	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMPLETED
		MHL092-833	B. WING		R <b>04/24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARE ON	F HOMES	926 EDIS	ON ROAD		
OAKE OK	L HOMEO	RALEIGH	, 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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	A follow up survey was Deficiencies were cite				
	-	d for the following service 27G .5600A Supervised Mental Illness.			
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108		
	(g) Employee training provided and, at a mi following: (1) general organiza (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subclamember shall be avait times when a client is member shall be trainincluding seizure mar to provide cardiopulm trained in the Heimlic techniques such as the American Heart A equivalence for reliev (i) The governing boot implement policies ar	tion shall be documented. It programs shall be nimum, shall consist of the stional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the treatment/habilitation bus diseases and s. The staff lable in the facility at all present. That staff led in basic first aid langement, currently trained langement, currently trained langement or other first aid lange provided by Red Cross, ssociation or their ling airway obstruction.			

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

TITLE (X6) DATE

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		PLETED
						R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	re zip cone		
NAME OF T	NOVIDER OR GOLF EIER		SON ROAD	TE, ZII OOBE		
CARE ON	E HOMES		H, NC 27610			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 108	Continued From page	e 1	V 108			
	clients.					
	This Rule is not met	as evidenced by:				
		nd record review the facility				
		of one current Qualified				
		s trained to meet the needs				
	of the clients. The fin					
		g				
	Review on 4/15/19 of	current QP's record				
	revealed a hire date of	of 3/15/19.				
	During interview on 4	/15/19 and 4/16/19 The				
	current QP stated:					
		as QP the middle of March				
	2019.					
		by the Director over the				
		th the Licensee/Registered				
	Nurse (RN)					
		with the Director, he made it				
	_	arge company with multiple				
	homes.	later the Licenses /DNI west				
		s later the Licensee/RN met				
	handed her the job de	ce of employment and				
	_	ation was provided regarding				
	job duties.	and was provided regarding				
		ion was basic QP job duties,				
	similar to what she did					
		rientation, just basically				
	started the job as a Q					
		d the Licensee/RN with her				
	· ·	on or training on specific				
	client needs.	<b>5</b> 1 2 2				
		ntioned to her the facility				
		uspension of Admission and				
		ny specific duties outside of				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 2 of 56

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SI	
71101 1211	or Contraction	BENTIL IS ATTOM DETAIL	A. BUILDING: _		OOM!! LE	.125
		MHL092-833	B. WING	B. WING		4/2019
					1 04/2	4/2013
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISOI				
		RALEIGH, I	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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 108	Continued From page	2	V 108			
V 108	the normal QP duties -Not aware of a F from previous survey, -Went to the hom went past the living ro -Had been workin clients, getting to know and meeting with staf -No one ever tolo and bi-weekly reports POC from 10/5/18 sur -Not aware of any coming back to do rep -On first visit to th leaning across the ya looked "unappealing." -Mentioned this to said she was having a to come cut it down for -On first visit to th records to ensure treat - The Licensee/R them, they had been to before she leftOn 4/15/19 went around the client room -Noticed client #1 the middle Asked him did to that, he said, "yes, it is to it." -Now will check to is so sad how she slip Review on 4/10/19 of 2/18/19 revealed:	to perform.  Plan of Correction (POC) never saw one. ne one time a week, never com and kitchen. ng on building rapport with w how the home operates f. d her to do weekly checks to check for repairs (per rvey). y repairman supposed to be pairs. ne home, noticed a large tree rd, away from the home and o the Licensee/RN and she a hard time finding someone or one hundred dollars. ne home, asked to see client atment plans were current to thod her not to worry about completed by the former QP to to home and checked ns. I's mattress was sunken in hat bother him sleeping on nurts my back, but I'm used	V 108			
	-"Weekly inspect	ions are conducted by the nared with the Director				

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STATE FORM 6899 CC7I11 If continuation sheet 3 of 56

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			/ DOILDING		R	
		MHL092-833	B. WING		04/24/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
CARL ON	LTIOWES	RALEIGH	, NC 27610		<u> </u>	
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 108	Continued From page	e 3	V 108			
	-She had not beed don't think she was at -She had met with their recordsShe never ment previous survey, not survey, not survey, not survey, not survey, not survey.  During interview on 4 Licensee/RN stated: -Hired a new QP -Interviewed her and expectationsNo Orientation of the QP prior to working -She was a QP for was capable of doing -Did not tell her at told her something was they had been cited of -Told her about the response of the QP prior to working -Did not tell her at told her something was they had been cited of -Told her about the -Did not go into of violation or citations.	had been coming by weekly. en doing home inspections, "I ware she had to." th the clients and looked at sioned to her anything about sure if the Licensee/RN did. /10/19 and 4/17/19 the in March 2019. and went over QP job duties or training was provided for ng with the clients. or other programs, felt she the job. about status of last survey, "I as going on with the state, on stuff." the Plan of Correction, but er. detail about the Type A er know what was going on in				
V 109	27G .0203 Privileging	g/Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professionals shall de	SSIONALS privileging requirements for s or associate professionals. ionals and associate emonstrate knowledge, skills by the population served.				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 4 of 56

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		SURVEY PLETED
		MHL092-833	B. WING		04	R J <b>24/2019</b>
					1 0-	72472013
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	E, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(VA) ID	SLIMMADY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	OPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 109	then qualified profess professionals shall de (d) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal skil (6) communication s (7) clinical skills. (e) Qualified professi NCAC 27G .0104 (18 met the requirements employment system i MH/DD/SAS. (f) The governing bod develop and implement for the initiation of an plan upon hiring each (g) The associate prosupervised by a qualification of san experience of the control of the	s established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: dge; sss; ss; skills; and sionals as specified in 10 A c)(a) are deemed to have of the competency-based in the State Plan for the State Plan for each facility shall ent policies and procedures individualized supervision associate professional. of professional shall be fied professional with the the period of time as	V 109			
	Registered Nurse (RI	ew, observation, and ailed to ensure the Licensee N) demonstrated knowledge, uired by the population				
		of Qualified Professional d a hire date of 3/15/19.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		926 EDISC			
CARE ON	E HOMES	RALEIGH,			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 5	V 109		
V 109	During interview on 4. Current (QP) stated: -Started working 2019Was contacted to interviewed over the public consee/RNWhen speaking seem like this was a lownesThen a few days her at primary place of the the job descriptionNo other information other job dutiesThe job descript similar to what she didenter with the job as a QPProvided her with discussion or trainingNo one ever me was under administration duties outside of the reperformNot aware of a Ffrom previous survey.	as QP the middle of March by the Director, and bhone, then spoke with the with the Director, he made it arge company with multiple s later the Licensee/RN met of employment and handed in to sign. ation provided regarding any tion was basic QP job duties, d for other homes. rientation, just basically start the her trainings, no on specific client needs. Intioned to her the facility tive penalties or any specific formal QP duties to  Plan of Correction (POC) on never saw one.	V 109		
		ne one time a week, never som and kitchen to look for			
	clients, getting to kno and meeting with staf -No one ever told and bi-weekly reports POC from 10/5/18 su -Not aware of an coming back to do re	d her to do weekly checks to check for repairs (per rvey). y repairman supposed to be			
		rd, away from the home,			

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STATE FORM 6899 CC7I11 If continuation sheet 6 of 56

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MIII 000 000	B. WING			R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
		RALEIGH	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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page and looked "unappea -Mentioned this t		V 109			
	said she was having to come cut it down for a confirst visit to the records to ensure tree.  The Licensee/R them, they had been before she left.	a hard time finding someone or one hundred dollars. he home, asked to see client atment plans were current. N told her not to worry about completed by the former QP				
	the middleAsked him did t	ns. I's mattress was sunken in hat bother him sleeping on s, it hurts my back, but I'm				
		the home for more repairs, "It os out on client care."				
	2/18/19 revealed: -"Weekly inspect	Plan of Correction received ions are conducted by the nared with the Director				
	-She had not bee don't think she was a -She had met wi their records. -She never ment	had been coming by weekly. en doing home inspections, "I				
	Licensee/RN stated: -Hired a new QP -Interviewed her and expectations.	/10/19 and 4/17/19 the in March 2019. and went over QP job duties or training was provided for				

