, bial Anxiety. dated 12/3/17 revealed the Program." /7/18 client #3 stated: a day program, but stopped b. t him she could not afford		 V 109 Privileging/Training Professionals As of 9/29/18, the QP and administrator have met to discuss and ensure that all concerns and needs were addressed. The following is the plan: A. The facility now has a vehicle The clients who are not transported via TRACS are transported by the facility staff those who are approved to acc public. All clients will be engage programs in the next 2 weeks. 	and ess
	wanted to go back. During interview on 9/3 guardian/brother state -Client #3 was atte Licensee/RN told him st transportation.	7/18 client #3's legal d: ending a day program, but		B. The newly hired staff has located all the face sheets and updated as needed.	

6899

J1GB11

If continuation sheet 2 of 61

Division of Health Service Regulation

AND PLAN	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 10/05/2018	
		MHL092-833	B. WING				
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
	E LIONES	926 EDIS	SON ROAD				
JARE ON	IE HOMES	RALEIGI	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY) DEFICIENCY)		OULD BE	(X5) COMPLET DATE		
V 109	have to find a program transportation. -Client #3 is "priv programs are limited. B. Review on 9/7/18 of #6's records revealed the following, -Admission Date -Diagnoses -Date of Birth -Emergency cont -Legal Guardian During interview on 9/ Professional (QP) sta -Not sure where for clients are located. -Sometimes the of the QP had asked the information into one b C. Observation on 9/0 pantry, refrigerator ar -Multiple packs of and cheese. -The refrigerator hotdogs. -The pantry reveative vegetables, boxes of for cereal and a large cas -No fresh fruits of During interview on 9/ -She just came to in." -Very limited on for	m that provided rate pay" and options for of client #1, #2, #3, #4, #5 & no face sheet identifying ract information contact information 77/18 the Qualified ted: the "face sheets" for the clients had two records and e Licensee/RN to compile all took as its difficult to find. 6/18 at 9:00 AM of the hid deep freezer revealed: f frozen bologna, hotdogs revealed eggs, bologna and aled various cans of rice, macaroni and cheese, se of Ramen noodles.	V 109	 C. The newly hired staff is in menu planning and provariety of foods to ensure meals. Previous staff had knowledge that she could prepared something otherice as there were choices cheese, corn etc). D. The transportation neebeing met. The newly hires staff has implemented a schedule of activities for t clients, which includes act in the home and communities. The order for the Clona as it was written on the M has been changed again an order to change is present record. All changes in order reflected on the MAR. The previous staff was aware of changes to the medication was indicated in the appropriate. 	vides a balanced have r than (mac & ds are d ds are d he ivities ity. zepam is AR. It nd the in the ers are of the as this		

J1GB11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R)/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMEO		ON ROAD				
SARE ON	EHOMES		H, NC 27610				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 3	V 109				
	corpal for brookfoot a	nd one belance and a					
	butter and jelly condu	nd one bologna or peanut vich for lunch with nothing					
	else.	Not for function with nothing					
		h fruit or vegetables here to					
	serve.	in truit of vegetables here to					
		N buys the same stuff every					
	week and the clients	had been asking for other					
		gs and Ramen noodles.		*			
		two days ago, "I have been					
	trying to fill their bellie						
		re all so skinny, they need					
	more food to eat, they	are grown men."					
		are home all day as they do					
	not attend a day prog						
	snacks or fruit to eat of						
	-Worked at the fa	acility a few months ago, and					
	it was the same food	with no variety, very little to					
	serve and it was all st						
	Observation on 9/11/2	18 at 12:00 PM revealed:					
		peanut butter and jelly					
	sandwich for lunch, no	o other side.					
	During interview on 9/						
		on 9/8/18 as a relief.					
		ought by some frozen					
	vegetables, but no oth						
	-Feeding clients h	not dogs, bologna sandwich,					
	peanut butter sandwid						
	-Sne took down t	he sign in the kitchen on the					
	should be able to use	Staff only" because clients					
	should be able to get	food if they are hungry.					
	D. During interviews	on 9/6/18-9/11/18 clients #1,					
	#2, #3, #4, #5 and #6	stated.			*		
		t have transportation.					
a		rked did not have a car.					
		did not attend day					
	programs and are hon				30		
1							

STATE FORM

6899

.

J1GB11

If continuation sheet 4 of 61

Г

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY
		MHL092-833	B. WING		R 10/05/201	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
		RALEIGI	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CC (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE DEFICIENCY)			SHOULD BE	(X5) COMPLET DATE
V 109	Continued From page	4	V 109			
	 (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Only attend Doctor Appointments or day orogram. There are no planned activities or outings for hem to go on. There was no transportation to use to go out. E. Review on 9/6/18 of client #3's physician order dated 8/17/18 revealed: "Clonazepam 1 mg one time a day. Clonazepam 1 mg, 1/2 BID (twice a day) for inxiety." Review on 9/6/18 of client #3's September 2018 nedication administration record (MAR) revealed: "Clonazepam 1 mg three times a day PRN as needed)." do order was present in the record for Clonazepam 1 mg three times a day PRN. worther review on 9/6/18 of client #3's MAR evealed it had been initialed beside the Clonazepam 1 mg three times a day PRN. Worther review on 9/6/18 of client #3's MAR evealed it had been initialed beside the Clonazepam 1 mg three times a day PRN and not eside the orders for Clonazepam dated 8/17/18. Review on 9/20/18 of medical records from bocal Emergency Room (ER) department dated /6/18 at 6:01 PM regarding client #6 revealed: "Presents at emergency department via MS (Emergency Medical Services) for injury he ustained to his right ear on van door Patient has small abrasions/hemostatic ranulated blood to his right auricle No signs of skull fracture, facial trauma, no popreciable neurologic deficit. No reported prodrom al symptoms. Discharge back to his group home. No further intervention warranted or imaging 		V 109			
	-Discharge back to	o his group home. ntion warranted or imaging				

Di STATE FORM

6899

J1GB11

If continuation sheet 5 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	and the second sec	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
	E HOMES	926 EDIS	ON ROAD			
	Enomes	RALEIG	H, NC 27610			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	(EACH DEFICIENT REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	E NTE	(X5) COMPLET DATE
V 109	Continued From pag	je 5	V 109			
	Further review 9/20/18 of client #6's ER record from the Social Work Department at 8:27 PM revealed: -"SW (social worker) attempted contact with			F. The QP has instructed staff		
	all numbers listed wi	th no success. SW spoke to		that if an emergency requiring	1	
	RN (registered nurse	e) who doesn't believe patient		EMS arises that the staff is to	>	
	is a good candidate t	for a cab voucher. SW				
	contacted [local polic	e department] to ask if an		provide the facility # and the		
	officer be dispatched	to patient's group home to		facility mobile # to the EMS		
	and needs transport.	nt is ready for d/c (discharge)		squad. The staff is also to		
		#2 from facility] called		provide his/her mobile # so		
	regarding patient ga	ve report to her. [Staff #2]		that the hospital can contact		
	states with officer pre	esent that [local police		the staff directly when the		
		icking up patient and taking		client is ready for pick up. The		
	him home." -"8:43 PM discha	arge instructions reviewed		facility now has a vehicle.		
	with patient."			G. As of 9/29/18, the QP has		
	During interview on 9	/7/18 staff #2 stated:		conducted an extensive in-		
	-On 9/6/18 client	#6 arrived to the home from		service with administrator,		
[day program and said	d he hit his ear on the van		director and staff. Part of this		
	from his day program	ollen with some dried blood				
	around it.	bien with some afled blood		involved discussion on the		
	-Contacted the L	icensee/RN		requirement for the facility to		
		N asked her to send a		provide necessities for		
	picture of the ear.			indigent clients (as outlined in		
1	-There was a little	e blood around the ear,	1	the regulations). All clients		
	-Atter observing	the picture, the Licensee/RN		have been getting their hair		
	ER.	EMS and send him to the		cut regularly, have		
		ng a police officer was		hygiene/personal supplies and		2
	knocking on the door	wanting to know if anyone		perform laundry activities as		
1	was home because th	ne hospital had been trying	-	needed.		
	to contact someone fr	rom the group home		neeueu.		
	because client #6 was	s ready to be discharged a			*	
	few hours ago.					
ĺ	-Called the nurse	at the ER by number verify they were home.				

STATE FORM

6899

J1GB11

If continuation sheet 6 of 61

r

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R //05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	EHOMES		50N ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETE DATE
V 109			V 109			
	-The nurse was so upset because they could not get up with anyone from the contact numbers					
	working."	alized the land line was not				
	home and it would jus -The police office	he had been calling the t ring with no answer. r then left and returned a client #6 around 9:00 PM.				
	G. Review of financial records on 9/6/18-9/7/18 for clients #1, #2, #4, #5, & #6 revealed the Licensee/RN received Special Assistance in order					
	pay resident, which th	o meet the clients needs. Client #3 was a private ay resident, which the Licensee was paid 1500.00 a month for his care by his brother/legal				
	Observation on 9/6/18 of client #2 at 9:00 AM revealed the client's hair to be long, facial hair unkept and clothes appeared dirty/stained.					
	revealed the client's ha	of client #4 at 1:00 PM air was long and unkept have been washed. Client I hair.				
		at 11:30 AM client #5's hair clothes looked dirty and				
	Observation on 9/7/18 was long, oily and his	at 11:30 AM client #6's hair clothes appeared dirty.				
		8 at 12:00 PM of client #1's appeared dirty/stained.				
	During interview on 9/6 -She came into wo in" because the full tim th Service Regulation	ork two days ago as a "fill				

Division of Health STATE FORM

J1GB11

6899

If continuation sheet 7 of 61

-

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R)/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
	E liones		ON ROAD				
JARE ON	EHOMES		H, NC 27610				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES					
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLE DATE	
V 109	Continued From page	e 7	V 109			-	
	-Marked at the h	ome once before a few					
	months ago.	one once before a few					
		d so bad, he was wearing					
	dirty, soiled clothes.	a so bad, he was wearing					
		shed all his clothes.					
	-Client #6 has ac	cidents in his clothes and he					
	had soiled clothes law	ring around his room that					
	needed washing.	ing a build his room that					
		to take a shower because he					
	smelled so bad.						
	-Realized there w	vere no towels or washcloths		0			
	to use for clients to sh						
1	-Gave client #6 a	roll of paper towels to dry					
1	off with after he show	ered.					
	-"I went out and I	bought him a toothbrush and					
	two T-shirts for him to	put on because all of his					
	clothes were so bad."						
	-Could not find a	ny soap for the clients to use					
		paste for them to brush their					
	teeth.						
	-Contacted the L	censee/RN last night and					
	asked her about towe	ls, washcloths and toiletries.					
		N stated "They will have to					
	buy those things them						
	the clients would alw	because when prompted,					
	supplies needed to do	ver, they just didn't have the					
		oked dirty and needed hair					
	cuts.	and needed fiait					
		ne he wanted a hair cut, but					
	he had to save his mo	nev."					
		l me today, 'Can you take					
	me to get a haircut, I v						
		ed to all be taken to a					
	barber to get their hair	cut, but from what they tell					
	her, they have to pay	and they didn't have the					
	money to do so.						
	-"These guys wou	ld shower more if they had					
	the stuff they needed t	o do so, it just takes some					
	prompting."		1 1			1	

