VAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       PIONEER HEALTHCARE INC #3     Z726 NEWSOME STREET RALEIGH, NC 27603       (Y4) ID PREFIX TAG     SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     ID PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)       V 000     INITTIAL COMMENTS     V 000       An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.     V 000       This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness     V 118       V 118     27G .0209 (C) Medication Requirements     V 118       10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	R 02/08/2019
MARE OF PROVIDER OR SUPPLIER       STREET ADDRESS, CIP, STATE, ZIP CODE         200NEER HEALTHCARE INC #3       2726 NEWSOME STREET RALEIGH, NC 27603         (M4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION)       ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY)       PROVIDER'S PLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)         V 000       INITIAL COMMENTS       V 000         An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness       V 118         V118       27G .0209 (C) Medication Requirements       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	(X5) COMPLE
PONER HEALTHCARE INC #3       2726 NEWSOME STREET RALEIGH, NC 27603         (Y4) 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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)         V 000       INITIAL COMMENTS       V 000         An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness       V 118         V118       10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	COMPLE
PONEER HEALTHCARE INC #3         RALEIGH, NC 27603           (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 CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATI DEFICIENCY)           V 000         INITIAL COMMENTS         V 000           An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.         V 000           This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness         V 118           V 118         27G .0209 (C) Medication Requirements         V 118           10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration:         V 118           (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.         (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.           (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	COMPLE
(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 CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         V 000       INITIAL COMMENTS       V 000         An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness       V 118         V 118       27G .0209 (C) Medication Requirements       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.       V 118         (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.       (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	COMPLE
PRÉFIX TAG       (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRÉFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATI DEFICIENCY)         V 000       INITIAL COMMENTS       V 000         An Annual and Follow Up Survey was completed on 02/08/19. Deficiencies were cited.       V 000         This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness       V 118         V 118       27G .0209 (C) Medication Requirements       V 118         10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.       V 118         (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.       (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	COMPLE
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<ul> <li>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</li> <li>(c) Medication administration:</li> <li>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</li> <li>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</li> <li>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,</li> </ul>	
REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse,	
<ul> <li>pharmacist or other legally qualified person and privileged to prepare and administer medications.</li> <li>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: <ul> <li>(A) client's name;</li> <li>(B) name, strength, and quantity of the drug;</li> <li>(C) instructions for administering the drug;</li> <li>(D) date and time the drug is administering the drug.</li> <li>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation</li> </ul> </li> </ul>	