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STATE FORM 6899 CC7I11 If continuation sheet 7 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STA	TE ZIP CODE	•
			ON ROAD	, 2 6652	
CARE ON	E HOMES		, NC 27610		
	OLIMANA DV OT		·	DROVIDEDIO DI ANI GE GODDEGTIO	<u> </u>
(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 COMPLETE
V 109	Continued From page	÷ 7	V 109		
	was capable of doing -Did not tell her a told her something wa they had been cited o -Told her about th to herDid not go into o violation or citationsTold her to let he the home and report i  B. During interview or stated: -The Licensee/Ri	or other programs, felt she the job. Ibout status of last survey, "I as going on with the state, in stuff." The POC, but never showed it letail about the Type A ser know what was going on in to her.  The 4/9/19 and 4/10/19 Staff #1  No came by everyday. The state of the state o			
	-The food supply	had gotten better, but had gain since the former QP			
	because "The State"  -The Licensee/Ri and vegetables, but n  -"My brother bring so we supplement wit  -He started bring the clients had enoug  -He worked at a d donated food from diff expires or about to ex  -He would bring fi meats, breads and sw  -"The guys love is they did not have before	Insee/RN would only listen thad cited them before.  N was bringing fresh fruits ot in a few weeks.  gs lots of food over weekly that."  ing the food to make sure to eat.  church where they received ferent grocery stores once it spire.  fresh fruit, vegetables, deliveets.  t, because they get a variety ore."			

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
		MHL092-833	B. WING		R <b>04/24/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISC RALEIGH.	N ROAD 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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
V 109	bread and milk becaumake sandwiches.  -Client #3 would they went out becaus to do so.  -The Licensee/R to go out to eat with, what is at the home.  -Had discussed to QP and how things we had texted the I concerns, he would jup with my mother (L)  Further interview on A she had to buy at local fast food restands and to be a clients wanted somet had asked the L money and she could but she would not allow the QP last she said she would she she would she she would she said she would she said she would she call the QP last she said she would she said she said she would she said she	eir money together to buy use they did not have any to also buy other clients food if the they did not have money.  N did not give them money they are just supposed to eat the food issues with the new there "slacking off" again. Director in the past with ust respond with, "take this icensee/RN)."  A/16/19 Staff #1 stated: the client's dinner last night aurant. In all packs of meat and the hing different. In had not brought groceries  N told her she had been sick the grocery store. Licensee/RN to give her in do the grocery shopping, ow it. In night about the situation and peak to Licensee/RN. Tom the Director in a month.  A/15/19 the Former QP  It with the home on 3/15/19. Inplained to her about oney to buy the clients food. The intertor in a molification of the Licensee/RN and Director.	V 109	DETIGIENCY)		
	keeping food in the he	g nutritional foods and ome. s been an issue with the				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL092-833	B. WING		04	R <b>I/24/2019</b>
NAME OF D			ADDRESS SITY STATE	ZID CODE	, ,	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
0/4) ID	QUIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	COPPECTION	(V5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 9	V 109			
	years.  -Thought she ha was complaining that being consistent with -Had told the Lic needed to provide fur out to eat on occasio -Not aware she e out or met them in the themThe Licensee/R	ensee/RN multiple times she nds for clients to at least go				
	stated:  -Started working middle of March 2019 -Had been to the with the clients and s -Staff #1 had cor food in the home, she food out of her pocke -Staff #1 would to would buy "Hot Pocke lunch, with nothing el -"A Hot Pocket w  Further interview on 4 stated: -Went to the hon complaining about for -"It is so sad how	e home a few times to meet taff. Implained to her about the estated she was paying for it. In the Licensee/RN ets" for the clients to eat for se. It will not fill grown men." It was the last night and staff #1 was				
	During interview on 4 Licensee/RN stated:	/10/19 and 4/17/19 The				

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NAME OF PROVIDER OR SUPPLIER  CARE ONE HOMES  STREET ADDRESS, CITY, STATE, ZIP CODE  926 EDISON ROAD  RALEIGH, NC 27610  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION	(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  926 EDISON ROAD RALEIGH, NC 27610  (X4) ID PREFIX TAG  CARE ONE HOMES  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 109  Continued From page 10  -Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not	,	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  926 EDISON ROAD RALEIGH, NC 27610   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 109  Continued From page 10  -Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not		
CARE ONE HOMES  RALEIGH, NC 27610    X44   ID   PROVIDER'S PLAN OF CORRECTION   PREFIX TAG   PRE	)19	
CARE ONE HOMES  RALEIGH, NC 27610  (X4) ID PREFIX TAG  V 109  Continued From page 10  -Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not		
RALEIGH, NC 27610  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 109  Continued From page 10  -Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not		
PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 109  Continued From page 10  -Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not		
-Came by the home daily to check on clientsStaff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not	(X5) OMPLETE DATE	
-Staff #1 would let her know what she needed from the store and she would bring it byStaff #1 spends her money on the clients when she chooses to take them out, "I can't stop her from buying them food if she wants." -Staff #1's brother volunteered to bring the food to clients because he wanted to, not		
-If client #3 is buying the other clients food when out and extra groceries, "It's his right to do so."  -"I can't tell [client #3] how to spend his money."  -Did not give clients money to eat with on the weekends if they went out in the community or activities, "They get funds for that."  -Had met the clients out several times on the weekends and "I will throw my own money with theirs to eat lunch."  -They get their \$66.00 dollars a month, after she took out their medication co-pays, they get the leftover.  -The clients get different amounts of allowance each week.  -Client #3 is private pay, his brother gives him money, so he had more than the others.  -Client #1 did not get any allowance because she used his money to buy his cigarettes.  -The other guys get between five to ten dollars a week and they could use that to eat with out in the community.  -"I can't afford to pay for their food when they go out, I am already spending money out of my own pocket in this home."  -"From now on, they can just pack a lunch to take with them when they go in the community."		
C. During interview on 4/9/19 and 4/10/19 Staff #1 stated:		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
		926 EDISC		,	
CARE ON	E HOMES		NC 27610		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 11	V 109		
	The Licenses/Pl	N brought her old vehicle			
	over for them to use.	N brought her old verlicle			
		nd #3 to their day program			
	five days a week.	na #0 to their day program			
		ra money for the clients to do			
	activities on the week				
	-Tried to find acti	vities for them to do for free,			
	but had to use her ow	n money to put gas in the			
	car and buy their food	<b>i</b> .			
	_	so excited when she would			
		ing them out, they would			
		ean and dressed to go."			
		lew Years Eve downtown			
		could have a good night			
	out.				
	this house."	t guys and need to get out of			
		to the Licensee/RN about			
		out and for more gas, she			
	said they had their ow				
	_	N came every weekend and			
	would take the car an	•			
		only fifteen dollars a week in			
	the car.				
	-That amount did	I not last to take the clients to			
	their day program, mu	uch less getting out in the			
	community.				
		he Director via text on			
		amount of gas that the			
		ting in the car, he did not			
	respond, "but thinks h	ne spoke to the			
	Licensee/RN".				
		d her she needed to stop			
	, .	on the clients and doing RN should be doing, "You			
	need to make her acc				
		N last put gas in the car on			
		(4/6/19 or 4/7/19) and the			
		have the rest of the week to			
	take clients to day pro				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 12 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHL092-833	B. WING		04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
0455 011		926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,	NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)	$\neg$
PREFIX TAG	, -	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 109	Continued From page	e 12	V 109			
	gas in the facility vehi	9 (Tuesday) at 11:30 AM of cle revealed the gas needle ed, the gas light was on.				
	During interview on 4/10/19 and 4/15/19 the Former QP stated:  -Wrote the Plan of Correction dated 10/5/18, and asked the Director to review before					
	submitting it.  -Had been telling the Licensee/RN that it was her responsibility to provide money for activities on the weekends so clients could go out in the					
	communityWhen worked w	ith clients, tried to make a				
	schedule of activitiesStaff #1 would u them.	se her own money to pay for				
	funds for activities out on weekends.	N would not provide extra tside of their day program or				
	home due to constant	vorking a few years at this tly "beating a dead horse." N refused to follow her d this was frustrating				
		vocate, and this was no				
	2/18/19 revealed: -"The newly hired implemented a sched	Plan of Correction received d staff (staff #1) has ule of activities for the s activities in the home and				
	Current QP stated:Staff #1 had convisits about needing r	1/10/19 and 4/15/19 the Inplained to her on all her Inoney for gas and activities Including her own money to				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 13 of 56