J1GB11

6899

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		MHL092-833	B. WING		R	
NAME OF P	ROVIDER OR SUPPLIER				I 10	/05/2018
			ADDRESS, CITY, STATE	E, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
	0.000		H, NC 27610			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
V 109	Continued From page	8	V 109			
	soap nor shampoo pr #1, #2, #4, #5, #6.	3 at 10:00 AM, there was no esent in the home for clients s own products bought by his				
	were brought by Licer -A pack of 60 "Te inch multipurpose rest household and more." -The picture on th					
	towels last night, that a -These are not "to -Contacted QP last the Licensee/RN broug work. -The QP bought to over "asap" (immediat	N brought by a package of appear to be "dish cloths." owels" to use for showering. st night to let her know what ght by and that would not owels and brought them ely).				
	Client #1 at an appoint -Client #1's hair w looked dirty. -The Licensee/RN appointment, "I was up -Client #1 used to how he looked then.	weeks ago when he saw				

STATE FORM

J1GB11

If continuation sheet 9 of 61

	TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE	
	ELIQNES	926 EDIS	SON ROAD		
CARE ON	EHOWES		H, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLET
V 109	Continued From page	9	V 109		
	-Mentioned to the Licensee/RN that day she needed to take him for a hair cut and provided a location to take the clients to, a Barber school where it would be cheaper				
	-Kitchen floor ver crumbs) with dirty bas -Kitchen blinds w sideways on window. -Molding under ki laying under cabinets, -A one foot long b under kitchen sink exp off. -Broken microwa present on kitchen con -Hallway to the up covered in black dust -Upstairs bathroo dirty, shower curtain v	ere broken and hanging itchen sink and cabinets, not attached. by five inches wide hole bosed where molding was we and extra microwave unter. bstairs base boards were and dirt. m used by all clients was was covered with black		H. The facility has contracted with a contractor who is performing all of the needed repairs. The facility has purchased pillows, blinds and linen. Shower curtains have been replaced. The newly hire staff was able to locate a storage which contained bed linen for all the beds.	
	mildew as well and bath tub/shower. -Bathroom vanity cabinets broken with missing door/drawer. -Bathroom walls dirty. -An old rusted vent cover leaning against the was beside toilet. -Bathroom sink full of water, appeared to be clogged. -Toilet dirty with feces and urine around the edge.				
	-Bathroom floor d urine. -Client Bedrooms -Client #1: - bed had no covered in plastic, pillo	sheets/ just a mattress			
	middle.				
	-Client #2:				

Div ion of Health Service Regulation STATE FORM

Division of Health Service Regulation

6899

J1GB11

If continuation sheet 10 of 61

r

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	20 33	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL092-833	B. WING		R 10/05/20	
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		926 EDIS	SON ROAD			
ARE UN	EHOMES	RALEIGI	H, NC 27610			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 109	Continued From page	e 10	V 109			
	-room had a	a strong urine smell with a				
s	urine soaked pull up	sitting on his night stand.				
		as stained/worn with a				
	stain/worn pillow.	as stamed/worn with a				
		half broken and hanging				
	down the window.	and hanging				
		ad an electrical outlet hanging				
	out and exposed.	ad an electrical outlet hanging				
	-Client #3 and C	lient #1:				
	-shared a be					
		orn/dirty bedding and				
	worn/stained pillow.	on any bedding and				
	-had dirty stained carpet with a strong					
	body odor smell.					
	-Client #5:					
	-bed frame was broken and sitting					
	sideways.					
	-bedding ha	d holes in it as well as stained				
	pillow was stained/wo	orn.				
	-Hallway leading	downstairs was covered in				
	black dirt and dust.					
		n stairs was ripped with				
1	exposed base board					
1	-Downstairs bath	room ceiling was completely				
		exposed over the toilet area.				
	-Smoke detector	was chirping down stairs.				
	During interview on 9	/6/18 staff #2 stated:				
		vork two days ago as a "fill				
	in" because the full tir					
	-Worked at the h	ome once before a few				
	months ago.				18	
	-The home was "	extremely nasty", had been				
	trying to get it straight	since arrived two days ago.				
		clean with, so "doing the best				
	I can."					
	-The house smel	led so bad, client #2 had				
	soiled clothes and pul	l ups all over his room.				
	-Immediately was	shed all his clothes and				
	cleaned his room to h	elp with the smell.				1

STATE FORM

,

J1GB11

If continuation sheet 11 of 61

Division	of	Health	Service	Regulation	

ACH DEFICIENC GULATORY OR d From page iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom s. irty, but didn	926 EDIS RALEIGH ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	B. WING DDRESS, CITY, STA DN ROAD , NC 27610 ID PREFIX TAG V 109		R 10/05/2018
SUMMARY ST ACH DEFICIENC GULATORY OR d From page iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom si irty, but didn	926 EDIS RALEIGH ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) = 11 = 11 = in the bathroom was is told her it had been this cidents in his clothes and he	ON ROAD , NC 27610 ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY) I. The facility director has	COMPLET
ACH DEFICIENC GULATORY OR d From page iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom s. irty, but didn	RALEIGH	, NC 27610 ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLET
ACH DEFICIENC GULATORY OR d From page iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom s. irty, but didn	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) = 11 : in the bathroom was ts told her it had been this ccidents in his clothes and he	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLET
ACH DEFICIENC GULATORY OR d From page iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom s. irty, but didn	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) = 11 in the bathroom was ts told her it had been this ccidents in his clothes and he	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	COMPLET
iced the sink up, the client nonths. nt #6 has ac d clothes lay vashing. bathroom si rty, but didn	in the bathroom was told her it had been this ccidents in his clothes and he	V 109		
s "nasty." nted to wash edding, but th edding, but th at #1 didn't ed on the matt bathroom do has the ceilin re are expos g is going to the bathroor terview on 9 Licensee/RI et her to go u , but she refi- nterview on facility phon- ie on shift tw nce. sure how lon	hower curtain and bathtub 't have a new shower curtain ed a few months ago the all the clients hey don't have a spare set to even have sheets on his bed, rress. own stairs that is designated ag missing over the toilet. ed pipes, "I'm scared fall out on top of me while I m." 17/118 staff #2 stated: N came by last night and "I up stairs and show her the used." 9/7/18 staff #2 stated: e does not work. to days ago and it has not		telephone service provider. There were problems with the line that have occurred over the past few months. The provider has assigned a technician who is immediately dispatched when the service goes out. This is an issue that requires the service provider to correct. This has been done each time the line is down. The staff is responsible for notifying the administrator when the line is out. The facility has secured a backup phone to be used when the primary line is out. All clients are or will be returning to their programs within the next 2 weeks. The facility has a vehicle and will transport as necessary. The facility has purchased pillows, blinds and linen. Shower curtains have been replaced. The newly hired	
R) for an abra r in the even	asion to his ear ing between 8:30-9:00 a ved to the home asking was ise the ER was ready to		linen for all the beds. The QP has completed weekly inspections to ensure that	
r f iens . ar	nterview on facility phon e on shift tw ice. ure how lor /6/18 client) for an abr in the even Officer arri esent becau client #6 an the home.	nterview on 9/7/18 staff #2 stated: acility phone does not work. e on shift two days ago and it has not nce. ure how long the phone had been out /6/18 client #6 went to the Emergency) for an abrasion to his ear. in the evening bet ween 8:30-9:00 a Officer arrived to the home asking was esent because the ER was ready to client #6 and they could not get up with the home.	Anterview on 9/7/18 staff #2 stated: acility phone does not work. e on shift two days ago and it has not nee. ure how long the phone had been out (6/18 client #6 went to the Emergency) for an abrasion to his ear. in the evening between 8:30-9:00 a Officer arrived to the home asking was esent because the ER was ready to client #6 and they could not get up with the home.	Vehicle and will transport as necessary. The facility has purchased pillows, blinds and linen. Shower curtains have been replaced. The newly hired staff was able to locate a storage which contained bed linen for all the beds. The QP has completed weekly inspections to ensure that client #6 and they could not get up with

STATE FORM

J1GB11

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R)/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	E HOMES	926 EDIS	ON ROAD			
ARE ON	L HOMES	RALEIG	H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	1
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLE DATE
V 109	Continued From page	12	V 109			
	Chaff #D and th					
	-Stall #2 called th	ne nurse at the ER and she				
	home multiple times	se they had been calling the				
#	#6 had been roady for	vith no success and client				
	#6 had been ready for hours.	uscharge for several				
		fficare then transported				
	-The city police officers then transported client #6 to the home.					
	such and to the notife.					
	During interview on 9/	7/18 client #3's				
	brother/legal guardian	stated:				
		a facility has been off and on				
	since Christmas.	,				
	-Very difficult to m	nake contact with his				
	brother, had to call Lic	ensee/RN or just ride over				
	to speak to client #3.					
	During interviews on 9	0/7/18-10/5/18 the				
	Licensee/RN stated:					
	-Client #3 stopped	d going to day program				
	because of transportat					
	-The day program	told him he could not come				
	up timely.	sportation that picked him				
		at transported client #3 to				
		had issues picking him up				
	on time.	nee loodes plotting him up				
	-The taxi picked h	im up late everyday and the				
	day program was upse					
	-The facility did no	ot have transportation to				
	take client #3 at the tin	ne, "trying to coordinate				
		client #3 to attend a day				
	program.					
		mation for the clients, not				
	sure where its located.					
	-Had all emergend	cy contacts in her phone.				
	-Sne purchased a	Il the groceries in the home.				
		s to the home daily as				
	needed.	bot the superior of the second				
		hat they wanted to eat, and				
	they helped plan the m th Service Regulation					

J1GB11

If continuation sheet 13 of 61

.

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
	EHOMES	926 EDIS	ON ROAD		
	Enomes	RALEIG	H, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLE
V 109	Continued From page	e 13	V 109		
	-Clients never told her they did not get				
	enough to eat.	a nor they all not get			
		dogs and bologna.			
		g about what they eat, they			
	eat healthy."	,,,,,			
		ieve the clients over me."			
1	-"I always buy fresh fruit and vegetables."				
	-No fresh fruit and vegetables are present				
	now, "I stopped buying them because they go				
	bad."				
		ast time purchased fresh fruit			
1	and vegetable.				
		o the store for them to buy			
	items they wanted.				
	-Clients walked to	o the store and around the			
	neighborhood on the				
	-Had taken the cl				
	when I am here I ch	ne daily, "I check the house eck on the clients daily."			
	-Checks the med	ications several times a			
	month.	ications several times a			
	-Staff should be g	jiving the Clonazepam per			
	the order of 8/17/18.				
	-Not sure if the do	octor had sent a discontinue			
	order to the pharmaci				
		ed her on 9/6/18 to let her			
		his ear on the van at the			
	day program.				
1		ake a picture and text it to			
	her of the ear.	the second state of the second state of the			
		there was blood around it. ed "really bad" so instructed			
		insport client to the ER.			
		I stated she is a Registered			
		ded to be seen at the ER			
		sportation at the facility, so			
	staff had to call EMS.	oportation at the facility, 50			
	· · · · · · · · · · · · · · · · · · ·	10-15 minutes from the			
		ot go over to check client			
	#2's ear.				