STATEMEN	of Health Service Realth Service Realth of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
PIONEE	R HEALTHCARE INC	#3	NSOME STRE I, NC 27603	ET		
(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 THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From pa	age 1	V 118			
	Based on record refailed to assure two and #3) were admi prescribed. The fin A. Review on 02/06 revealed: - Admitted: 10/1 - Diagnoses: Sc Hypertension, Mult Disorder - Physician's Ore 08/20/18 10 mg on physician's orders - MARs listed Zy 2018- 10 mg one ta 2019- 20 mg one ta	5/19 of client #1's record 3/10 hizoaffective Disorder, iple Sclerosis and Anxiety ders for Zyprexa dated e tablet twice a day. No other noted for Zyprexa /prexa as follows: December ablet twice a day, January ablet twice a day and February				
	2019- 25 mg 1/2 ta Observation on 02/ medications reveal twice a day dispensi	blet twice a day. /06/19 at 2:26 PM of client #1's ed Zyprexa 25 mg 1/2 tablet sed 01/28/19				
	revealed: - Admitted 03/08 - Diagnoses whi paranoid Type/Bipo - Physician's orc 10/01/18 10 mg on discontinue 10 mg noted for dosing ar qhs and she is beir	5/19 of client #3's record 8/16 ch included Schizophrenia, olar Type and Hypertension lers for Zyprexa as follows: e tablet at night11/11/19 (no other medication orders nount)12/17/18 - 2.5 mg one ng tapered off medication. No ion noted for changes after				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PIONEE	R HEALTHCARE INC	#3	WSOME STRE H, NC 27603	EET		
(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) COMPLET DATE
V 118	12/17/18 - MARs listed Zy 1st-19th: 5 mg at n 1st-9th 2019: 2.5 m 10th-14th: 5 mg on -February 2019: 10 Observation on 02/ medications reveal at night dispensed During interview or Professional report - She was not su #3's physician's or their records at the - Since the Licer	/prexa as follows: December ight, 19th -31st-January mg one tablet at nightJanuary the tablet night, 15th-31st 0 mg one tablet at night /07/19 of client #3's led Zyprexa 10 mg one tablet 01/14/19 n 02/08/19, the Qualified ted: ure why client #1 and client ders for Zyprexa was not in group home nsee was also a Registered ed oversight of client	V 118			
V 131	Verification G.S. §131E-256 HI REGISTRY (d2) Before hiring h health care facility health care facility Personnel Registry of access in the ap	P) HCPR - Prior Employment EALTH CARE PERSONNEL nealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files. et as evidenced by: eview and interview, the facility				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	FLETED
		MHL092-913	B. WING			R <b>08/2019</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	R HEALTHCARE INC	#3 2726 NEV	VSOME STRE	ET		
		RALEIGH	, NC 27603			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 131	Continued From pa	ige 3	V 131			
		(HCPR) prior to hiring one of				
	personnel records i - Staff #2 hir - No evidence completed prior to l During interview on Professional report - She though completed for staff could not locate the was completed. - Staff #1 als family care home	ed prior to 2016 ce HCPR check had been hireHCPR dated 02/06/19 02/08/18, the Qualified				
V 133	G.S. §122C-80 CR CHECK REQUIRE APPLICANTS FOR (a) Definition As to "provider" applies to program and any p developmental disa services that is lice Chapter. (b) Requirement provider licensed u applicant to fill a po applicant to have a conditioned on con- criminal history rece the applicant has b		V 133			

If continuation sheet 4 of 13

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COM	
		MHL092-913	B. WING			R 08/2019
	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		2726 NE	NSOME STRE	EET		
PIONEE	R HEALTHCARE INC	#3 RALEIGH	I, NC 27603			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLET DATE
IAG			IAG	DEFICIENC		
V 133	Continued From pa	ae 4	V 133			
	-	-				
		onsent to a State and national				
		ord check of the applicant. The	<b>;</b>			
		story record check shall				
		the applicant's fingerprints. If				
		een a resident of this State for then the offer is conditioned				
		ite criminal history record				
		ant. A provider shall not				
		it who refuses to consent to a				
		ord check required by this				
		otherwise provided in this				
		ive business days of making				
		r of employment, a provider				
		est to the Department of				
		114-19.10 to conduct a				
	criminal history rec	ord check required by this				
	section or shall sub	mit a request to a private				
	entity to conduct a	State criminal history record				
		his section. Notwithstanding				
		Department of Justice shall				
		f national criminal history				
		mployment positions not				
	covered by Public L					
		Ith and Human Services,				
		Check Unit. Within five				
		ceipt of the national criminal				
		n, the Department of Health es, Criminal Records Check				
		e provider as to whether the				
		d may affect the employability				
		no case shall the results of the				
		story record check be shared				
		roviders shall make available				
		cation that a criminal history				
		mpleted on any staff covered				
		ounty that has adopted an				
		dinance and has access to				
		ninal Information data bank				
		half of a provider a State				
	-	•				

6899

STATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	R HEALTHCARE INC	42 2726 NE	WSOME STRE	ET		
PIONEE	R HEALTHCARE INC	<sup>#3</sup> RALEIGI	H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 133	Continued From pa	ge 5	V 133			
	section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of All criminal history is provider is confident except to the applic (c) of this section. F subsection, the terr business regularly of criminal history reco records obtained fro (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstant commission of the (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall to If the provider disqu	n "private entity" means a engaged in conducting pord checks utilizing public om a State agency. oplicant's criminal history Is one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be				