DIVISION	or riealth Service Negu	I				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	EIED
					F	,
		MHL092-833	B. WING		1	24/2019
		WII 12032-003			1 04/2	.4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	, NC 27610			
()(4) ID	QUMMADV QT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	NI	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	2 12	V 109			
V 103	Continued From page	= 13	103			
	take the clients out.					
	-Had planned to	discuss this with the				
	Licensee/RN because	e she needed to make sure				
	the car had enough g	as to take them on outings				
	and activities.	•				
	During interview on 4	/10/19 and 4/17/19 The				
	Licensee/RN stated:					
	-Had not made a	schedule of activities.				
	-Staff #1 took the	em out to things on her own.				
		d free activities to attend on				
	the weekends.					
		ney for activities, "They get				
	funds for that."	ney for douvided, They get				
		eir allowance they receive to				
	go on activities it they					
		different amounts of				
	allowance each week					
		6.00 dollars a month, after				
		dication co-pays, they get				
	the leftover.	dication co pays, they get				
		ate pay, his brother gives him				
	money, so he had mo					
		t get any allowance because				
	she used his money t	•				
	•	get between five to ten				
		ey could use that to go out				
		ley could use that to go out				
	in the community.	pay for their food when they				
		spending money out of my				
	own pocket in this ho					
		een- twenty dollars worth of				
	gas in the car a week					
		eekend and took the car for				
	gas.	Safe at all and a control of				
		ixty dollars a month on gas,				
	"That is enough, Rale					
		at much gas to get around				
	where they need to g					
	<ul> <li>-Gave the facility</li> </ul>	her old vehicle, a 2006				1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING	<del></del> .		
		MHL092-833	B. WING		04	R 4 <b>/24/2019</b>
NAME OF D	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	: ZID CODE	, ,	
NAIVIL OI I	NOVIDEN ON 3011 EIEN		SON ROAD	., ZII GODE		
CARE ON	E HOMES		H, NC 27610			
(V4) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	<u>,                                      </u>	PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 14	V 109			
	Honda Pilot.					
		nad to take clients to day				
	program five days a v	<del>-</del>				
		s putting extra money in the				
	gas, "she did that on	. •				
	D Observation on 4/9	0/10 at 0:30 AM revealed				
	D. Observation on 4/9/19 at 9:30 AM revealed the following, -Living room furniture cushions stained,					
	_	ng coming out in multiple				
	places.					
	-Strong smell of	body odor and musky old				
	smell coming from liv	ing room furniture while				
	standing beside it.					
		rusted, dented and coming				
	out of vent slot.					
		d rails had missing post and				
	at the touch.	and rocking back and forth				
		6's bedroom had a chirping				
		outlet coming out of wall with				
	exposed wires.	duct coming out or wan with				
		6's nightstands broken with				
		aced in them, there was no				
		nightstand drawer and it was				
	hanging out.					
		ress deeply sunken in the				
	middle.					
		ng fan light had no light bulbs				
		a nightstand that was				
		only source of light in the				
	room.	vanity light fixture had two				
		and bulbs, only one working				
		covers were sitting on the				
	sink.	SOVERS WELC SIMILING OF THE				
		#3 and #4's bedroom				
		ty and had a strong smell of				
	body odor.	5				

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Division of Fleath Service Regulation						
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			1		_	
			D WING		R	
		MHL092-833	B. WING		04/2	4/2019
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE ZIP CODE		
01 11				, 3002		
CARE ON	E HOMES	926 EDISO				
		RALEIGH,	NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAI E	DAIL
				,		
V 109	Continued From page	e 15	V 109			
	. •					
		had missing post and were				
	loose.					
		ont yard was propped up by				
	multiple tree stumps a	and pieces of cut up wood.				
	During interview on 4	/9/19 and 4/10/19 staff #1				
	stated:					
	-The Licensee/RI	N fixed most repairs from				
	last survey.	•				
	- The former QP made sure she stayed on					
		get the repairs done.				
		N only fixed the stuff				
		r QP and "state" would be				
	coming back out.	e di dia otato wodia so				
	•	ts of repairs to be				
	completed.	to or repairs to be				
	•	uum to use on the carpet.				
		•				
		aner did not work, and had				
	not since she started	working here last				
	September 2018.					
		use a broom to sweep their				
	floor.					
		ensee/RN about the repairs,				
		neone coming to fix them.				
		would do bi-weekly				
	•	ssed needed repairs with				
	the Licensee/RN and					
	-	lid the initial repairs, but he				
	had not been back, th	at was a few months ago.				
	-The Licensee/RI	N is aware of the broken				
	porch rails, vent in kit	chen, mailbox and furniture.				
	-When the repair	man was doing the repairs,				
	he did what they initia	illy asked, then they kept				
		nis list and would not pay				
	~	d come back to work here."				
		had been by a few times, but				
		ralk through of the home.				
		new she needed to do				
	checks	and the fielded to do				

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-The Director came to the facility after last