J1GB11

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED
		MHL092-833	B. WING		1	R 0/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E. ZIP CODE		
			ON ROAD			
CARE ON	E HOMES		H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 14	V 109			
	-The clients show	war avaruday				
		everyday. Is, wash cloths and toiletries.				
	-She buys soon	shampoo and toothpaste for				
	the clients.	shampoo and toothpaste for				
		ad run out of those toiletry				
	items.	ad run out of those tolletry				
	-Clients do not w	ant to shower				
		new, had not seen it looking				
	stained or torn.	,				
	-Always took the clients to get haircuts and					
	paid for the hair cuts.	paid for the hair cuts.				
	-Brought new towels yesterday after the QP					
	called and said the cl	ients did not have any.				
		ntion to the size of the				
	towels, just saw it said	d "60 towels" on the				
	package.					
		more for the clients to use.				
e - 1	-These clients ar	e "lying" if they say they				
	didn't have supplies to	o shower with, "the State				
	always believe them of					
	-"I give the client	s everything they need."				
	-"The home just					
		have everything fixed on				
	"Saturday" (9/8/18). -The house is alv	unun ala an				
		s, "did not see the shower				
	curtain in the bathroor					
		ad been fixed, "Its not				
	broken."	ad been nixed, its not				
		nk, "just broke and no one	1			
	had told her."	, jaction and no one				
		had a leak, not sure when,				
	"getting it fixed Saturd					
		g with the clients bedding,				
	pillows and mattress,					
	-Staff cleans the					
		ne repairs immediately."				1
		with Licensee/RN toured the				
		ut the areas of concern.				
	-When asked to t	he Licensee/RN "Would you				

J1GB11

If continuation sheet 15 of 61

Division of Health Service Regulation

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
AME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST.	ATE, ZIP CODE	
	E HOMES	926 EDIS	ON ROAD	20 20 20 20 20 20 20 20 20 20 20 20 20 2	
		RALEIGH	I, NC 27610		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET
V 109 Continued From page 15		15	V 109		
	-Not aware the ph until two days ago. -Called the servic "its something in the v This deficiency is cros NCAC 27G .5601 Sup	s referenced into: 10A ervised Living - Scope rule violation and must be		V 112 Assessment/Treatmer Habilitation Plan The facility hired a new staff person prior to the survey ex That staff person has been trained by the QP on ensure active treatment. Training included: Medical needs and treatment orders,	
V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan		V 112	Treatment/PCP goals, Process of assessment and		
	10A NCAC 27G .0205 TREATMENT/HABILIT PLAN (c) The plan shall be of assessment, and in par legally responsible per of admission for clients receive services beyor (d) The plan shall incluid (1) client outcome(s) achieved by provision projected date of achie (2) strategies; (3) staff responsible; (4) a schedule for rev annually in consultation responsible person or (5) basis for evaluation outcome achievement; (6) written consent or responsible party, or a	ASSESSMENT AND TATION OR SERVICE developed base d on the intrenship with the client or rson or both, within 30 days s who are expected to ad 30 days. ude: that are anticipated to be of the service and a evernent; iew of the plan at least in with the client or legally both; n or assessment of		implementation of PCP goals, Reporting Procedures (to include reporting protocols- Dr's, guardians, treatment team, residential QP, etc), Treatment plans were reviewe and specific goals identified. During weekly monitoring by the QP it has been observed that clients treatment goals are being addressed. Clients are actively engaged in activities and strategies are appropriatel implemented to address identified needs. This includes implementing strategies to ensure that transportation to programs is provided.	d

Division of Health Service Regulation STATE FORM

.

J1GB11

6899

If continuation sheet 16 of 61

Division of Health Service Regulation

AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R 0/05/2018
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
CARE ON	EHOMES	926 EDIS	SON ROAD			
		RALEIGI	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 112	Continued From page	9 16	V 112			
	failed to implement ex six clients (#1, #2, #3 are: A. Review on 9/6/18-9 revealed: -Admission date -Diagnoses of Me Personality Disorder. -Treatment Plan of following goals. -"Increase hi	ew and interviews the facility sisting strategies for five of 8, #4, & #6). The findings 0/7/18 of client #1's record of 12/14/17. ental Retardation and dated 1/12/18 revealed the s participation in house hold				
	activities, menu plann laundry, keep room cl bathroom and other h	ing, meal prep, completing ean free of clutter, cleaning				
	-Never helped pre -Never requested -Did not have bat	o in the kitchen, "staff only."				
	(QP) note for client #1 -"He continues to -He will wear the redirected. -He will also wear	Qualified Professional's dated 6/17/18 revealed: require reminders to bathe. same clothing if not				
	to." -"Recommendation	ons: Encourage independent				

J1GB11

Division of Health Service Regulation

-

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY IPLETED
		MHL092-833	B. WING		1	R 0/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
	E HOMES	926 EDI	SON ROAD			
CARE ON	L HOMES	RALEIG	H, NC 27610			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page 17		V 112			
	completion of ADL's of	daily."				
	8/17/18 revealed: -"Recommendati	client #1's QP note dated ons: Ensure that he has to doAllow him to make				
	 B. Review on 9/7/18 of client #2's record revealed: -Admission date of 6/21/15 -Diagnoses of Paranoid Schizophrenia, Mild Mental Retardation, Seizure Disorder and History of Depression. -Treatment Plan dated 3/1/18 revealed the following goale. 					
	hygiene.	d attending personal d washing clothes."				
	Attempted interview of unable to interview ba answer questions and regarding his treatment	provide information				
	6/17/18 revealed: -"Daily living activ	client #2's QP note dated vities (bathing, grooming, stance for safety reasons ."				
	8/17/18 revealed:	client #2's QP note dated to keep his room clean on a				
	C. Review on 9/6/18 or revealed: - Admission date	of 9/24/17 hizoaffective Disorder,			r T	

Division of Health Service Reg STATE FORM

J1GB11

6899

If continuation sheet 18 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING	0	10	R /05/2018
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AREON	E HOMES	926 EDI	SON ROAD			
		RALEIG	H, NC 27610			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 18	V 112			
	-Treatment Plan following goals: -"Attend Day During interview on S -Had attended a about three weeks ag -Licensee/RN tol	dated 12/3/17 revealed the / Program." 9/7/18 client #3 stated: Day Program, but stopped		×		
	wanted to go back. During interview on 9/ guardian/brother state -Client #3 was at	ed: tending a day program, but				
	transportation. -The Licensee/RI have to find a program transportation.	him she could not afford N told him client #3 would n that provided ate pay" and options for				
,	6/17/18 revealed:	client #3's QP note dated				
	8/17/18 revealed:	client #3's QP note dated age in more group				
	Substance use.					

D STATE FORM

6899

J1GB11

If continuation sheet 19 of 61

(X5) COMPLETE

DATE

(X3) DATE SURVEY COMPLETED R 10/05/2018

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3)
		MHL092-833	B. WING		
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE	
CARE ONE	EHOMES		SON ROAD SH, NC 27610		
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE
V 112	Continued From page	e 19 dependent living skills."	V 112		
14	During interview on 9/ -Did not help clear -Staff prepared a Licensee/RN purchas	an the home. Il the meals, the ed groceries.			
	8/17/18 revealed:	e kitchen. client #4's QP note dated courage participation when			

Division of Health Service Regulation

making his snacks or lunch."

E. Review on 9/6/18-9/7/18 of client #6's record revealed: -Admission date of 2/4/12 -Diagnoses of Schizophrenia-paranoid type-Schizoaffective Disorder. -Treatment Plan dated 2/20/18 revealed the following goals: -"Bathe, shower three times a week...Use soap when bathing ... wearing clean clothing daily...clean room daily...clean up after himself after an incident." During interview on 9/6/18 Client #6 was unable to interview based on his inability to answer questions. Client #6 referenced himself as Jesus and spoke of delusions and could not provide information regarding his treatment plan goals. Review on 9/20/18 of client #6's QP note dated 6/17/18 revealed: -"[Client #6] continues to struggle with hygiene. He requires reminders and/or

assistance to shower but staff reports he is resistant most of the time. -He needs assistance to clean up after himself, complete household chores etc.

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 20 of 61

Г

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE		1 10	/05/2018
			SON ROAD	, ZIF CODE		
CARE ON	EHOMES		H, NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	1			
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETE DATE
V 112	Continued From page	20	V 112			
	prefers not to do this."	ons: Encourage him to keep				
	8/17/18 revealed: -"He has been en other hygiene items w resistant to this, but st ensure that he bathes	client #6's QP note dated couraged to use soap and hen he showers. He is aff monitor closely to sufficiently." ons: Continue to assist with				
	time live in staff. -Always cleaned of -The clients did not w -Would ask them, interest. -"I would really ma could smell them." -They may showed -"I used to shave the done it in a while." -Did all the cooking preparing meals or sna -Client #3 stopped few weeks ago becaus to charge the Licensee he picked client #3 up, outside and wait for him	n the home 6/20/18 as full daily when at work. of clean. rant to shower. but they did not show ake them shower when I r one time a week. the clients, but had not g, no clients helped with acks. going to his day program a e the taxi driver was going /RN/RN more due to when he would have to sit n.				
	work, all clients have sl	he facility on 9/8/18 to				

Di STATE FORM

6899

J1GB11

If continuation sheet 21 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED
		MHL092-833	B. WING		10	R 0/05/2018
	PROVIDER OR SUPPLIER	926 EDI	NDDRESS, CITY, STATE SON ROAD H, NC 27610	E, ZIP CODE		And and a second second
(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 (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
	 -Had no issues in Clients have beed do so. -Doing meal prep they were to help. Took down the said " should be able to get? During interview on 9/ -"Every time I car kitchen." -Staff #1 told her on their hygiene and co -Would speak witt on independent skills, working the goals with -Client #3 was at driver that took him go would always have to -This program wa -Looking for anoth guardian/brother state go. During interview on 9/ stated: -Clients are workin -Staff is prompting "they just won't do ther -Clients have input meal prep. -Clients tell her with want to prepare. Further interview on 10 stated: -Client #3 stopped 	a getting them to bathe. en cleaning and "joyous" to a for the clients, not aware sign in the kitchen on the Staff only" because clients food if they are hungry. 26/18 the QP stated: ne by clients would be in the the was working with clients cleaning the home. In the clients about working not aware the staff was not them. a day program, but the taxi t frustrated because he wait on client #3 outside. s no cost to him. her program as the legal d they would pay for him to 7/18 the Licensee/RN Ing on their goals. t on the menu and help with hat to buy and what they 0/5/18 the Licensee/RN I going to day program	V 112			

Division of Health Service STATE FORM

6899

J1GB11

If continuation sheet 22 of 61

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
	EHOMES		SON ROAD		
		RALEIG	H, NC 27610		
(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 BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 112	back until he had tran up timely. -The taxi driver th and from day program on time. -The taxi picked I day program was ups -The facility did n take client #3 at the tii new transportation" fo program. This deficiency is cross NCAC 27G .5601 Sup	sportation that picked him nat transported client #3 to n had issues picking him up nim up late everyday and the et about this. ot have transportation to me, "trying to coordinate r client #3 to attend a day as referenced into: 10A pervised Living - Scope rule violation and must be	V 112		
V 113	individual admitted to contain, but need not (1) an identification far (A) name (last, first, m (B) client record numb (C) date of birth; (D) race, gender and r (E) admission date; (F) discharge date; (2) documentation of r development al disabili diagnosis coded acco (3) documentation of t assessment; (4) treatment/habilitati (5) emergency informa	CLIENT RECORDS II be maintained for each the facility, which shall be limited to: ce sheet which includes: iiddle, maiden); er; marital status; mental illness, ities or substance abuse rding to DSM IV; he screening and	V 113	V 113 Client Records The newly hired staff has locat all the face sheets and updated as needed. QP has instructed administrator and staff not to purge any records unless the Q has knowledge of what is to be removed.	P

STATE FORM

J1GB11

If continuation sheet 23 of 61

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R)/05/2018
	ROVIDER OR SUPPLIER E HOMES	926 EDIS	DDRESS, CITY, STATE ON ROAD I, NC 27610	, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 113	and telephone num b physician; (6) a signed stateme responsible person g emergency care from (7) documentation of (8) documentation of (9) if applicable: (A) documentation of diagnosis according of Diseases (ICD-9-C (B) medication order: (C) orders and copie (D) documentation or administration errors (b) Each facility shall relative to AIDS or re only in accordance w	cident and the name, address er of the client's preferred int from the client or legally granting permission to seek in a hospital or physician; services provided; f progress toward outcomes; f physical disorder s to International Classification CM); s; s of lab tests; and	V 113			
	failed to ensure clien for six of six clients (# findings: Review on 9/7/18 of	ew and interview the facility t records were maintained #1, #2, #3, #4, #5 & #6). The client #1, #2, #3, #4, #5 & d no face sheet identifying				