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building: _	CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R <b>08/2019</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
		#2 2726 NE	NSOME STRE	EET		
PIONEER	R HEALTHCARE INC	#3 RALEIGH	I, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / 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 THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 6	V 133			
	provider may disclo	se information contained in				
		record check that is relevant				
		on, but may not provide a copy				
		ory record check to the				
	applicant.	ty A provider and an officer				
		rovider that, in good faith,				
		section shall be immune from				
	civil liability for:					
		e provider to employ an				
		individual on the basis of information provided in				
	the criminal history record check of the individual. (2) Failure to check an employee's history of					
		the employee's criminal				
		k is requested and received in				
	compliance with thi					
		se As used in this section,				
		neans a county, state, or				
		tory of conviction or pending				
		ne, whether a misdemeanor or				
		pon an individual's fitness to for the safety and well-being o	F			
		ental health, developmental				
		tance abuse services. These				
		criminal offenses set forth in				
	, , ,	Articles of Chapter 14 of the				
		Article 5, Counterfeiting and				
	0,	ubstitutes; Article 5A, utive and Legislative Officers;				
		; Article 7A, Rape and Other				
		le 8, Assaults; Article 10,				
	Kidnapping and Ab	duction; Article 13, Malicious				
		y Use of Explosive or				
		or Material; Article 14, Burglary				
		eakings; Article 15, Arson and				
		ticle 16, Larceny; Article 17, , Embezzlement; Article 19,				
		d Cheats; Article 19A,				
		or Services by False or				
		-				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·····	COM	PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		2726 NE	WSOME STRE	ET		
PIONEE	R HEALTHCARE INC	RALEIG	H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pa	ge 7	V 133		,	
	-	Credit Device or Other Means;				
		ial Transaction Card Crime				
		uds; Article 21, Forgery; Article				
		st Public Morality and				
		A, Adult Establishments;				
	Article 27, Prostituti	ion; Article 28, Perjury; Article				
		31, Misconduct in Public				
		offenses Against the Public				
		Riots and Civil Disorders;				
		on of Minors; Article 40,				
		amily; Article 59, Public				
		ticle 60, Computer-Related es also include possession or				
		ation of the North Carolina				
		ces Act, Article 5 of Chapter				
		statutes, and alcohol-related				
		ale to underage persons in				
		B-302 or driving while				
	G.S. 20-138.5.	n of G.S. 20-138.1 through				
		shing False Information Any	/			
		yment who willfully furnishes,				
		ise gives false information on plication that is the basis for a				
		ord check under this section				
		Class A1 misdemeanor.				
		ployment A provider may				
		t conditionally prior to				
		s of a criminal history record				
		e applicant if both of the				
	following requireme					
		all not employ an applicant				
		e applicant's consent for				
		ord check as required in				
		is section or the completed				
		required in G.S. 114-19.10. all submit the request for a				
		ord check not later than five				
		the individual begins				

	of Health Service Re					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
	R HEALTHCARE INC	#2	NSOME STRE	ET		
		RALEIGH	I, NC 27603			1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC <sup>\</sup>	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	age 8	V 133			
	2001-155, s. 1; 200	ment. (2000-154, s. 4; )4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	Based on record re governing body fail history record chec conditional employ Review on 02/08/19 records revealed: - Staff #2 hir	et as evidenced by: eview and interview, the ed to complete a criminal ks within five days of a ment offer. The findings are: 9 of staff #2's personnel red prior to 2016 i Information dated 01/23/19 d check				
	Professional report - She though been completed for - Staff #1 als family care home a would be required	a 02/08/18, the Qualified ed: Int a criminal history check had r staff #2 prior to 2019. So worked for the agency in the Ind a criminal history check See was responsible for the				
V 500	27D .0101(a-e) Clie	ent Rights - Policy on Rights	V 500			
	RESTRICTIONS A (a) The governing assures the implem G.S. 122C-65, and	body shall develop and				