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
,		.52	A. BUILDING: _				
						R	
		MHL092-833	B. WING		04	/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
CAREON	E HOMES	926 EDIS	ON ROAD				
CARE ON	E HOMES	RALEIGH	, 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 CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE	
V 109	Continued From page	e 16	V 109				
	not believe how bad t -The Director live think." -He may come to	shape of things" and could he home had gotten. ed in another state, "Texas, I o North Carolina every three by and speak to the clients					
	stated:  -Ended her emploated brought to the informatic and make changes -Was doing a bi-verthis to the Director in -The Director wo clarify, but not sure if requestLast sent him and January 2019.	weekly inspection and sent					
	on making sure the of in previous survey we -Did mention fixin broken for almost two -Had complained Director multiple time furniture, it was so old was not acceptable to clientsExpressed to the conversations these is respondThe Licensee/RI wrong with the furniture and it was very senting -Did not recall the mentioning replacing	riginal items that were cited ere completed. Ing the mailbox as it had been by years. It to the Licensee/RN and sabout the living room do place in the home for the end of the e					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
	926 EDISC				
CARE ON	E HOMES	RALEIGH	I, NC 27610		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 109	Continued From page	e 17	V 109		
	never looked out back	4			
		repairman to do the list of			
	repairs that were cited				
		repairs was in March 2019.			
		had more repairs for him to			
	-	he had contacted him to			
	come back since he le	eft.			
	-When the repair	man agreed to do the			
	repairs, he submitted	an estimate and they			
	agreed on payment.				
	-As he finished the repairs, they				
	II = 'E'	N) kept adding more things			
		ıld not pay him until those			
	things were complete				
		ing off paying him."			
	, , ,	id and told her he would ensee/RN and Director			
	again.	censee/KN and Director			
	again.				
	During interview on 4	/10/19 the Repairman hired			
	by Licensee/RN state				
	-	Licensee/RN and Director a			
	few months ago to fix	repairs.			
	-Submitted an es	stimate and contract of			
	agreed price.				
		oom sink, bathroom ceiling,			
		doors, new floor in the			
		from leak), hung new blinds			
	and painted the inside				
		all work was completed he			
		the house because the ostly green (the house is			
		to the difficulty in working			
		paid, he decided to cut ties			
	and not return for mo	•			
		ning the initial agreed items,			
		ment, but they kept adding			
	more things on for hir				
		d him, "We are not paying			
	you until you finish all				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.			Б	
	MHL092-833	B. WING		04	R / <b>24/2019</b>	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	926 EDIS	SON ROAD				
CARE ONE HOMES	RALEIGI	H, NC 27610				
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 109 Continued From page	e 18	V 109				
-All agreed repakept putting off payin -Had to ask multiwould "nick pick" his -"This was too means for work, I didn't need he left to come back pretty evident when I would not be returning.  During interview on A Current QP stated: -Went to the hore went past the living means the living means across the year looked "unappealingMentioned this said she was having to come cut it down feed to come cut it down feed to come cut it down feed middle Asked him did that and he said, "year used to it." -Now will check is so sad how she (Licelient care."  During interview and 4/17/19 the Licenseed Had completed the previous survey.	irs were completed and they g him. tiple times to get paid, they work to try not pay him for it. nuch to go through to get paid of the work that bad." the home had called him since to do repairs, "I think it was got paid and left, that I ag."  1/15/19 and 4/16/19 The  The one time a week, never come and kitchen. The repairman supposed to be expairs. The home, noticed a large tree and, away from the home, but to the Licensee/RN and she a hard time finding someone for one hundred dollars. The to home and checked ms. The mattress was sunken in that bother him sleeping on s, it hurts my back, but I'm  The home for more repairs, "It icensee/RN) slips out on					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
ANDILAN	or contribution	IDENTIFICATION NOMBER.	A. BUILDING:		0000	PLETED
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	: ZIP CODE		
TO WILL OF T	NOVIDEN ON OUT FEET		SON ROAD	., 211 0052		
CARE ON	E HOMES		H, NC 27610			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 19	V 109			
	and letting them know	v of repairs.				
		e forms the former QP used,				
		m and she told her they				
		eated and would not give				
	them to her.	_				
	-"I come by the h	ome every day and check				
		use at least one to two times				
	a week."					
	-Did not show the current QP the plan of correction, but told her to do weekly checksNot aware if she had done the weekly					
		mentioned anything to her				
	about them.					
		ne was to check everything in				
	the home, "that is par	_				
		chen vent and back porch				
	hand rails needing re	•				
		ated with the repairman in her he would return and fix				
	· ·	as soon as he finished all his				
	work with other client					
		him or contacted him since				
		e would call her when his				
	work lightened up.					
		ight in client #5's room is not				
	broken, it has light bu	lbs with square base and				
	had not been able to	find those type to fit it.				
	-Had not checke	d the home stores in a very				
	long time for them, "I					
		k rail being loose last week,				
	, , ,	x it, but he had five people				
	ahead of her before h					
		nas been giving me a				
	headache," been bro					
	_	to get a new one, not sure				
	where to get one."	fine "not aware of any				
	problems with it."	fine, "not aware of any				
		ed the Licensee/RN the "dry				
		e inside filling was coming				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			
7410111144	or correction.	IDENTIFICATION NO.	A. BUILDING:	A. BUILDING:		PLETED
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
0455 01	E 110ME0	926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	H, NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC <sup>1</sup>	HE APPROPRIATE	COMPLETE DATE
V 109	Continued From page	20	V 109			
	out.					
		ought this furniture over a				
	year ago from her hor	_				
		she knew someone who				
	was going to donate f	furniture to them, so had not				
	planned to buy any ne	ew furniture for the home.				
	-Wanted to remo	ve client #3's carpet, but he				
	did not want it taken out, "That's his right to have the carpet remain in his room if he wants."  -If client #3 said he wanted his carpet removed or cleaned, "he is lying, he lies about everything and only God will deal with him in the					
	end."	vacuum not working				
		e vacuum not working awers in client #1, #2 and				
	#6's room being broke					
	_	showed the Licensee/RN the				
	I	y were "off track" and she				
	attempted to fix them.					
	•	ere too small for the				
	nightstand and did no	t belong to that piece of				
	furniture.					
		N walked into client #2's				
	room and switched or were a better fit.	ut the drawers to see if they				
	-The Licensee/RI	N pulled out the broken				
	drawer of client #6, w	hich had no bottom and said				
	it had a bottom when	it was closed (it was the				
	bottom drawer in the					
	opened the bottom wa					
		N dug around client #6's				
		nd the bottom piece to the				
	drawer.	and also disciple and				
		cracked with missing				
	be fixed back."	Here is the bottom, this can				
		much money in these				
	repairs, I have done a	much money in these				
	repairs, mave done a	uii i Caii.				
	F. During interview o	n 4/9/19 and 4/1019 staff #1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION (			
74401 2744	or contraction.	IBENTI 167 WIGHT NOMBER	A. BUILDING:		00	PLETED
			B. WING			R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
CARE ON	E HOWES	RALEIGH	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 TI DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 21	V 109			
	stated:					
		to the Licensee/RN about				
		out and for more gas, she				
	said they had their me					
		N came every weekend and				
	would take the car an					
		only fifteen dollars a week in				
	the car.	,een dendie de neem				
	-That amount did not last to even take the clients to their day program, much less getting out in the community.  -Had contacted the Director via text on					
	3/20/19 regarding the	amount of gas that the				
	Licensee/RN was put	ting in the car, he did not				
	respond, but thinks he	e spoke to the Licensee/RN.				
		N last put gas in the car on				
		(4/6/19 or 4/7/19) and the				
		nave the rest of the week to				
	take clients to day pro	ogram.				
	Observation on 4/9/1	9 (Tuesday) at 11:30 AM of				
		icle revealed the gas needle				
	on empty, when cran	ked, the gas light was on.				
		/10/19 and 4/17/19 The				
	Licensee/RN stated: -Gave the facility	her old vehicle, a 2006				
	Honda Pilot.					
		een- twenty dollars worth of				
	gas in the car a week					
		eekend and took the car for				
	gas.					
		ixty dollars a month on gas,				
	"That is enough, Rale	•				
		at much gas to get around				
	where they need to g					
		nad to take clients to day				
	program five days a v					
	-Aware she is pu "she did that on her o	tting extra money in the gas, wn."				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION			
			A. BUILDING:			PLETED
		MHL092-833	B. WING	B. WING		R / <b>24/2019</b>
		WITE 092-033			04	124/2019
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	E, ZIP CODE		
CARE ON	E HOMES		ON ROAD			
		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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE)	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	22	V 109			
	Fuel Economy websit -2006 Honda Pilo miles per gallon in city	U.S Department of Energy, e revealed the following, of averages between 17-18 y and open road. ces on 4/15/19 is \$2.60 a				
	Review 4/15/19 of Google Maps revealed:  -The facility address to client #2 and #3's day program is 7.5 miles one way, which equals 30 miles a day for drop off and pick up.					
	Calculations of staff #1's daily trip to client #2 and #3's day program five days a week is 150 miles. Fifteen dollars of gas puts 5.76 gallons of gas in the facility vehicle at 17-18 miles a gallon equals approximately 98 miles.					
	Review 4/15/19 of city of Raleigh's Website Populations, Size and Square Mileage revealed: -Population of 468, 99040th largest city in the United SatesRaleigh is 142.8 square miles in land coverage.					
	stated:  -These citations a -The clients conti -The Surveyor is -"You are martial surveyor.  -"I fixed everythir -Would not comp (POP).  -Surveyor advise with her Qualified Pro	nue to lie about things.  "Out to get me," law," when referring to  g you asked me to." lete a Plan of Protection  d the Licensee/RN to get fessional (QP) to consult POP and email it to the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		R	
		MHL092-833	B. WING	B. WING		4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	•	
		926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,	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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Continued From page	23	V 109			
	-The Licensee/RI their money on food a to do soDenied any clier foodSurveyor left the continued to express -No POP was rec An Email was sent to requesting a POP be 4/23/19. As of 4/23/19 at 5:00, POP was received.  This deficiency consti This deficiency is cross	N stated clients can spend and activities, "It's their right" ats needed to purchase extra a facility as the Licensee/RN their anger at surveyor. Serived on this date.  the Licensee/RN on 4/22/19 submitted by 5:00 PM on no response to email or tutes a recited deficiency. See referenced into: 10 A pervised Living - Scope				
V 112	PLAN  (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond) The plan shall income.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Slude: It that are anticipated to be a of the service and a devement;	V 112			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		0/	R <b>J/24/2019</b>
NAME OF D	DOMBED OD OUDDINED			5. 7ID 00D5	1 0-	H24/2019
NAME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE SON ROAD	E, ZIP CODE		
CARE ON	E HOMES		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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	(4) a schedule for re annually in consultati- responsible person o (5) basis for evaluat outcome achievemen (6) written consent of responsible party, or	view of the plan at least on with the client or legally r both; ion or assessment of	V 112			
	failed to implement staudited (#1, #3) clien findings are:  A. Review on 4/9/19 revealed:     -Admission date     -Diagnosis of Me Personality Disorder.     -Treatment Plan  Review on 4/16/19 of revealed:     -"Goal- Utilizing I community to particip integrate into the comevents, shop, engage -Staff will encouractivities of preference	ew and interviews the facility rategies for two of four ts' treatment plans. The of client #1's record of 12/15/17. Intal Retardation and date 1/101/9. In client #1's treatment plan this supervised time in the ate in activities of choice,				
	as needed.  During interview on 4	/10/19 client #1 stated:				