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 24 of 61

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL092-833		B. WING			R 05/2018
AME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
	E HOMES	926 EDIS	ON ROAD			
ARE ON	E HOWES	RALEIGH	H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(YE)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLET DATE
V 113	Continued From page	e 24	V 113			
	clients are located. -Sometimes the had asked the provide into one book as its d During interview on 9, stated: -She had the info sure where its located	ted: the "face sheets" for the clients had two records and er to compile all information ifficult to find. /7/18 the Licensee/RN prmation for the clients, not		V 115 Client Services The newly hired staff is invo menu planning and provides		
V 115	27G .0208 Client Sen	vices	V 115	variety of foods to ensure ba meals. Client #3 had been	alanced	
	assure that: (1) space and supervit the safety and welfare (2) activities are suital and treatment/habilital served; and (3) clients participate activities. (h) Facilities or progra- in these Rules as "24- available 24 hours a co- unless otherwise spec- (c) Facilities that server clients shall ensure th- (d) When clients who are transported, the v- with secure adaptive of (e) When two or more require special assista- in a vehicle are transported.	vide activities for clients shall ision is provided to ensure e of the clients; ble for the ages, interests, ition 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 at the meals are nutritious. have a physical handicap ehicle shall be equipped		 variety of foods to ensure balanced meals. Client #3 had been authorized by his physician to walk daily to relieve stress. He has lost weight but sees his primary care Dr. often. Client #3's family started offering to bring in food each week since admission. The QP had spoken with the family from the start of this practice and advised them that this was not necessary. Until recently, the family indicated that this was more of a "community service" for them. The transportation needs are being met. The newly hired staff has implemented a schedule of activities for the clients, which includes activities in the home and community. 		

Division of Health Service Regulation STATE FORM

J1GB11

6699

If continuation sheet 25 of 61

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		1(R)/05/2018
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
ARE ON	EHOMES	926 EDI	SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 115	Continued From page	e 25	V 115	980 H ()		
	assist in supervision	of the children.				
1						
	This Rule is not met					
		nd observation the facility ious meals were served and				
		ble for six of six clients (#1,				
	#2, #3, #4, #5, #6). 7					
	A. Observation on 9/	6/18 at 9:00 AM of the				
		nd deep freezer revealed:				
	-Multiple packs of	of frozen bologna, hotdog's				
	and cheese.					
		revealed eggs, bologna and				
	hotdog's.					
		aled various cans of				
	vegetable, boxes of r	ice, macaroni and cheese,				
	cereal and large case					
	-No tresh truits o	r fresh vegetables present.				
	During interview on 9	/6/18 staff #2 stated				
		o work two days ago as a "fill				
	in."					
	-Very limited on f	ood as what to cook.				
		ok is chicken legs, canned				
	vegetables and rice e					
		only been getting a bowl of				
		nd one bologna or peanut				
		vich for lunch with nothing				
	else.					
		h fruit or vegetables here to				
	serve.	N house the				
		N buys the same stuff every had been asking for other				
			1			1
		gs and Ramen noodles.				

Г

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ULTIPLE CONSTRUCTION LDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		1(R 0/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREETAI	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES	926 EDIS	ON ROAD		x		
		RALEIGH	I, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLET DATE	
V 115	Continued From pag	e 26	V 115				
	-Since coming in trying to fill their belli -"These clients a more food to eat, the -Client #2 and #3 not attend a day prog snacks or fruit to eat -Worked at the fi it was the same food serve and it was all s During interview on 9 -He eats a bowl sometimes a boiled e -Lunch, he eats	two days ago, "I have been es." are all so skinny, they need y are grown men." 3 are home all day as they do yram and they have no during the day. acility a few months ago, and with no variety, very little to tarchy. /6/18 Client #2 stated: of cereal for breakfast, gg with it. one sandwich, bologna. hot dogs, beans, chicken poolles.					
	During interview on 9 -The food is very -They get one bo one bowl of oatmeal. -Lunch consist of butter sandwich, "eve chips." -Never any fresh provided. -Dinner, they are vegetables and rice, I -The food is alwa -Legal Guardian/ grocery store for the e wants.	/6/18 client #3 stated: limited. wwl of cereal for breakfast or f one bologna or peanut ry now and again have fruit or vegetable or snacks served chicken, mixed not dogs, Raman noodles. ys the same. Brother takes him to the extra food (snacks/fruit) he					
	Guardian/Brother stat -His brother has the last two years whi	lost almost fifty pounds in					

STATE FORM

6899

If continuation sheet 27 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		R	
NAME OF P	ROVIDER OR SUPPLIER	I			10	0/05/2018
			DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	EHOMES		ON ROAD H, NC 27610			
(XA) ID	SUMMADY OT		1, NC 27010		·····	
(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 CO (EACH CORRECTIVE ACTIO) CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page	27	V 115			
	nutritious or enough s -Took his brother him food to have in th -"My wife had coo because they felt so b having enough good f -"From what I car home look severely un During interview on 9/ -Eats the same fo -No one ever ask like to eat. -Breakfast is a bo -Eats lunch at day	erved. weekly to the store to buy e home. oked food and took it over ad for the other guys not ood to eat." In tell, all the guys in the inder weight." 7/18 client #4 stated: bod every day. ed them what they would wi of cereal, nothing else. y program during the week,				
	-Dinner, usually of hot dogs or noodles of Observation on 9/11/1 -Client #3 had a p sandwich for lunch, no	8 at 12:00 PM revealed: beanut butter and jelly b other side.				
	-Licensee/RN bro vegetables, but no oth -Feeding clients h peanut butter sandwic -Took down the si refrigerator that said "3	on 9/8/18 as a relief. ught by some frozen er food. ot dogs, bologna sandwich,				
	-Started working a -The Licensee/RN groceries over.	on 9/19/18 staff #1 stated: at the facility on 6/20/18. I is the one who brought the consist of sometimes a r cereal.				

6899

J1GB11

If continuation sheet 28 of 61

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R) /05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
			SON ROAD			
CAREON	EHOMES		H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES			ECORDECTION	1
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page	e 28	V 115			
	-Lunch was a bo	logna, ham or peanut butter				
	and jelly sandwich, "s					
		, macaroni cheese,				
	vegetable.	, macarem energed,				
		ensee/RN what the house				
		ries, not the clients, and the				
	Licensee/RN would p					
	Control and Control and American State Character State (Control of Control					
	During interview on 9	/6/18 The Qualified				
	Professional (QP) sta					
		Licensee/RN several times				
	about the food in the	home and not having more				
	fresh fruits and fresh					
	-Came by a few	months ago and check food				
	and it was running low	v, called the Licensee/RN				
	and asked her to buy					
		ause the Licensee/RN told				
		ed groceries and there was				
	still not much food in					
		ited on this in the past and				
		hat it would happen again.				
	but it had been a long	r fresh fruits and vegetable,				
	-Client #3's quar	dian had complained about				
		e Licensee/RN in the past.				
	During interview on 9 stated:	7/18 The Licensee/RN				
		all the groceries in the home.				
		es to the home daily as				
	needed.	· · · · · · · · · · · · · · · · · · ·				
	-Clients told her	what they wanted to eat, and				
	they helped plan the					
		d her they did not get				
	enough to eat.					
		dogs and bologna.				
		g about what they eat, they				
	eat healthy."					
	-"You always beli	ieve the clients over me."				

STATE FORM

J1GB11

6899

If continuation sheet 29 of 61

·

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED
		MHL092-833	B. WING		1	N/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
	EHOMES	926 EDIS	SON ROAD			
OANE ON	E HOMES	RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page	e 29	V 115			
	-"I always buy fresh fruit and vegetables." -No fresh fruit and vegetables are present now, "I stopped buying them because they go bad."					
	-Not sure when la and vegetable.	ast time purchased fresh fruit			÷	
	 B. During interviews on 9/6/18-9/11/18 clients #1, #2, #3, #4, #5 and #6 stated: The home did not have transportation. The staff that worked did not have a car. Client #2 and #3 did not attend day 					
	programs and are how -On the weekend	-				
	-There are no pla them to go on.	anned activities or outings for ansportation to use to go out.				
	During interview on 9/ -Clients sit here a -Only the ones w	/6/18 staff #2 stated: all day everyday. ho go to day programs get				
	out. -''I don't have a c wouldn't drive the clie	ar to take them, and if I did, I				
	doctor appointments a -Client #3 went o guardian/brother or to	and not outings. ut with his legal				
	had a doctor appointn					
	purchase a van for cli	u = 1				
	staff until two weeks a	18/18 staff #1 stated: cility since 6/20/18 as live in ago due to medical issues . nsportation while working in				

Division of Health Ser STATE FORM

J1GB11

6899

If continuation sheet 30 of 61

AND PLAN OF CORRECTION		DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION RRECTION IDENTIFICATION NUMBER: A. BUILDING:				(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R)/05/2018	
	ROVIDER OR SUPPLIER	926 EDI	ADDRESS, CITY, STATE SON ROAD H, NC 27610	, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 115	the home. -Client #3 went o guardian/brother to ea -Client #3 would neighborhood. -Client #5 had wa cigarettes. -Did not go anyw watch television and v neighborhood. -The Licensee/RI appointments. During interview on 9/ -Had told the Licensee needed to purchase a the community. -Some clients had they walked to the stor -Client #3 went of guardian/brother weel During interview on 9/ stated: -She took them to items they wanted. -Clients walked to neighborhood on the v -Had taken the clients NCAC 27G .5601 Sup	at and shopping. walk around the alked to the store for here on the weekends, just walk around the N would take them to doctor (7/18 the QP stated: ensee/RN for a while she to van for clients to go out in d unsupervised time and ore. ut with his legal kly. (7/18 the Licensee/RN to the store for them to buy to the store and around the weekends. ients out the eat. as referenced into: 10A pervised Living - Scope rule violation and must be	V 115				
V 118	27G .0209 (C) Medica		V 118				

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
	(EACH DEFICIENC	926 ED(5	ADDRESS, CITY, ST SON ROAD H, NC 27610 ID PREFIX TAG	ATE, ZIP CODE PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLET
V 118	 (c) Medication admin (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recor file followed up by ap with a physician. 	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be after administration. The following: nd quantity of the drug; drug is administered; and person administering the r medication changes or ded and kept with the MAR pointment or consultation as evidenced by: ew, observation and ailed to ensure one of three hedication was administered ysician and six of six (#1, nudited clients' MAR's were	V 118	V 118 Medication Requiremen Effective 9/29/18, the administrator/RN has complete training with staff on medicatio orders and documentation. To ensure that medications are documented properly on indiv MARs. The administrator/RN we review MARs weekly and addr any concerns at the time of the review. Going forward the medication training will be conducted quarterly for direct staff on following medication of ensuring appropriate document of medication changes and documenting the medications prescribed by medical persons Staff will only take directives for the medical provider or RN on to implement and document medication changes. The QP co for the presence of all meds we Staff has been instructed to co the RN when PRN meds are ne and to ensure that the QP is an as well.	e care orders, ntation as hel. rom how hecks reekly. ontact eeded

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 32 of 61

•

Division of Health Service Regulation

r.

