T OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL041-777	B. WING			R 05/01/2019	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
DRIVE GROUP HOM	F	-	82			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
INITIAL COMMEN	ſS	V 000				
This facility is licens category:	sed for the following service					
27F .0103 Client Ri Grooming	ights - Health, Hygiene And	V 540				
AND GROOMING (a) Each client sha dignity, privacy and of personal health, Such rights shall in to the:	Il be assured the right to humane care in the provision hygiene and grooming care. clude, but need not be limited					
 daily, or more often (2) opportuni (3) opportuni barber or a beautic 	as needed; ty to shave at least daily; ty to obtain the services of a ian; and					
individual personal indigent client. Suc not limited to toothe napkins, tampons, utensil.	hygiene articles for each h other articles include but are baste, toothbrush, sanitary shaving cream and shaving					
individual privacy s (c) Adequate toilet equipped for use by	hall be available. s, lavatory and bath facilities y a client with a mobility					
	PROVIDER OR SUPPLIER DRIVE GROUP HOM SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An Annual and Foll on May 1, 2019. A d This facility is licens category: - 10A NCAC 27 for Developmentall 27F .0103 Client Ri Grooming 10A NCAC 27F .01 AND GROOMING (a) Each client sha dignity, privacy and of personal health, Such rights shall in to the: (1) opportuni daily, or more often (2) opportuni daily or provision paper and soap for individual personal indigent client. Suc not limited to toothp napkins, tampons, utensil. (b) Bathtubs or sho individual privacy s (c) Adequate toilet equipped for use by	OF CORRECTION IDENTIFICATION NUMBER: MHL041-777 MHL041-777 PROVIDER OR SUPPLIER STREET AI DRIVE GROUP HOME 602 TAN: JAMEST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An Annual and Follow-Up Survey was completed on May 1, 2019. A deficiency was cited. This facility is licensed for the following service category: - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults 27F .0103 Client Rights - Health, Hygiene And Grooming 10A NCAC 27F .0103 HEALTH, HYGIENE AND GROOMING (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to obtain the services of a barber or a beautician; and (4) provision of linens and towels, toilet paper and soap for each client and other individual personal hygiene articles include but are not limited to toothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil.	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL041-777 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S' SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS V 000 An Annual and Follow-Up Survey was completed on May 1, 2019. A deficiency was cited. V 000 This facility is licensed for the following service category: V 000 - 10A NCAC 27G .5600C: Supervised Living for Developmentally Disabled Adults V 540 27F .0103 Client Rights - Health, Hygiene And Grooming V 540 (a) Each client shall be assured the right to dignity, privacy and humane care in the provision of personal health, hygiene and grooming care. Such rights shall include, but need not be limited to the: V 540 (1) opportunity for a shower or tub bath daily, or more often as needed; (2) opportunity to shave at least daily; (3) opportunity to shave at least daily; (3) opportunity to shave at least daily; (3) opportunity to shave at cices for each indigent client. Such other articles include but are not limited to tothpaste, toothbrush, sanitary napkins, tampons, shaving cream and shaving utensil. (b) Bathtubs or showers and toilets which ensure individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities equipped for use by a client with a mobility </td <td>OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL041-777 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES D VEROVIDER OR LICENCIES D SUMMARY STATEMENT OF DEFICIENCIES D VEROVIDER OR LICENCIES D V</td> <td>OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL041-777 B. WING 05/ ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 602 TANGLE DRIVE DRIVE GROUP HOME GOTANGLE DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFRANCED TO THE APPROPRIATE DEFICIENCY DEFICIENCY CROSS-REFRANCED TO THE APPROPRIATE INITIAL COMMENTS V 000 V 000</td>	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL041-777 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES D VEROVIDER OR LICENCIES D SUMMARY STATEMENT OF DEFICIENCIES D VEROVIDER OR LICENCIES D V	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COM MHL041-777 B. WING 05/ ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 602 TANGLE DRIVE DRIVE GROUP HOME GOTANGLE DRIVE JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFRANCED TO THE APPROPRIATE DEFICIENCY DEFICIENCY CROSS-REFRANCED TO THE APPROPRIATE INITIAL COMMENTS V 000 V 000	

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:					
		MHL041-777				R 05/01/2019	
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		602 TAN	GLE DRIVE				
ANGLE	DRIVE GROUP HOM	L JAMEST	OWN, NC 272	82			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 540	Continued From pa	age 1	V 540				
	Based on interview failed to assure clie the provision of per grooming care, spe soap, personal hyg include but are not toothbrush, sanitar cream and shaving #2 and client #3) of The findings are: Review on 5-1-19 of revealed: - admitted 6-2- - 27 years old - diagnoses of: - Mood Dis - Moderate	of client #1 ' s facility record 14	1				
	revealed: - admitted 2-1- - 57 years old - diagnoses of: - Moderate	18					
	revealed: - admitted 4-1- - 42 years old - diagnoses of: - Impulse 0	Control Disorder tal Retardation					
	Interview on 5-1-19 - received \$66.) with client #1 revealed: 00 every month					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL041-777	B. WING	B. WING		R 05/01/2019	
	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE. ZIP CODE			
		602 TAN	GLE DRIVE				
TANGLE	DRIVE GROUP HOM	F	OWN, NC 272	82			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CC			(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 540	Continued From page 2		V 540				
	 spent the money on toiletries the group home does not provide toiletries 						
		l9 with client #2 revealed: .00 every month					
	- spent the money on "soap, deodorant, cologne, that ' s it"						
	Interview on 4-29-19 with client #3 revealed: - went on outings						
	 some outings were to local bargain stores spent the money on, "things I need like 						
		thpaste and things like that. e receipts to staff."					
	Review on 5-1-19 or revealed:	of the Personal Funds Log					
	- each section	with sections for each client contained forms to record a					
	month of expenditu	ares ach expenditure were stapled					
	to each month ' s lo - client #1 sper	og i					
	- \$2.14 on	hand sanitizer, 3-30-19 soap, 4-5-19					
	- \$1.07 on	soap, 4-10-19 styling gel, 4-20-19					
	- client #2 sper						
	- \$2.14 on tissues, 3-2-19	hand sanitizer and facial					
		a wash cloth and soap, 3-16-					
	19						
	- \$3.20 on -19	feminine spray and soap, 3-30					
	- \$1.07 on	lotion, 4-13-19					
		n a haircut, 4-18-19					
	- \$1.07 on client #3 sper -	soap, 4-29-19 nt:					
		antiperspirant, 2-23-19					

STATE FORM

GIXJ11

				CONSTRUCTION	(X3) DATE SURVEY COMPLETED R 05/01/2019	
		MHI 041-777	B. WING			
		-			05/	01/2019
AME OF P	ROVIDER OR SUPPLIEF		DDRESS, CITY, S ⁻ GLE DRIVE	TATE, ZIP CODE		
ANGLE	DRIVE GROUP HOI	ME	OWN, NC 272	82		
(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 540	Continued From page 3		V 540			
	 each client h "we handle t receipts are expenditures clients make Interview on 5-1-1 revealed: there 's a lo clients purch the facility do soap, shampoo, d products for the client of the client	kept to document all their own purchases 9 with the Director/Licensee g kept of all client purchases hase their own toiletries bes not keep a supply of basic leodorant and other grooming lients clients to purchase their own er been an issue in the 13 years				

GIXJ11