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DIVISION	or riealth Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-			
					F	₹
		MHL092-833	B. WING		04/2	24/2019
					,	
NAME OF P	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, STA	ALE, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	, NC 27610			
0/10/15	CLIMMADV CT	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF CORRECTION	NI	0/5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 112	Continued From page	e 25	V 112			
	"D					
	-"Been depresse					
	-Didn't go anywh	ere on the weekends, except				
	grocery store when n	eeded.				
	-Would like to do	activities, "Seems like to me				
	she [Licensee/Regist	ered Nurse (RN)] won't				
	spend money on stuff	· · · · · · · · · · · · · · · · · · ·				
		o out on weekends, "but				
	_					
		o go, they did not have the				
	money."					
		use her own money to put				
	gas in the car to go p	laces and she would buy				
	their food.					
	During interview on 4	/10/19 client #1's Guardian				
	stated:	7 TO TO CHETTE # 13 Guardian				
		perience depression.				
		be more active and out on				
		ard independent living.				
	<ul> <li>-Not sure if client</li> </ul>	t #1 is capable of that, but				
	this is what he wants	to work toward.				
	-Saw client #1 or	nce every two to three				
		s wants to get out into the				
	community.	o traine to got out into the				
	•	lved in a Senior program				
		eals on Wheels five days a				
	week for a few hours.					
	-Client #1 had ex	rpressed wanting to get a job				
	to make money and g	get out of the house.				
	-Client #1 had co	omplained to him he did not				
		an meals on wheels, nothing				
	on the weekends but	<del>-</del>				
		tivities planned for the clients				
	outside of their day p	rograms.				
	D D	f 1: 4 #01				
	B. Review on 4/9/19	of client #3's record				
	revealed:					
	-Admission date	of 12/7/15.				
	-Diagnoses of Ar	nxiety and Severe				
	Depression.	, <del>.</del>				
	-Treatment Plan	dated 12/1/18				
	- mealinent i lan	uulou 12/1/10.	1	1		1

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRE	ECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF PROVIDER	OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
OADE ONE HOME		926 EDIS	ON ROAD		
CARE ONE HOME	S	RALEIGH	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 CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
V 112 Contir	nued From page	e 26	V 112		
Plan r at leas home -F followi activiti option client of a ye and su	evealed: Goal-[Client #3] st twice monthly or program for Residential Sup ing interventions es he enjoys. s to choose froi to participate in ear. Staff will ac upport him as ne sary support to	/19 of client #3's Treatment  ] will attend a social function r, as scheduled by group the next 12 months. port Staff will provide the s: Will assist client in finding Staff will provide client with m as well as encourage activities during the course ccompany client to activities eededStaff will provide gain access to community			
neede -l- store a -s much" -l go do -( clients eat ald -v activiti  During -( -l-	On weekends, of supplies/food his brother took a few times a most aff #1 had to provide the Licensee/R activities or out activities acti	him out to eat and to the onth.  out gas in the car "right the store on the weekend.  N did not provide money to to eat.  he would help pay for other eekends if they went out to 1.  gram daily, but no other  /9/19 Staff #1 stated: o "Go, Go, Go." about his depression.			
weeke -F had no -"	end. He will tell her h o where to go.	ely bored sitting around all e feels depressed when he out when I have money for			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU COMPLE	
			_		R	
		MHL092-833	B. WING		04/24	4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO RALEIGH,				
	OLIMANA DV. OT	·		DDO///DEDIG DLAN OF CODDECT	ON .	
(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 SHOUL CROSS-REFERENCED TO THE APPROFINE DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	-The Licensee/R activities, gas or food -The client's did ruse for activitiesClient #1 only go a few hours a week a every other week throprogram he is enrolle -Client #3's broth month to take him our -Client #3 would the weekends to pay they would go outAware they have community, but the Lither resources to do so During interview on 4. Professional stated: -No longer working 3/15/19When worked we schedule of activities, own money to pay for would not provide extoutside of their day provide of their treatment planResigned after whome due to constanting the control of the constanting the constanting the constanting the control of the constanting the constan	N did not provide money for when they were out. not have the extra money to be out to Meals on Wheels and to a coffee house event bugh the Senior Citizen d in. Her came by a few times a at to eat and do his errands. Often use his own money on for other clients to eat when de goals to go out in the censee/RN did not provide out.  In the facility effective with clients, tried to make a but staff #1 would use her them. In the Licensee/RN are funds for activities for more weekends. The Licensee/RN she tivities for the clients per working a few years at this ty "beating a dead horse."	V 112			
	-The Licensee/RN refused to follow her recommendations and this was frustrating.  -"I am a client advocate, and this was no longer my role at this facility."  During interview on 4/10/19 and 4/15/19 the Current QP stated:  -Started working as QP the middle of March 2019.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		04	R / <b>/24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	-	
		926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
	the client records to n Plans were up to date her not to worry abou the Former QP had n completed before she	e left.				
	-Not aware of the client goals at this time.  -"The books were a mess" and planned on going through them soon to organize them.  -Staff #1 had complained to her on all her visits about needing money for gas and activities and how she was spending her own money to take the clients out.  -Had planned to discuss this with the Licensee/RN because she needed to make sure the car had enough gas to take them on outings and activities.  During interview on 4/10/19 The Licensee/RN					
	stated:  -Did not give extroutside of their day processive and have funds they recessive.  -The clients get stafter she took out the get that money weeklors.  -Client #1 did not co-pays because she purchase his cigarette.  -Client #3 is private him money for alloware.	ra money for activities rogram. goals for activities, "They we to pay for that." 666.00 dollars a month and ir medication co-pay, they y. It get any money after his used his leftover money to es for him. ate pay and his brother gave nce. consibility to pay for activities."				
	inStaff #1 took the help if she paid for the wanted to do that."	d free activities to participate em out on weekends, "I can't eir food or activities, she itutes a recited deficiency.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO	<b>I</b> ↑ ↑		B) DATE SURVEY COMPLETED	
		MHL092-833	B. WING		0	R <b>4/24/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
V 112	This deficiency is cro	ss referenced into: 10 A pervised Living - Scope	V 112				
V 115	(a) Facilities that pro- assure that: (1) space and supervithe safety and welfar (2) activities are suita and treatment/habilities are suita and treatment/habilities are suita and treatment/habilities are suita and treatment/habilities are receivities. (h) Facilities or progrin these Rules as "24 available 24 hours a unless otherwise special assisting are transported, the with secure adaptive (e) When two or mor require special assisting a vehicle are transported are transported are transported are transported assisting a vehicle are transported are transported are transported are transported assisting a vehicle are transported ar	8 CLIENT SERVICES vide activities for clients shall vision is provided to ensure e of the clients; able for the ages, interests, ation needs of the clients in planning or determining ams designated or described 4-hour" shall make services day, every day in the year. Excified in the rule. We or prepare meals for that the meals are nutritious. In have a physical handicap wehicle shall be equipped equipment. The preschool children who tance with boarding or riding ported in the same vehicle, lult, other than the driver, to	V 115				
	This Rule is not met Based on interview a	as evidenced by: nd observation the facility					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE	
CARE ON	E HOMES	926 EDIS			
			, 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 115	Continued From page	e 30	V 115		
	failed to ensure nutritious meals were served and				
	activities were availab	ole for six of six clients (#1,			
	#2, #3, #4, #5, #6). T	The findings are:			
	A. During interview or	n 4/9/19 client #3 stated:			
	-The Licensee/R	egistered Nurse (RN) started			
		the home since last survey,			
	but still not enough.	re to the store and buy items			
	for them several time	go to the store and buy items			
	-The Licensee/RN brought groceries by one time a month.				
		ad to pull their money			
		e" to go to store to buy			
	have cereal about a r	s and milk so they could			
		id for the home to have			
	sandwiches several ti				
	months.				
		nere on the weekends, he or			
		od for everyone because the			
		provide money for going out. er brings food he gets			
		so they can have more food.			
	•	good with what she has to			
	work with."				
	_	neck bones and rice" for that, no other options to eat."			
		m money to use, the			
		provide an allowance for			
	him, "I am private pay	•			
	During interview on 4	/10/19 client #1 stated:			
	_	ne to the store many times			
	and spent her money	-			
	_ ·	er brought groceries to the			
	home weekly.				
	During interview on 4	/10/19 Client #2 stated:			
	_	N brings "a little bit of food at			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	IIRVFY
	OF CORRECTION	IDENTIFICATION NUMBER:	' '		COMPL	
			25.25.110.	A. BUILDING:		
		MHL092-833	B. WING		04/2	4/2019
		WITI LU32-033			04/2	4/2019
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES		ON ROAD			
		RALEIGH	I, 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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 115	Continued From page 31		V 115			
	a time."	read, milk and cereal and				
		he store and use her money				
	to buy more.	ne store and use her money				
	During interview on 4	/10/19 client #4 stated:				
		en cooking a lot better than				
	other staff.					
		ouy extra food several times				
		y would run out of bread.				
		on the weekends, they would				
	_	food or staff #1 would buy.				
		N had not given them money				
	to get food while out.	or brings food over a few				
		er brings food over a few uit, deli meat, vegetables				
	and bread.	uit, dell meat, vegetables				
		N would bring food one time				
	a month.	it would bring rood one time				
	During interview on 4	/10/19 Client #5 stated:				
	-Staff #1's brothe	er brings breads, sweets and				
	stuff to make sandwic					
		ught food lots of time when				
	they run out.	Ni sama ku almas t susas de				
		N came by almost every day,				
	-The food didn't	by one time a month.				
		to pull their money together a				
		ad to make sandwiches.				
	During interview on 4	/10/19 Client #6 stated:				
	_	ith staff #1 to buy more food				
	when they were out o					
		ught them food when out, "if				
	she had the money."					
		brought groceries by from				
		they work with, "a bunch of				
	it." -Would like to go	out to eat sometimes, "but I				
	-vvoulu like to go	out to cat sometimes, but I	1			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COM	ILLILD
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	: 7IP CODE		
NAME OF T	NOVIDEN ON 3011 EIEN			., ZII GODL		
CARE ON	E HOMES		SON ROAD			
	I		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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page	e 32	V 115			
	don't have the money	<b>/."</b>				
	stated:	/9/19 and 4/10/19 Staff #1				
	-The Licensee/RN came by everyday.					
	-The Director came by every few months, he lived in another state.					
	-The food supply had gotten better, but had					
	seemed to "fall off" ag	gain since the former QP				
		would stay on the				
	Licensee/RN to get food in the home.					
	-Felt like the Licensee/RN would only listen					
		had cited them before.				
		N was bringing fresh fruits				
	and vegetables, but r					
		gs lots of food over weekly				
	so we supplement wi					
	the clients had enoug	ing the food to make sure				
	_	church where they received				
		ferent grocery stores once it				
	expires or about to ex					
	-	fresh fruit, vegetables, deli				
	meats, breads and sv	_				
		t, because they get a variety				
	they did not have bef					
	_	own money to buy food for				
	clients if they went ou					
	-They did pull the	eir money together to buy				
	bread and milk becau	ise they did not have any to				
	make sandwiches.	•				
		also buy other clients food if				
	_	e they did not have money				
	to do do.					
		N did not give them money				
	-	they are just supposed to eat				
	what is at the home.					
		the food issues with the new ere "slacking off" again.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BOILDING.	<del></del>	_
		MHL092-833	B. WING		R <b>04/24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES	926 EDISC	N ROAD		
CARE ON	E HOMES	RALEIGH,	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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 115	15 Continued From page 33		V 115		
		Director in the past with ust respond with, "take this icensee/RN)."			
	-She had to buy local fast food restaur -Only had two sn clients wanted somet -The Licensee/R in three weeksThe Licensee/R and unable to get to the -Had asked the Lemoney and she could but she would not allow -Told the QP last she said she would s	nall packs of meat and the hing different. N had not brought groceries N told her she had been sick he grocery store. Licensee/RN to give her do the grocery shopping, bw it. night about the situation and			
	stated:  -Left employmen -Staff #1 had con spending her own mo -Had stayed on t for years about buyin keeping food in the he -This had always home, it had been cite years.  -Thought she had was complaining that being consistent with -Had told the Lice needed to provide fur out to eat on occasion -Not aware she e	been an issue with the ed multiple times over the d gotten better, but staff #1 the Licensee/RN was not getting enough food. ensee/RN multiple times she hads for clients to at least go n. ever bought them food while			
	out or met them in the them.	e community to eat with			