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY
		MHL092-833	B. WING		10	R / 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	EHOMES	926 EDIS	SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 32	V 118		*****	-
	A. Review on 9/6/18 of client #3's record revealed: - Admission date of 9/24/17					
	Bi-polar Type and So	chizoaffective Disorder, cial Anxiety.				
	Review on 9/6/18 of client #3's physician order dated 8/17/18 revealed: -"Clonazepam 1 mg one time a day. -Clonazepam 1 mg, 1/2 BID (twice a day) for					
	anxiety."					
	MAR revealed:	client #3's September 2018 mg three times a day PRN				
	No order was present					
	Clonazepam 1 mg thi	ree times a day PRN.				
	Further review on 9/6 revealed it had been	initialed beside the				
	beside the orders for	ree times a day PRN and not Clonazepam dated 8/17/18.				
	staff #1 had written in	August 2018 MAR revealed 8/17/18 orders for se blocks were initialed.				
	During interview on 9/ -She had been gi	/6/18 staff #2 stated:				
	Clonazepam 1 mg thr					
	-The bubble pack	present says to give it three had just been giving it three				
	times because that is	what staff #1 told her.		a ²		
	Observation on 9/6/18	3 at 11:30 AM revealed a		•5		

STATE FORM

J1GB11

6899

If continuation sheet 33 of 61

Г

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		B WING			R	
		MHL092-833	B. WING	<u>NG</u> 10		0/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	EHOMES	926 EDIS	SON ROAD			
		RALEIG	H, NC 27610			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	33	V 118	54814 - 16000 999 - 500 - 50 - 50 - 50 - 50 - 50 -		-
	bubble pack of Clonaz three times a day PR	zepam revealing "1 mg N."				
	During interview on 9/6/18 the Pharmacist stated: -Received a new order for Clonazepam on 8/17/18 from his doctor.				5	
	order of Clonazepam. -Was concerned	der to discontinue the old about this as staff could				
	is present on the MAR -Contacted client	lonazepam based on what #3's doctor for a discontinue standing orders for "too				
	much Clonazepam." -Did not send out	a new order of Clonazepam				
	because she had just 8/10/18 and felt that w controlled medication	vould be too much in the home.				
	-Assumed staff w per the new order of 8	as giving the Clonazepam 5/17/18.				
	During interview on 9/ stated:					
	-She is at the hon -Checks the medi month.	ne daily. Ications several times a				
	the order of 8/17/18.	iving the Clonazepam per				
	-Not sure if the do order to the pharmacis	octor had sent a discontinue st.				
	B. During interview a at 10:00 AM of staff #2 initials, staff #2 stated:	nd observation on 9/6/18 2 filling in MAR's with her				
	did not get a chance to morning."	had a crazy morning and o initial clients' MAR's this				
	"out of it this morning."					
	-USUAITY Initials in Ith Service Regulation	e MAR after giving clients		and the second		

Division of Health Service Regulation STATE FORM

J1GB11

If continuation sheet 34 of 61

Г

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL092-833	B. WING		1(R 10/05/2018	
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	I	100/2010	
	E HOMES	926 EDI	SON ROAD				
AREON	E HOMES	RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pag	je 34	V 118		** ***		
	their medications.						
	C. Review on 9/6/1/-9/7/18 of client #1's record revealed: -Admission date of 12/14/17. -Diagnoses of Mental Retardation and Personality Disorder.						
		^f client #1's physician order taminophen 600 mg, PRN					
		18 at 10:30 of client #1's staminophen was not present.					
	staff #2 walked into a medications were ke	erview on 9/6/18 at 10:30 AM kitchen area where pt and surveyor was working m local pharmacy. Staff #2					
	driveway outside and her car. -The Licensee/R	RN had pulled into the I called her to come out to RN handed her a bag of some					
	"sneak" them into the surveyor could see the there.	dications and told her to e medication cabinet before hey medications were not					
		hat to do, so I just walked in rying to hide anything."					
	NCAC 27G .5601 Su	ess referenced into: 10A opervised Living - Scope rule violation and must be lays.					
V 289	27G .5601 Supervise	ed Living - Scope	V 289				
	10A NCAC 27G .560	1 SCOPE					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 10/05/2018	
	MHL092-833					
IAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	ATE, ZIP CODE		
AREON	E HOMES	926 EDIS	ON ROAD			
	Enomeo	RALEIGH	H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		1
PREFIX TAG	(EACH DEFICIENC REGULATORY OR I	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	HOULD BE COMPLET	
V 289	Continued From page 35		V 289			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			V 289 Scope The QP meets with administra and staff weekly to inspect the physical environment, review changes, check food supply, et The current staff contacts QP a needed (usually several times week) to discuss plans, appts, changes to medication, progra issues, transportation needs). reports information obtained of the inspections, reviews and meetings to the Director at lead biweekly. When there are con- or things needed the QP provio time line for this to be address and follows up with the Director	ministrator pect the review upply, etc octs QP as il times per appts, , program needs). QP tained during vs and or at least are concerns P provides a addressed	

Division of Health Ser STATE FORM

J1GB11

If continuation sheet 36 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R)/05/2018
	ROVIDER OR SUPPLIER	926 EDI	ADDRESS, CITY, STATE SON ROAD H, NC 27610	E, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 289	clients whose primary development al disabi other disabilities who family provides the se exempt from the follow .0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NCA (i); 10A NCAC 27G .0 (a),(b); 10A NCAC 27G .0 (a),(b); 10A NCAC 27 27G .0208 (b),(e); 10 non-prescription medi (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac	y also have other dult clients or three minor diagnoses is lities but may also have live with a family and the ervice. This facility shall be wing rules: 10A NCAC 27G	V 289			
	services in a home er for six of six clients (# The findings are: A. Cross Reference f COMPETENCIES OF PROFESSIONALS AI PROFESSIONALS (T review, observation, a failed to ensure the Li	a, record review and ailed to provide residential avironment and supervision (1, #2, #3, #4, #5, and #6). A OA NCAC 27G .0203 COUALIFIED ND ASSOCIATE Tag 109). Based on record and interview the facility icensee/Registered Nurse howledge, skills and abilities				
	B. Cross Reference 1 ASSESSMENT AND	0A NCAC 27G .0205				

STATE FORM

J1GB11

 \mathbf{x}

6899

If continuation sheet 37 of 61

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED R 10/05/2011	
		MHL092-833	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	IE HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EA		PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE	
V 289	 PLAN (Tag 112). Bas interviews the facility is strategies for five of s #6). C. Cross Reference 1 CLIENT SERVICES (interview and observation ensure nutritious mea activities were availab #2, #3, #4, #5, #6). D. Cross Reference 1 MEDICATION REQUI Based on record reviet interview the facility fa audited client (#3) me on the order of the phy #2, #3, #4, #5 & #6) a kept current. E. Cross Reference 10 OPERATIONS (Tag 22 and interview the facil services for one of six F. Cross Reference 10 HEALTH, HYGIENE A Based on observation failed to ensure the rig care in the provision of and grooming care for #4, #5 & #6). G. Cross Reference 1 LOCATION AND EXTI (Tag 736). Based on a and interview the facility facility factors for the facility factors for the facility (Tag 736). Based on a and interview the facility factors for the facility factors for the facility factors for the factors for the facility factors for the f	TATION OR SERVICE ed on record review and failed to implement existing ix clients (#1, #2, #3, #4, & 0A NCAC 27G .0208 Tag 115). Based on tition the facility failed to Is were served and le for six of six clients (#1, 0A NCAC 27G .0209 REMENTS (Tag 118). w, observation and liled to ensure one of three dication w as administered ysician and six of six (#1, udited clients MAR's were 0A NCAC 27G .5603 91). Based on record review ity failed to coordinate clients (#6). 0A NCAC 27F .0103 ND GROOMING (Tag 540). and interview the facility ght to dignity and humane of personal healt h, hygiene six of six client (#1, #2, #3, 0A NCAC 27G .0303 ERIOR REQUIREMENTS record review, observation	V 289			

STATE FORM

,

J1GB11

6899

If continuation sheet 38 of 61

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY IPLETED R
		MHL092-833	B. WING		10)/05/2018
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
	EHOMES	926 EDIS	ON ROAD			
	ETTOMES	RALEIGI	H, NC 27610			
(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 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	= 38	V 289			
		ept free from offensive odor	1200			
	FACILITY DESIGN A Based on record revie	IOA NCAC 27G .0304 ND EQUIPMENT Tag (744). ew and interview the facility tained with equipment to clients.				
	dated 9/26/18 reveale -"The facility QP to reflect clients curre goals/efforts. The QF Administrators immed nutritious foods are pr have input into menu Administrator will ens are available for clien develop a checklist to repairs. Any needed immediately. The fac this time. The facility weekly inspections wi	alified Professional (QP) ed: will revise all treatment plans nt participation in treatment P will meet with the diately to ensure that urchased and that clients selections. The ure that hygiene supplies ts at all times. The QP will				
	a strong urine and boo walls were extremely bathroom sink was clo with shower/curtain co home needed multiple result from a leak alm with all clients and sta had been this way for	ility on 9/6/18 the home had dy odor, the floors, bedding, dirty/stained, the client ogged and inoperable along bated in black mildew. The e repairs throughout as a ost a year ago. Interviews iff #2 revealed the home many months. There were a or hygiene products to				

STATE FORM

J1GB11

6899

If continuation sheet 39 of 61

ł

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R)/05/2018
AME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
			SON ROAD	,		
ARE ON	EHOMES		H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDEDIS PLAN O	E CORRECTION	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 289	Continued From page	39	V 289			
			1 200			
	not showered in week					
		were brushing their teeth in				
		All clients looked unkempt				
		othes and were wearing				
		day program. Although				
v () 		present, goals/strategies				
		d in the care of the clients. as informed of the lack of				
	"multipurpose" towels	urveyor, she purchased				
		of average washcloth) and				
		uld use that as a towel to				
		esent and served in the				
		id high in carbohydrates and				
	sodium, offering no fr					
		correctly followed resulting				
	in client #3 receiving t					
	(TT)	of coordination of services				
	resulted in client #2 be	eing sent to Emergency				
	Room by EMS for an	"ear abrasion" and left				
	sitting there for hours	after discharge due to not				
		ontact with group home staff				
		ne home not working. There				
		the home resulting in client				
		day program, client #2 and				
		seven days a week with no				
		no actives for all clients on see/RN failed to exhibit				
	newserses and a service of the servi					
		suring these clients needs temic failures resulted in				
		onstitutes a Type A1 rule				
		corrected within 23 days.				
	An administrative pen					
	\$2000.00 is imposed.					
	corrected within 23 da					
		of \$500.00 per day will be				
	imposed for each day					
						1
1	compliance beyond th	ie 23rd day.	1 1			

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 40 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-833	B. WING	R 10/05/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		926 EDIS	ON ROAD			
JAKE UN	EHOMES	RALEIGI	H, NC 27610			
(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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLE DATE
V 291	Continued From pag	e 40	V 291			
V 291	27G .5603 Supervised Living - Operations		V 291			
	six clients when the of development al disab on June 15, 2001, ar than six clients at tha provide services at in licensed capacity. (b) Service Coordina maintained between qualified professional treatment/habilitation (c) Participation of th Responsible Person. provided the opportur relationship with her means as visits to the the facility. Reports a annually to the parent legally responsible per Reports may be in wit conference and shall progress toward mee (d) Program Activities needs and the treatment Activities shall be des inclusion. Choices mo or legal system is invi- safety issues become This Rule is not met Based on record revise	ity shall serve no more than clients have mental illness or illities. Any facility licensed and providing services to more it time, may continue to o more than the facility's ation. Coordination shall be the facility operator and the ls who are responsible for or case management. The Family or Legally Each client shall be nity to maintain an ongoing or his family through such a facility and visits outside shall be submitted at least to of a minor resident, or the erson of an adult resident. riting or take the form of a focus on the client's ting individual goals. s. Each client shall have based on her/his choices, tent/habilitation plan. signed to foster community tay be limited when the court olved or when health or a a primary concern.		V 291 Operations The facility will not use EN transportation to the ER for nonemergency situations. facility has transportation time and will provide transportation according t client's need at that time. facility's phone service is a AT &T technician has been assigned to the facility to e that need to maintain serv addressed immediately. St provide the back-up phone number as well as the staff person's cell #, when a clien to go to the ER via EMS.	or The at this o the The ctive. An ensure ice is aff will	