GSIH11

If continuation sheet 9 of 13

STATEME	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED										
		MHL092-913	HL092-913 B. WING		MHL092-913 B. WING		MHL092-913 B. WING		MHL092-913 B. WING		MHL092-913 B. WING		MHL092-913 B. WING			R 08/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE												
	R HEALTHCARE INC	#2 2726 NE	WSOME STRE	ET												
PIONEE	R HEALINGARE ING	RALEIG	H, NC 27603													
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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	(X5) COMPLET DATE										
V 500	Continued From pa	ige 9	V 500													
	abuse, neglect or e reported to the Cou Services as specifie G.S. 7A, Article 44; (2) procedure instituted in accorda practice when a me present serious risk Particular attention neuroleptic medica (c) In addition to th 10A NCAC 27E .01 each facility shall de that identifies: (1) any restric prohibited from use (2) in a 24-ho under which staff at the rights of a client (d) If the governing restrictive intervent the restrictions of c 122C-62(b) and (d) identify: (1) the permi allowed restrictions (2) the indivice the client; and (3) the due p involuntary client wi restrictive intervent (e) If restrictive intervent (e) If restrictive intervent (f) the design which includes: (1) the design	es and safeguards are ance with sound medical edication that is known to k to the client is prescribed. shall be given to the use of tions. lose procedures prohibited in 02(1), the governing body of evelop and implement policy ctive intervention that is e within the facility; and bur facility, the circumstances re prohibited from restricting t. body allows the use of ions or if, in a 24-hour facility, lient rights specified in G.S. are allowed, the policy shall tted restrictive interventions or ; dual responsible for informing rocess procedures for an ho refuses the use of														

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
PIONEE	R HEALTHCARE INC	#3	WSOME STRE	ET		
		RALEIGI	H, NC 27603			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 500	competence to use provide written auth restrictive intervent renewed for up to a accordance with the NCAC 27E .0104(e (2) the design responsible for revi interventions; and (3) the estab appeal for the reso	restrictive interventions, to norization for the use of ions when the original order is a total of 24 hours in e time limits specified in 10A	V 500			
	interview, the facilit interventions to add restrict the rights fo (#1, #3 and #4). Th	ion, record review and y failed to implement dress behaviors which did not or three of three audited clients e findings are:				
	the facility revealed - Note saying state the refrigerator - A lock and chain refrigerator	ur on 02/06/19 at 11:00 AM of aff only do not touch posted on in around a handles of id locks noted cabinets in the				
	#4's records revea - No evidence of	right' restriction				
	three clients reported	as locked to prevent clients				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL092-913	B. WING			R 08/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PIONEEI	R HEALTHCARE INC	#3	WSOME STRE H, NC 27603	ET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT 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 THE APPROPRIATE	(X5) COMPLETI DATE
V 500	Continued From pa	age 11	V 500			
	<ul> <li>She was the or past few weeks</li> <li>No locks were</li> <li>She was not su Service Regulation facility</li> <li>During interview on Professional report</li> <li>She visited the</li> </ul>	02/08/19, staff #2 reported: hly staff at the facility for the on the refrigerator ure where Division of Health Surveyor saw a lock at the 2/13/17 the Qualified ed: facility at least monthly ware there was a lock on the				
V 736	-	ty and Grounds Maintenance	V 736			
	EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive	,			
	governing body fail	ion and interview, the ed to assure the facility was e, clean, attractive and orderly	,			
	PM revealed: - Ceiling stains r porch - Client beds ma	07/19 at approximately 3:30 noted in kitchen area and back ntress not fitting ress torn on client's bed with s				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CI IDENTIFICATION NUMBE MHL092-913			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED R 02/08/2019	
		BENTI IO/TION NOMBER.					
		MHL092-913	B. WING	B. WING			
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
IONEEF	R HEALTHCARE INC	#3	WSOME STRE H, NC 27603	EET			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CO				
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
	Continued From page 12		V 736				
	<ul> <li>Lighing in the bathroom of master bedroom missing bulbs</li> <li>Flooring in bathroom, kitchen and indoor back porch area torn, worn, unsteady</li> </ul>						
	During interview on 02/08/19, the Qualified						
	<ul><li>Professional reported she:</li><li>Was not aware of all the issues regarding the physical property of the home</li></ul>						
		ow up with recommendations					