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	AND DI AN OF CORRECTION INDENTIFICATION NUMBER.		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:	
		MHL092-833	B. WING		R 04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		926 EDISO	N ROAD		
CARE ON	E HOMES	RALEIGH, I	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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 115	115 Continued From page 34		V 115		
	-The Licensee/R	N used to always tell her, when discussing the food	V 110		
	stated: -Started working middle of March 2019 -Had been to the with the clients and st -Staff #1 had con food in the home, she food out of her pocke -Staff #1 would to would buy "Hot Pocke lunch and nothing els -"Hot Pocket will  Further interview on 4 stated: -Went to the hom complaining about foo	thome a few times to meet taff. Inplained to her about the estated she was paying for t. It will her the Licensee/RN ets" for the clients to eat for e. In not fill a grown men." In 16/19 the Current QP In least night and staff #1 was and again.			
	on client care, somether  During interview on 4. Licensee/RN stated:  -Been buying foo a month.  -Came by the hotology and the store and should be from the store and should be from the store and should be s	her money on the clients take them out. from buying them food if she er volunteered to bring the se he wanted to, not			

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	FOF DEFICIENCIES OF CORRECTION	ON DENTIFICATION NUMBER:				
,	5. 55. ii. 25. ii. ii.	.52.****	A. BUILDING: _			
			D WING			R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISC	ON ROAD			
CARE ON	E HOWES	RALEIGH	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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 115	Continued From page	e 35	V 115			
	so." -"I can't tell [clien money."	t #3] how to spend his				
	-Did not give clients money to eat with on the weekends if they went out in the community or activities, "They get funds for that."  -Had met the clients out several times on the weekends and "I will throw my own money with theirs to eat lunch."  -The clients get different amounts of allowance each week,.  -They get their \$66.00 dollars a month, after she took out their medication co-pays, they get					
	the leftover.					
	-Client #3 is priva money, so he had mo	ate pay, his brother gives him ore than the others.				
	-Client #1 did not she used his money t	t get any allowance because o buy his cigarettes.				
		get between five to ten ey could use that to eat with				
	out in the community.					
	-"I can't afford to pay for their food when they go out, I am already spending money out of my own pocket in this home."					
		hey can just pack a lunch to they go in the community."				
	-Brother gives hir	n 4/9/19 client #3 stated: m money to use, the				
	him, "I am private pay	orovide an allowance for /." transportation, but the car				
		stop and put gas in the car				
	"right much." -Staff #1 puts gas money every week.	s in the car with her own				
		N came weekly to put gas in				

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DIVISION	or riealth Service Regu	ilation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					-	,
			B. WING		F	
		MHL092-833	B. WING		04/2	24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		926 EDIS	ON ROAD			
CARE ON	E HOMES		, NC 27610			
			, NO 27010	T		Ī
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
			1			
V 115	Continued From page	e 36	V 115			
	the car, not sure how	much.				
		ds they only go to the store "if				
	they have money."	as and, em, go to and etc. e				
	, ,	staff #1 took them down				
	town, she paid for eve					
	-	e weekly to take him out, but				
	the other guys do not					
	• •	ound on the weekends and				
	watch television.	und on the weekends and				
	water television.					
	During interview on 4	/10/19 client #1 stated:				
	-"Been depresse					
	-	-				
		ere on the weekends, except				
	grocery store when n					
		activities, "Seems like to me				
		on't spend money on stuff."				
	_	o out on weekends, 'but there				
	was no where to go, t	they did not have the				
	money."	use her own meney to nut				
		use her own money to put				
		laces and she would buy				
	their food.					
	During intensions on 4	/10/10 Client #2 stated:				
	•	/10/19 Client #2 stated:				
		N gave them her old car to				
	USE.	cor rupe out of good let "				
		car runs out of gas a lot."				
	-	out gas in it with her own				
	money.	n to big day, magazan fiya				
		n to his day program five				
	days a week.	4h				
	_	the weekends because they				
	did not have money to					
		it, they would go to the store				
	and back.	44 mark to m to 66 mark 1 11 mark 1				
		#1 put ten to fifteen dollars				
		er several times during the				
	week and weekend.					
		planned for them.				
	-Staff #1 will try t	to find stuff for them to do,				1