STATE FORM

J1GB11

If continuation sheet 41 of 61

AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R)/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CAREON	IE HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
V 291	revealed: -Admission date -Diagnoses of Sc Schizoaffective Disord Review on 9/20/18 of Emergency Room (Eff at 6:01 PM revealed" -"Presents at er EMS (Emergency Mea sustained to his right of -Patient has small granulated blood to hi No signs of sk appreciable neurologic -No reported proc -Discharge back fr -No further intervor warranted at this time. Further review 9/20/18 from Social Work Dep revealed: -"SW (social work all numbers listed with RN (registered nurse) is a good candidate for contacted [local police officer be dispatched to notify staff that patient and needs transport." -"8:29 PM [staff # regarding patient, gave states with officer presside department] will be pic-	 dia client #6's record of 2/4/12 chizophrenia-paranoid typeder. medical record from local client #6's record department dated 9/6/18 mergency department via dical Services) for injury he ear on van door II abrasions/hem ostatic sright auricle ull fracture, facial trauma, no c deficit. dromal symptoms. to his group home. ention warranted or imaging 3 of client #6's ER record artment at 8:27 PM ser) attempted contact with an osuccess. SW spoke to who doesn't believe patient or a cab voucher. SW e department] to ask if an to patient's group home to to is ready for d/c (discharge) 2 from facility] called e report to her. [Staff #2] 	V 291			

J1GB11

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY
		MHL092-833	B. WING		10	R 0/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
			SON ROAD	.,		
CARE ON	E HOMES		H, NC 27610			
	CUMMARY OT					
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 291	Continued From page	e 42	V 291			
	During interview on 9					
		#6 arrived to the home from				
		d he hit his ear on the van				
	from his day program					
		ollen with some dried blood				
q	around it.					
	-Contacted the L					1
		N asked her to send a				1
	picture of the ear.					
	-There was a little	e blood around the ear,				
		the picture, the Licensee/RN				
		EMS and send him to the				
	ER.					
		ng a police officer was				
		wanting to know if anyone				
		ospital had been trying to				
		n the group home because				
		be discharged a few hours				
	ago.					
	-Called the nurse	e at the ER by number				
		verify they were home.				
		so upset because they could				
		e from the contact numbers				
	they were provided.					
		ealized the land line was not				
	working."	- L - J L				
		she had been calling the				
	home and it would jus					
		er then left and returned a				
	new minutes later with	n client #6 around 9:00 PM.				
	During interview on 9/	/26/18 The Qualified				
	Professional stated:	annan ann an Air an Air ann air ann an 1900 ann an Air ann an Air ann an Air ann an Air ann ann an Air ann ann				
	-She was not awa	are client #6 went to the				
	hospital with an ear a					
		N is RN and usually checks				
	the clients with that ki					
		aff #2 would have called				
		he Licensee/RN would have				
	told her to call EMS for					
sion of Hes	alth Service Regulation					

Division of Health Service Regulation STATE FORM

6899

J1GB11

If continuation sheet 43 of 61

STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	ATE, ZIP CODE	
	E HOMES	926 EDIS	ON ROAD		
		RALEIGH	H, NC 27610		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
V 291	Continued From page	e 43	V 291		
V 540	stated: -Staff #2 contact know client #2 had hi day program. -Told staff #2 to the her of the ear. -Staff #2 told her -The picture look staff to call EMS to tra -The Licensee/R Nurse and felt he nee and there was no transtaff had to call EMS. -Lived about 10-7 home, and did not go ear. This deficiency is cross NCAC 27G .5601 Sup (V289) for a Type A1 corrected within 23 da 27F .0103 Client Right Grooming 10A NCAC 27F .0103 AND GROOMING (a) Each client shall to dignity, privacy and health, hy Such rights shall incluit to the: (1) opportunity daily, or more often as (2) opportunity (3) opportunity	15 minutes from the group over to check client #2's ass referenced into: 10A pervised Living - Scope rule violation and must be ays. ats - Health, Hygiene And HEALTH, HYGIENE be assured the right to umane care in the provision giene and grooming care. Ide, but need not be limited for a shower or tub bath s needed; to shave at least daily; to obtain the services of a	V 540	V 540 Client Rights – Health, Hygiene and Grooming As of 9/29/18, the administrato Director and all staff were in- serviced by the QP on assuring t the right to privacy, dignity and humane care is protected. This included training on requirement for the provision of healthcare, personal hygiene, grooming car well as the requirements to ens that all necessities are available provided by the facility. Going forward the QP will interview cl & staff at least monthly to ensu that hygiene products have bee provided by the facility.	hat nts e as ure and ients re

Division of Health Service Regulation STATE FORM

6899

J1GB11

If continuation sheet 44 of 61

Г

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		10	R 0/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
CAREON	EHOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540			V 540			
	care in the provision of and grooming care for #3, #4, #5 & #6). The Record review on 9/6/ #4, #5, & #6 revealed Special Assistance in needs. Client #3 is a	18-9/7/18 of clients #1, #2, the Licensee/RN recieved order to mmet the clients private pay resident, which 500.00 a month for his care				
	revealed clients' hair t and clothes appeared Observation on 9/6/18 revealed the clients' h and did not appeared Client #4 also had fac Observation on 9/7/18	of client #4 at 1:00 PM air was long and unkept to have been washed.				

STATE FORM

J1GB11

6899

If continuation sheet 45 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING	B. WING		
					10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	EHOMES		SON ROAD			
		are an	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE)	CTION SHOULD BE COMPLET O THE APPROPRIATE DATE	
V 540	Continued From page	e 45	V 540			
	stained.					
		8 at 11:30 AM client #6's hair clothes appeared dirty.				
	Observation on 9/11/	18 at 12:00 PM of client #1's				
	was long, clothes app	peared dirty/stained.				
	During interview on 9	0/6/18 staff #2 stated:				
		work two days ago as a "fill				
	in" because the full ti					
	-Worked at the h	iome once before a few				
	months ago.					
		ed so bad, he was wearing				
	dirty, soiled clothes.			(20)		
		shed all his clothes. ccidents in his clothes and he				
		ying around his room that				
	needed washing.	and this room that				
		to take a shower because he				
	smelled so bad.					
	-Realized there v	was no towels or washcloths				
	to use for clients to s	hower.				
	-Gave client #6 a	a roll of paper towels to dry				
	off with after he show	vered.				
		bought him a toothbrush and				
		o put on because all of his				
	clothes were so bad.					
	22	iny soap for the clients to use				
	teeth.	paste for them to brush their				
		icensee/RN last night and				
	A State of the second s	els, washcloths and toiletries.				
		N stated "They will have to				
	buy those things ther					
		g" because when prompted,				
		wer, they just didn't have the				
	supplies needed to d	o so.				
		ok dirty, and need hair cuts.				
	-"[Client #2] told	me he wanted a hair cut, but				

Division of Health Service Regulation STATE FORM

6899

J1GB11

If continuation sheet 46 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		10	R)/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CAREON	E HOMES	926 EDI	SON ROAD			
	· · · · · · · · · · · · · · · · · · ·	RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 540	Continued From page	46	V 540			
 V 540 Continued From page 46 he had to save his money." -"[Client #2 asked me today, 'Can you take me to get a haircut, I will pay for it' -These clients need to all be taken to a barber to get their hair cut, but from what they tell her, they have to pay and they didn't have the money to do so. -"These guys would shower more if they had the stuff they needed to do so, it just takes some prompting." Observation on 9/6/18 at 10:00 AM, there was no soap nor shampoo present in the home for clients #1, #2, #4, #5, #6. Client #3 had his own products bought by his guardian/brother. 		oney." d me today, 'Can you take will pay for it' ed to all be taken to a r cut, but from what they tell and they didn't have the uld shower more if they had to do so, it just takes some at 10:00 AM, there was no esent in the home for clients			Y	
	During interview on 9/ -Showers a few d -Sometimes used -Couldn't buy soa -Would like a hair long time.	ays a week.				
	-Showers a few tii -Has his own two brought to the home w -Buys his own soa and shaving supplies. -Never known the toiletries. -His roommate (cl towel or washcloth -Not sure when his -"My brother takes	n the home for two years. mes a week. towels and washcloth he		×		

STATE FORM

J1GB11

6899

If continuation sheet 47 of 61

Division of Health Service Regulation

IND PLAN OF CORRECTION		A. BUILDING:		(X3) DATE SURVEY COMPLETED R		
		MHL092-833	B. WING		R 10/05/20	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CAREON	E HOMES	926 EDI	SON ROAD			
		the second s	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	47	V 540			
	haircuts.					
	During interview on 9/	/6/18 client #4 stated:				
	-"I cant remembe	er the last time I showered."				
		vels, only one wash cloth.				
	-Would like to tak	e a shower, but didn't have				
t	the stuff needed to do so.					
	-"I will sit on the e	edge of bathtub and wash off				
ľ	with my washcloth an					
		cloth and water to wipe				
	himself down.	as of bothing and for				
	days.	pe of bathing every few				
		ny own soap, toothpaste and				
	shampoo before, I doi	n't have any now "				
		icensee/RN for soap in the				
	past, she said the clie					
		a hair cut, but the				
		would have to pay for it, "I				
	don't have the money.					
	During interview on 9/	7/18 client #5 stated:				
		few times a week.				
		his own shampoo, soap,				
	toothpaste and razors					
	-When he would i	run out, he had asked the				
		told him to "Yall should buy				
	your own stuff with you	· · · · · · · · · · · · · · · · · · ·				
		aircut in a while, if the				
	to pay for it.	m, they (clients) would have				
		ough the day program, they			22	
	take them for free.	ngh the day program, they				
		II them to shower if they				
	started to smell.					
	en en ser esta de la serverta destructura esta esta esta esta esta esta esta est	smells because he has				
	accidents in his clothe					
	clothes and not showe	ering.				
		take a shower but one time				
	every two to three wee	eks.				
	th Service Regulation					

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE	
	E HOMES	926 EDIS	SON ROAD		
CARE ON	L HOWES	RALEIG	H, NC 27610		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET
V 540	Continued From page 48 -Did not have but one towel to use, other		V 540		
	clients didn't have one				
	Attempted interview o -Unable to intervi	n 9/7/18 client #6: ew due to diagnoses.			
	During interview on 9/11/18 client #1 stated: -Been living in the group home for a year. -Had not been able to shower much, "Didn't				
	have towels and wash				
	and body one time a c -Last time had a h				
	to the group home. -No one had ever haircut.	offered to take him for			
		e to take him to get a hair money to go."			
	Day Program stated:	7/18 Staff at client #5 & #6			
	clothes on.	6 come in with "dirty looking" has a smell of urine and			
	body odor.	is making him wear clean			
	clothes and shower.	s hair is long and oily			
		ed that client #6 smells			
	when he gets on the v	~			
	During interview on 9/ Brother/Legal Guardia	7/18 client #3's n stated: weekly shopping for			
	groceries and toiletries				
	soap, toothpaste, etc. -"I just assumed t	he clients were responsible			
	for them." Ith Service Regulation			400 m	