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DIVISION	n Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
						₹
		MHL092-833	B. WING	<del></del>	04/2	4/2019
NAME OF D	20/4050 00 01 000 150	OTDEET AD	DDEGG OITY OTA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA	II E, ZIP CODE		
CARE ONE HOMES 926 EDISC		926 EDISC	ON ROAD			
57 ti t 2 5 ti	- 110111120	RALEIGH	NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI	RIATE	DATE
				DEFICIENCY)		
V 115	Continued From page	37	V 115			
	Continued i form page	. 01				
	and she will use her o	own money for them to go.				
	During interview on 4	/10/19 client #4 stated:				
	-Don't go anywhe	ere on the weekends.				
	-Attends a day pr	rogram five days a week.				
	* *	rrands and go to the store,				
	but not planned activi					
	•	em out New Years Eve and				
	paid for everything.	on out tow rears are and				
		find stuff for them to do but				
	-Staff #1 tried to find stuff for them to do, but "when you don't have any money, there is not a					
	lot to do."	any money, there is not a				
	iot to do.					
	Donie w internal con co. 4	/40/40 Oli + #F - + - + - +				
	_	/10/19 Client #5 stated:				
		ve them her old car to use.				
		inywhere except to the store				
	when they get paid.					
		rogram six days a week, and				
	on Sundays, just water					
	-Had seen staff #	#1 put gas in the car lots of				
	times so they could g	o to the store or get food.				
	-Never had any a	activities planned, "that I am				
	aware of."					
	-Staff #1 will take	them out and spend her				
		they can get out of house.				
	•	, 0				
	During interview on 4	/10/19 Client #6 stated:				
	-	at the home now, but it				
	never has gas.					
		out gas in the car for them to				
	go to the store.	- 1 - 3 - 0 · · · · · · · · · · · · · · · · · ·				
	0	rogram six days a week, no				
	other activities.	ogram six days a week, no				
		out sometimes to eat or do				
		out sometimes to eat or do				
	something.	taka tham aut where she had				
		take them out when she had				
	money to do so.					
	During interview on 4	/10/19 client #1's Guardian				

stated:

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		EIED
			D 14/11/0		R	
		MHL092-833	B. WING		04/2	4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
CARL ON	L HOMLS	RALEIGH	, 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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 115	Continued From page	e 38	V 115			
V 115	-Client #1 did exp -He would like to -Saw client #1 or months and he alway communityClient #1 is invo where he went on Me week for a few hoursClient #1 had ex to make money and g -Client #1 had co go anywhere other th on the weekends but -Not aware of ac outside of their day pi  During interview on 4 stated: -The Licensee/R over for them to useTook client #2 a five days a weekThere is not extra activities on the week -Tried to find acti but had to use her ow car and buy their food	perience depression.  be more active.  nce every two to three rs wants to get out into the  lived in a Senior program eals on Wheels five days a  corpessed wanting to get a job get out of the house.  Implained to him he did not an meals on wheels, nothing stay at the home.  Itivities planned for the clients rograms.  In younght her old vehicle  and #3 to their day program  are money for the clients to do sends.  In younght her old of free, younght her old gas in the	V 115			
	tell them she was tak	ing them out, they would ean and dressed to go."				
		lew Years Eve downtown,				
		ild have a good night out.				
	-	at guys and need to get out of				
	this house."					
		to the Licensee/RN about				
	_	out and for more gas, she				
	said they had their me					
		N came every weekend took				
	the car and put gas ir -She would put o	n it. only fifteen dollars a week in				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			2 11/10		R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES	926 EDISC RALEIGH,	N ROAD NC 27610		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 115	Continued From page	: 39	V 115		
V 115	the car.  -That amount did their day program, mu community.  -Had contacted the street of the Licensee/RN was put respond, but thinks he and the Licensee/RN was put respond, but thinks he are the Licensee/RN saturday or Sunday of car is on empty, still he take clients to day proceed of the street of the license of the street of the license of the li	Inot last to take the clients to uch less getting out in the he Director via text on amount of gas that the ting in the car, he did not e spoke to the Licensee/RN. Nat put gas in the car on (4/6/19 or 4/7/19) and the lave the rest of the week to ogram.  In (Tuesday) at 11:30 AM of cle revealed the gas needle ked, the gas light was on.  In (10/19 and 4/15/19 the light of Correction dated 10/5/18, for to review before  In the Licensee/RN that it was revide money for activities clients could go out in the lith clients, tried to make a but staff #1 would use her them.  No would not provide extra tailed of their day program or	V 115		
	home due to constant -The Licensee/RI recommendations and	vocate, and this was no			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:		(X3) DATE COMF	SURVEY PLETED	
						D
		MHL092-833	B. WING	<del> </del>	I	R / <b>24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STATE	E, ZIP CODE		
CAREON	FUOMEO	926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	I, NC 27610			
(X4) ID PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF	HOULD BE	(X5) COMPLETE DATE
TAG	REGULATORT ORT	100 IDENTIFY THE INTORNIATION	TAG	DEFICIENCY)	TROFRIATE	
V 115	Continued From page	e 40	V 115			
	2/18/19 revealed: -"The newly hired implemented a sched clients, which include	Plan of Correction received d staff (staff #1) has ule of activities for the s activities in the home and				
	Current QP stated:Staff #1 had convisits about needing rand how she was spetake the clients outHad planned to Licensee/RN because	I/10/19 and 4/1519 the Inplained to her on all her Inoney for gas and activities Inding her own money to Idiscuss this with the I she needed to make sure I as to take them on outings				
	Licensee/RN stated:  -Had not made a  -Staff #1 took the  -They should find the weekends.  -Did not give more funds for that."  -They can use th go on activities it they  -They get their \$1 she took out their ment the leftover  -The clients get of allowance each week  -Client #3 is priva money, so he had more  -Client #1 did not she used his money to	dication co-pays, they get different amounts of ate pay, his brother gives him ore than the others. It get any allowance because o buy his cigarettes. It get between five to ten				
		ey could use that to go out				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		R	
		MHL092-833	B. WING		04/24/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO RALEIGH, I				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	ETE
V 115	go out, I am already sown pocket in this hore -Usually puts fifted gas in the car a week -Came on the wedgas.  -Spends about si "That is enough, Rale -It did not take the where they need to ge -Gave the facility Honda Pilot.  -Aware staff #1 he program five days a weak -Aware she is pu "she did that on her of the sown in the sown is put the sown in the	pay for their food when they spending money out of my me." een- twenty dollars worth of eekend and took the car for exty dollars a month on gas, eigh is a small city." at much gas to get around o. her old vehicle, a 2006 and to take clients to day week. tting extra money in the gas, wn."	V 115			
V 289	This deficiency constitutes a recited deficiency. This deficiency is cross referenced into: 10A NCAC 27G .5601 Supervised Living - Scope (V289) for a Type A1 rule violation.  V 289 27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE  (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.  (b) A supervised living facility shall be licensed if the facility serves either:  (1) one or more minor clients; or  (2) two or more adult clients.		V 289			