STATE FORM

J1GB11

6899

If continuation sheet 49 of 61

Division	of	Health	Service	Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			ATE SURVEY OMPLETED	
		MHL092-833	B. WING		10	R)/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLETI DATE	
V 540	Continued From page	e 50	V 540				
	where it would be che	aper					
	During interview on 9						
s	Professional (QP) sta						
	-Not aware the clients did not have the supplies to bath, "I just assumed they did."						
	the second se	icensee/RN had not been					
	buying the toiletries for						
	mentioned this to her.						
	-Staff #1 told her bathe.	he couldn't get the clients to					
	-Client #6 soiled his pants often, and is						
	difficult to get him to b						
	-Will contact the Licensee/RN immediately to						
	purchase supplies, "If not I will buy them myself this afternoon."						
	this alternoon.						
	Observation on 9/7/18	8 at 9:00 AM of towels that					
		nsee/RN on 9/6/18 revealed:					
		rry Towels 14 inch by 17					
	inch multipurpose res household and more.						
		ne cover of the package had					
		ple of towels wiping kitchen					
	counter top.						
	During interview on 9/	7/18 staff #2 stated					
		N brought by a package of					
	towels last night, that	appear to be "dish cloths."					
		owels" to use for showering.					
		ist night to let her know what ight by and that would not					
	work.	ight by and that would not					
		towels and brought them					
	over "asap" (immedia	tely).					
	-The Licensee/RI she was just trying to	N should know better, but be "cheap "					
	ens has just if ying to	so onoup.					
		7/18 the Licensee/RN					
	stated:						

STATE FORM

6899

J1GB11

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY
		MHL092-833	B. WING		10	R 0/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	, ZIP CODE		
		926 EDIS	ON ROAD			
CARE ON	E HOMES		I, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	- T		0000000000	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	e 49	V 540			
	-Client #3 is priva	ate pay, "I pay 1,500 dollars a				
		there, and I am not sure				
	what it is they do for h					
		oout the other clients there				
		y to buy their "basic needs"				
	items.					
	During interview on 9/11/18 staff #3 stated:					
	-Since arriving in the facility on 9/8/18 to					
	work, all clients have showered.					
		only taken one prompt to do				
	so.	shij taken one prompt to do				
	- Contraction of the Contraction	getting them to bath.				
	During interview on 9/18/18 staff #1 stated:					
	-Clients did not want to shower.					
		, but they did show interest.				
		ake them shower when I				
	could smell them."	and them shower when i				
		er one time a week.				
		the clients, but had not				
	done it in a while."	the chefits, but had hot				
		Licensee/RN taking clients				
	to get hair cuts.	Licenseentin taking clients				
	During interview on 9/	18/18 of client #1's Legal				
	Guardian stated:	To To Or Chent #1's Legal				
		v weeks ago when he saw				
	Client #1 at an appoin					
		vas long and his clothes				
	looked dirty.	as long and his clothes				
		N had brought him to an				
		pset in how he looked."				
	and a second	be homeless and this is				
	how he looked.					
		oncern to the Licensee/RN			3	
	about how client #1 pr					
	-Mentioned to the	Licensee/RN that day she				
	needed to take him for	r a hair cut and provided a				
		ents to, a Barber school		5		
	Ith Service Regulation	ents to, a barber School		-		

STATE FORM

6899

J1GB11

*

If continuation sheet 50 of 61

Division of Health Service	ce Regulation
----------------------------	---------------

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL092-833	B. WING		R 10/05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE	
			SON ROAD		
CAREON	EHOMES		H, NC 27610		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
V 540	Continued From page	9 51	V 540		
	-The clients show	ls, wash clothes and			
	toiletries.	s, wash clothes and			
		nnoo and toothnaste for			
	-Buys soap, shampoo and toothpaste for them. -Not sure they had run out of those toiletry				
	items.				
	-Clients do not w	ant to shower.			
	-The bedding is n	ew, had not seen it looking			
	stained or torn.				
		ome everyday to check on			
	the clients and what the				
		clients to get haircuts and			
	paid for the hair cuts.	icle vestorday offer the OD			
	called and said the cli	vels yesterday after the QP			
		ntion to the size of the			
	towels, just saw it said				
	package.				
	-The QP bought r	more for the clients to use.			
	-These clients are	e "lying" if they say they			
		shower with, "the state			
	always believe them c				
	-"I give the clients	s everything they need."		V 736 Facility and Grounds	
	The second second			Maintenance	
		ss referenced into: 10A		The facility has hired new staff	
		pervised Living - Scope		An in-service on job	
	corrected within 23 da	rule violation and must be	1 1	responsibilities was conducted	
	Controllog Within 20 Ud	<i>y</i> 0.			
V 726	270 0202/2) 522114	and Orgunda Mainte	1/700	by the QP. Staff are responsibl	27 C.M.
v 100	210 JUSUS(C) Facility	and Grounds Maintenance	V 736	for ensuring that the clients ar	
	100.000.000.000			keeping their immediate living	
	10A NCAC 27G 0303		1	environment in a neat and	
	10A NCAC 27G .0303 EXTERIOR REQUIRE	MENTS	1		
	EXTERIOR REQUIRE			clean state. Staff is to provide	
	EXTERIOR REQUIRE (c) Each facility and its	s grounds shall be		clean state. Staff is to provide	
	EXTERIOR REQUIRE (c) Each facility and its maintained in a safe, o			clean state. Staff is to provide training and assistance as needed.	

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 52 of 61

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The second secon	E CONSTRUCTION	(X3) DATE SURVE COMPLETED
****		MHL092-833	B. WING		R 10/05/20
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE, ZIP CODE	
	EHOMES	926 EDIS	SON ROAD		
SARE ON	E HOMES	RALEIG	H, NC 27610		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO
V 736	Continued From page	16.52	V 736	Additionally, staff will ensure	
			1100	that the house is clean and w	
				document all needed repairs	
				and present to the	
	This Rule is not me	t as evidenced by:		administrator immediately. T	'ha
	Based on record rev	iew, observation and		administrator will provide the	ne
		failed to ensure the home			
		safe, clean, attractive and		request for repairs to the	
		free from offensive odor for , #2, #3, #4, #5, #6). The		Director. The Director is also	
	findings are:	, <i>12</i> , <i>10</i> , <i>14</i> , <i>10</i> , <i>10</i> , <i>10</i> ,		provided with the results of	
	Ŭ			biweekly inspections complete	ed
		18 at 9:00 AM revealed:		by the QP. He will follow up to)
		ery dirty (dirt/dust/food		ensure that need for repairs,	
	crumbs) with dirty ba	aseboards. were broken and hanging		replacement, etc are	
	sideways on window			completed in a timely manner	
		kitchen sink and cabinets,		The facility has contracted wit	h İ
	laying under cabinet	s, not attached.		a contractor who is performing	3
		by five inches wide hole		all of the needed repairs. All	>
	off.	xposed where molding was		areas requiring immediate	
		ave and extra microwave		attention were addressed prio	-
	present on kitchen c			to the completion of the surve	
		upstairs base boards were		Staff will implement treatment	y.
	covered in black dus			goals to address needs as	
		om used by all clients was was covered with black			
	mildew as well and b			identified in the individual PCP	s.
		y cabinets broken with		The current staff located a box	
	missing door/drawer			which contained what appears	
	-Bathroom walls			to be the bed linen which was	
	-An old rusted ve was beside toilet.	ent cover leaning against the		missing from the client's rooms	
		full of water, appeared to be		In addition to this new supplies	
	clogged.	and a mater, appeared to be		has been purchased to ensure	
		feces and urine around the		that client's have change of	
	edge.	e.		linen, extra hygiene items &	
		dirty/wet and smelled of		supplies. Weekly inspections	
	-Client #1's bed	had no sheets/ just a		are conducted by the QP and	
	Ith Service Regulation	nau no sneetsi just a		- results are shared with the	

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
	MHL092-833	B. WING		R 10/05/201	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
E HOMES					
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHE	OULD BE	(X5) COMPLET DATE
Continued From page	53	V 736			
mattress covered in p -Client #1's mattr the middle. -Client #3 had wo worn/stained pillow. -Client #2's room with a urine soaked pu- stand. -Client #2's bedd stain/worn pillow. -Client #2's bedd hanging down the win -Client #2's bedrown hanging out and expor- -Client #5's bedrown hanging out and expor- -Client #5's bedrown stained pillow was star -Client #5's bedrown stained pillow was star -Hallway leading of black dirt and dust. -Floor in the down exposed base board ar -Downstairs bathr ripped out with pipes of -Client #3 and #4 carpet with a strong bo -Clients #3 and #4 bedding. -Smoke detector of During interview on 9/ -She came into w in" because the full tim -Worked at the homomony for months ago. -The home was "of	lastic, pillow worn/stained. ess had a deep worn area in prn/dirty bedding a nd had a strong urine smell ull up sitting on his night ing was stained/worn with a s were half broken and dow. bom had an electrical outlet sed. rame was broken and sitting ing had holes in it as well as ined/worn. downstairs was covered in n stairs was ripped with and uneven tile. room ceiling was completely exposed over the toilet area. 's bedroom had dirty stained body odor smell. 4 both had stained/worn was chirping down stairs. 6/18 staff #2 stated: ork two days ago as a "fill ne staff was sick. ome once before a few extremely nasty", had been				
	(EACH DEFICIENC: REGULATORY OR I REGULATORY OR I Continued From page mattress covered in p -Client #1's mattr the middle. -Client #3 had wo worn/stained pillow. -Client #2's bodd stain/worn pillow. -Client #2's bedd stain/worn pillow. -Client #2's bedd stain/worn pillow. -Client #2's bedd stain/worn pillow. -Client #2's bedd stain/worn pillow. -Client #2's bedd stained worn the win -Client #2's bedd stained worn the win -Client #5's bedd stained pillow was sta -Hallway leading black dirt and dust. -Floor in the down exposed base board a -Downstairs bathr ripped out with pipes e -Client #3 and #4 carpet with a strong bo -Clients #3 and #4 bedding. -Smoke detector win because the full tim -Worked at the ho months ago. -The home was "e trying to get it straight	DENTIFICATION NUMBER: MHL092-833 ROVIDER OR SUPPLIER STREET AI E HOMES 926 EDIS RALEIGH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) RALEIGH Continued From page 53 mattress covered in plastic, pillow worn/stained. -Client #1's mattress had a deep worn area in the middle. -Client #2's room had a strong urine smell with a urine soaked pull up sitting on his night stand. -Client #2's bedding was stained/worn with a stain/worn pillow. -Client #2's bedding was stained/worn with a stain/worn pillow. -Client #2's bedroom had an electrical outlet hanging out and exposed. -Client #5's bed frame was broken and sitting sideways. -Client #5's bed frame was broken and sitting sideways. -Client #5's bed own stairs was covered in black dirt and dust. -Floor in the down stairs was ripped with exposed base board and uneven tile. -Downstairs bathroom ceiling was completely ripped out with pipes exposed over the toilet area. -Client #3 and #4's bedroom had dirty stained carpet with a strong body odor smell. -Client #3 and #4 both had stained/worn bedding. -Smoke detector was chirping down stairs. During interview on 9/6/18 staff #2 stated: -She came into work two days ago as a "fill in" because the full time staff was sick. -Worked at the home once before a few months ago. -The home was "extremely nasty", had been trying to get it straight since arrived two days ago. -Not anything to clean with, so "doing the best	OF CORRECTION IDENTIFICATION NUMBER: (u) (u) MHL092-833 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE E HOMES 926 EDISON ROAD (EACH DEFICIENCEY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 53 V 736 Client #1's mattress had a deep worn area in the middle. V -Client #2's proom had a strong urine smell with a urine soaked pull up sitting on his night stand. V -Client #2's bedding was stained/worn with a stain/worn pillow. -Client #2's bedding mad strong urine smell with a urine soaked pull up sitting on his night staned. -Client #2's bedding holes in it as well as stained pillow was stained/worn. -Client #2's bedding holes in it as well as stained pillow was stained/worn. -Client #5's bedding holes in it as well as stained pillow was stained/worn. -Floor in the down stairs was ripped with exposed base board and uneven tile. -Downstairs bathroom ceiling was completely ripped out with pipes exposed over the toilet area. -Client #3 and #4's bedroom had dirty stained carpet with a strong body odor sm	OF CORRECTION Import DENTIFICATION NUMBER: Destrict Construction MHL092-833 B BUILDING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CODE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFX TXG Continued From page 53 V 736 mattress covered in plastic, pillow worn/stained. -Client #1's mattress had a deep worn area in the middle. Other Besting and worn/stained pillow. -Client #1's mattress had a deep worn area in the middle. Other Besting and worn/stained pillow. -Client #2's bodding was stained/worn with a stain/worn pillow. Other #2's bodding was stained/worn with a stain/worn pillow. -Client #2's bedding had holes in it as well as stained pillow was stained/worn. -Hallway leading down stairs was covered in black dirt and dux. -Floor in the down stairs was covered in black dirt and dux. -Floor in the down stairs was covered in black dirt and dux. -Dient #3's and #4's bedroom had dirty stained carpet with a string sody oddy small. -Client #3's and #4's bodroom small. -Client #1's and reace of over the toilet area. -During interview on 9/6/18 staff #2 stated: -She came into work two days ago as "Till in" because the full time staff was sits. During interview on 9/6/18 staff #2 stated: -She came into work two days ago. -The home was "extremely nasly", had been trying to get it straight sin	OF CORRECTION Impendication NUMBER: Description is a bolone on the substrate of the intervention is a bolone of the intervention of the intervention is a bolone of the intervention of the interventention is a bolone of the interventention is a bolone of the inter

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 54 of 61

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL092-833	B. WING		10	/05/2018
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDI	SON ROAD			
	ETIOMES	RALEIG	H, NC 27610			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 736	Continued From page	e 54	V 736			
		led so bad, client #2 had				
	soiled clothes and pu	ll ups all over his room.				
	and a second	shed all his clothes and				
	cleaned his room to h					
		in the bathroom was				
	and the second se	s told her it had been this				
	way for months.					
	-Client #6 has accidents in his clothes and he					
	had soiled clothes laying around his room that needed washing.					
	0	hower curtain and bathtub				
		't have a new shower curtain				
	to put up.					
		ed a few months ago the				
	home was "nasty."					
	-Wanted to wash	all the clients				
	use.	hey don't have a spare set to				
		even have sheets on his bed,				
	he sleeps on the mat					
1		own stairs that is designated				
		ng missing over the toilet.				
		ed pipes, "I'm scared fall out on top of me while I				
	am using the bathroo					
	Further interview on 9					
		N came by last night and "I				
		up stairs and show her the				
	bathroom, but she ref	usea.				
	During interview on 9	/6/18 client #3 stated				
		ink has been stopped up for				
	a few months.	FF				
	-Sometimes the	water goes down, but if you				
	turn it on, it fills back					
		by a few months ago to				
	check it, but its still br					
	-The house looks					
	-Staff is suppose alth Service Regulation	d to clean, but he (staff #1)				

STATE FORM

J1GB11

If continuation sheet 55 of 61

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY
		MHL092-833	B. WING			R
	ROVIDER OR SUPPLIER				10	0/05/2018
			ADDRESS, CITY, STATE SON ROAD	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CODDECTION	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 744	Continued From page	: 58	V 744			
	-"SW (Social Wo numbers listed with m RN (Registered Nurse patient is a good can SW contacted (City P that an officer be disp home to notify staff th discharge and needs During interview on 9/ -The facility phon -Came on shift tw worked since. -Not sure how lor of service. -On 9/6/18 client Room (ER) for an abr -Later in the even City Police Officer arri anyone present becau discharge client #6 an anyone at the home. -Staff #2 called th was very upset becaus home multiple times w #6 had been ready for hours. -The city police of	rker) attempted will all o success. SW spoke to e) who doesnt beleive didate for a cab voucher. olice Department) to ask atched to patient's group at patient is ready for transport." 7/18 Staff #2 stated: e does not work. To days ago and it has not ag the phone had been out #6 went to the Emergency asion to his ear. ing bet ween 8:30-9:00 a ved to the home asking was use the ER was ready to d they could not get up with e nurse at the ER and she se they had been calling the rith no success and client				
	client #6 to the home. During interview on 9/ -The house phone months.	7/18 client #3 stated: has been out for several				
		e had fixed it, but everyone				
	since Christmas.					
ion of Healt E FORM	th Service Regulation		6899 J1G	B11	If continue	tion sheet 59 of

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		COMP	SURVEY LETED
		MHL092-833	B. WING			05/2018
NAME OF PI	ROVIDER OR SUPPLIER	, STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
		RALEIGI	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 55	V 736			
	never does.					
		ked him to clean the house.				
	their hands in the b	orush their teeth and wash athtub.				
						3
		9/6/18 client #4 stated:				
	-Been living in the home a few years.					
		clean, but not anymore."				
		an or ask them to clean.				
		is stopped up, been that way				
	"a long time."					
	-"Wash my han	ds in the bathtub."				
	-Since the sink is stopped up, "I brush my					
	teeth in my trash can in my room, I'm careful not					
	to spill on the floor."					
	-The bathroom	is a "mess," the shower				
	curtain is "nasty," be	een there for a long time.				
		d a leak a few months ago,				
	they had not fixed it					
	During interview on	9/7/18 client #5 stated:				
		aned the house.				
	-Sink in bathroo	om been broken for at least six				
		teeth in the bathtub.				
		d a leak about a year ago,				
		arpet and ripped out the				
	ceiling.	, ,				
	-No one came I	back to repair.				
		ke 5-6 months ago, not sure if				
	staff saw it.	-3-1				
	-The house ofte	en smells because of other				
	clients not washing	clothes and cleaning.				
	During interview on	9/11/18 client #1 stated:				
	-The sink in the	bathroom broke almost a				
	year ago.					
		nds and brushes teeth with				
	the bathtub faucet.	Annotation and the second s Second second br>Second second sec				
	-His bed hasn't	had sheets in a while, "I don't				
	know what happene					

(X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: COMPLETED R MHL092-833 B. WING 10/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 926 EDISON ROAD CARE ONE HOMES RALEIGH, NC 27610 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 736 Continued From page 56 V 736 During interview on 9/7/18 client #2's Brother and Legal Guardian stated: -Goes by the home several times a month. -Brother has been there for two years. -The home always has an "odor" in it. -Client #3 told him the home was "dirty" and the staff didn't clean. During interview on 9/19/18 staff #1 stated: -Started working in the home 6/20/18 as full time live in staff. -Always cleaned daily when at work. -The clients did not clean. -The sink had issues with stopping up since starting there. -Someone came out to fix it, but it just stopped up again. During interview on 9/6/18 The Qualified Professional (QP) stated: -Not aware the home had got this bad. -The sink was fixed, not aware it had stopped back up again. -This new staff (staff #1) had not care for the home as well as the previous staff. -Had not checked client rooms in a while. -There was a leak twice down stairs where it was repaired, then there was another leak, not sure when that happened. During interview on 9/7/18 The Licensee/RN stated: -"The home just got this way." -Had planned to have everything fixed on "Saturday" (9/8/18). -Visited the home everyday, "I check the house when I am here." -The house is always clean.

(X2) MULTIPLE CONSTRUCTION

-Not been upstairs, "did not see the shower Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

J1GB11

6899

If continuation sheet 57 of 61

ATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			LETED
		MHL092-833	B. WING		10	R / 05/2018
ME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE		
	E LIONEO		ON ROAD	2, 24 0002		
	EHOMES	RALEIGH	H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLET
V 736	Continued From page	e 57	V 736			
	curtain in the bathroo	m."	2			
		had been fixed, "Its not				
	broken."					
		ink, "just broke and no one				
	had told her."	had a leak, not sure when,				
	"getting it fixed Saturd					
		ig with the clients bedding,				
	pillows and mattress,					
	-Staff cleans the					
		he repairs immediately." with Licensee/RN toured the				
		but the areas of concern.				
	-When asked to t	the Licensee/RN "Would you				
	shower in this bathroo	om?" She replied "No."				
	This deficiency is cros	ss referenced into: 10A				
	NCAC 27G .5601 Sup	pervised Living - Scope				l
		rule violation and must be				
	corrected within 23 da	ays.				
V 744	27G .0304(b) Safety		V 744			
	10A NCAC 27G .0304	FACILITY DESIGN AND		V 744 Safety - The facility h	as	
	EQUIPMENT			an AT & T technician assign		
1	(b) Safety: Each facili			to this account to ensure th		
	constructed and equip	safety of clients, staff and		the facility's need to mainta		
	visitors.	safety of clients, stall and		phone service is addressed		
				immediately as needed.		
				Additionally, the facility has		
	This Rule is not met a	as avidanced by:		secured a back up phone. A		
		ew and interview the facility		time will the facility be with		
	was failed to be maint	tained with equipment to		a working phone. The Direct		
		lients. The finidngs are:		calls the home at least week		
	Poviow on 0/00/40					
	Review on 9/20/18 of Room) medical record	client #6 ER (Emergency		to ensure the line is working	<u>.</u>	
		revealed.	1			

Division of Health Service Regulation STATE FORM

J1GB11

6899

If continuation sheet 58 of 61

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-833			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-833	B. WING		R 10/05/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE			
CAREON	EHOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION S		SHOULD BE COMPLET	
	brother, had to call Lid to speak to client #3. During interview on 9/ -The phone line h months. -Would like to be unable to do so. During interview on 9/ -The phone line is During interview on 9/ guardian stated: -He had not been his client in the home. -Client #1 would a to one worker's phone -If he needed to s information, he would During interview on 9/ -He had started w 6/20/18. -The phone was r used his personal cell and for clients to use. him the phone had been prior to his employmer During interview on 9/ stated: -Not aware the ph until two days ago.	hake contact with his censee/RN or just ride over 11/18 client #1 stated: ad been out for a few able to call his brother, but 11/18 staff #3 stated: not working. 18/18 client #1's legal able to make contact with always call him from his one to make contact with him. peak to client or relay call the Licensee/RN. 18/18 Staff #1 stated: rorking in the home on hot working when he started, phone to make phone calls -The Licensee/RN told en out about two weeks ht. 7/18 the Licensee/RN one had been not working e provider multiple times, irres."	V 744	DEFICIEN			
	NCAC 27G .5601 Sup Ith Service Regulation						

STATE FORM

6899

If continuation sheet 60 of 61

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-833		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C A. BUILDING:	(X3) DATE SURVEY COMPLETED		
		B. WING	R 10/05/2018			
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CAREON	EHOMES		SON ROAD			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	H, NC 27610			
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	PROVIDER'S PLAN OF CORRECTION (X CH CORRECTIVE ACTION SHOULD BE COMP SS-REFERENCED TO THE APPROPRIATE DA DEFICIENCY)	
V 744	Continued From page 60		V 744			
	(V289) for a Type A1 rule violation and must be corrected within 23 days.					

J1GB11

If continuation sheet 61 of 61