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(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	A. BOILDING			
R WING			R	
MHL092-833	B. Wiite		04/24/2019	
STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
926 EDIS	ON ROAD			
RALEIGH	, NC 27610			
EMENT OF DEFICIENCIES NUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
2	V 289			
ing facility shall be cific population as a facility which mary diagnosis is mental we other diagnoses; in means a facility which mary diagnosis is a but may also have other on means a facility which mary diagnosis is a but may also have other on means a facility which mary diagnosis is a but may also have other on means a facility which mary diagnosis is a dency but may also have on means a facility which mary diagnosis is a dency but may also have on means a facility which mary diagnosis is a dency but may also have on means a facility in a near serves no more than the primary diagnoses is also have other alt clients or three minor in the primary diagnoses is the set of the may also have the with a family and the grules: 10A NCAC 27G 5)(A)&(B); (6); (7) 8); (11); (13); (15); (16);	V 289			
	MHL092-833  STREET AD  926 EDISC RALEIGH  MENT OF DEFICIENCIES UST BE PRECEDED BY FULL EIDENTIFYING INFORMATION)  2  Shall not reside in the  Ing facility shall be cific population as  In means a facility which mary diagnosis is mental the other diagnoses; In means a facility which imary diagnosis is a to but may also have other  In means a facility which mary diagnosis is a to but may also have other  In means a facility which imary diagnosis is dency but may also have  In means a facility which imary diagnosis is dency but may also have  In means a facility which mary diagnosis is dency but may also have  In means a facility in a In serves no more than the primary diagnoses is the serves no more than the primary diagnoses is the serves no more than the primary diagnoses is the serves of three minor the primary diagnoses is the serves of three minor the primary diagnoses is the serves of three minor the primary diagnoses is the serves of three minor the primary diagnoses is the serves of three minor the primary diagnoses is the serves of three minor the primary diagnoses is the	MHL092-833  B. WING  STREET ADDRESS, CITY, STATE  926 EDISON ROAD  RALEIGH, NC 27610  MENT OF DEFICIENCIES  IUST BE PRECEDED BY FULL  EIDENTIFYING INFORMATION)  PREFIX  TAG  10  PREFIX  TAG  10	MHL092-833  STREET ADDRESS, CITY, STATE, ZIP CODE  926 EDISON ROAD  RALEIGH, NC 27610  MENT OF DEFICIENCIES UST BE PRECEDED BY PULL IDENTIFYING INFORMATION)  2 V 289  Shall not reside in the  ng facility shall be eiffic population as  n means a facility which mary diagnosis is a but may also have other  n means a facility which mary diagnosis is a but may also have other  n means a facility which mary diagnosis is a but may also have other  n means a facility which mary diagnosis is dency but may also have  n means a facility which mary diagnosis is dency but may also have  n means a facility which mary diagnoses is solven the mary diagnose is solven	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MHL092-833	B. WING		04	R <b>I/24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
(VA) ID	SLIMMADY ST.	ATEMENT OF DEFICIENCIES	H, NC 27610	PROVIDER'S PLAN OF CO	OPPECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 289	Continued From page	e 43	V 289			
	non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac	A NCAC 27G .0209[(c)(1) - ications only] (d)(2),(4); (e) and 10A NCAC 27G .0304 ility shall also be known as g or assisted family living				
	services in a home er	,				
	review, observation, a failed to ensure the Li	F QUALIFIED ND ASSOCIATE Fag 109) Based on record and interview the facility censee/Registered Nurse nowledge, skills and abilities				
	PLAN (Tag 112) Base interviews the facility	TATION OR SERVICE d on record review and				
	SERVICES (Tag 115) observation the facilit meals were served ar	A NCAC 27G .0208 CLIENT Based on interview and y failed to ensure nutritious nd activities were available £1, #2, #3, #4, #5, #6).				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
70101270	or connection	IBENTI TOTALON NOMBELLA	A. BUILDING: _		
		MHL092-833	B. WING		R <b>04/24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES		ON ROAD I, NC 27610		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODERICIENCY)	JLD BE COMPLETE
V 289	(Tag 736) Based on record review the fact home in a safe, attract offensive odor.  During interview on 4 stated:  -These citations -The clients cont -The Surveyor is -"You are martial surveyor.  -"I fixed everythin -Would not comp (POP).  -Surveyor advise with her Qualified Prowith in developing a factor in the dayThe Licensee/R their money on food a to do so.  -Denied any client food.  -Surveyor left the continued to express -No POP was re  An Email was sent to requesting a POP be 4/23/19.	A NCAC 27G .0303 FERIOR REQUIREMENTS observation, interview and ility failed to maintain the ctive manner free from	V 289	DEFICIENCY)	
	POP was received.  Clients with diagnose	es of Anxiety, Severe izophrenia were denied			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES (X1)		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			_		_	
			B. WING		R	
		MHL092-833	B. WING		04/2	24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	TE. ZIP CODE		
			ON ROAD	,		
CARE ON	E HOMES					
			I, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		COMPLETE DATE
IAG		200 12 21 1111 1111 2111 21 111 21 111 21 11	IAG	DEFICIENCY)		
V 289	Continued From page	e 45	V 289			
		o coordinate, schedule and				
		ensee/RN also failed to				
		portation, providing only sixty				
		th for the facility vehicle. To				
	ensure clients were a	able to attend day programs				
	as outlined in their tre	eatment plans, staff had to				
	supplement by purcha	asing gas with personal				
	funds.Clients' treatme	ent plans and strategies of			ļ	
		nunity activities, social events				
		ot able to be implemented by				
		facility resources. Staff and			ļ	
		d for clients out of their own				
	money as Licensee/R					
		of food. Needed repairs in				
		ompleted including carpet				
		e broken nightstands, light				
	fixtures, furniture with					
		ken porch post and other			ļ	
	I	and outside of the home.				
		ed to accept responsibility				
	_	eeds for food, activities and				
	· · · · · · · · · · · · · · · · · · ·	net despite multiple requests				
	from Staff #1 and the					
	Professional. The Lic					
		re correction of previously				
		d failed to inform the current			ļ	
	QP of ongoing licensu	ure issues. These systemic				
	failures resulted in se	rious neglect and				
	constitutesa Type A1	rule violation uncorrected.			ļ	
	This deficiency consti	itutes a continued failure to				
	correct Type A1 rule	violation for serious neglect.				
	An administrative per	nalty of \$500.00 per day				
		sed for failure to correct				
	within 23 days.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
	10A NCAC 27G .0303	3 LOCATION AND				

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EXTERIOR REQUIREMENTS

STATE FORM 6899 CC7I11 If continuation sheet 46 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			_		
		MHL092-833	B. WING	<del></del>	R <b>04/24/2019</b>
NAME OF D	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE ZIR CODE	
NAIVIE OF P	ROVIDER OR SUPPLIER			TE, ZIP CODE	
CARE ON	E HOMES		SON ROAD H, NC 27610		
	CLIMMADY CT			PROVIDER'S PLAN OF CORRECTION	N 0.50
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 736	Continued From page	: 46	V 736		
		s grounds shall be clean, attractive and orderly kept free from offensive			
	review the facility faile	as evidenced by:  a, interview and record  at to maintain the home in a  ber free from offensive odor.			
	following,  -Living room furn ripped with inside fillir places.  -Strong smell of the smell coming from livit standing beside it.  -Kitchen air vent out of vent opening.  -Back porch hand detached from house at the touch.  -Client #1 and #6 smoke detector and of exposed wires.  -Client #1 and #6 match drawers placed -There was no be nightstand drawer and -Client #1's mattr middle.  -Client #5's ceilin	ottom to client #1's d it was hanging out. ess deeply sunken in the g fan light had no light bulbs			
	and had one lamp on broken This was his on	a nightstand that was ly source of light in client			

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STATE FORM 6899 CC7I11 If continuation sheet 47 of 56

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING			
		MHL092-833	B. WING		R <b>04/24/2019</b>	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISC RALEIGH,				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 47	V 736			
	#5's room.  -Client bathroom missing light covers a bulb. The glass light sink.  -Carpet in client: extremely stained, dir body odor.  -Front porch rails -Mailbox in front multiple tree stumps a During interview on 4  -The light in the babout three months, rovers on the sink, the for a while.  -Was hoping the cleaned or replaced, to him.  -There is no vacucarpet, "we have a so with a broom to clean -There was a vac really worked.  -The Licensee/Raware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, aware of this, he told -Assumed she we because he was the orange of the cleaned or replaced, to him.	avanity light fixture had two and bulbs, only one working covers were sitting on the #3 and #4's bedroom try and had a strong smell of a had missing post and loose. You was propped up by and pieces of cut wood.  1/9/19 client #3 stated: beathroom had been out for not sure who sat the glass hey have been sitting there carpet in his room would get but no one had mentioned it uum cleaner to use on his borry one," had to sweep it in it. cuum there, but it never egistered Nurse (RN) was her a long time ago. rould not buy a new one only one with carpet. It deen broken for a long tiling down. oved some tree stumps it up about three months				
	-Dresser in his be since he moved in.	/10/19 Client #2 stated: edroom had been broken mattress, but the one on mup."				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 48 of 56

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	MRED. COMPLETE			
ANDILAN	SI CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:		COM	LETED
		MHL092-833	B. WING		04	R 4 <b>24/2019</b>
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
0455 01	E 110ME0	926 EDIS	SON ROAD			
CARE ON	E HOMES	RALEIGH	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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 48	V 736			
	-The mailbox had time, "someone needdong time, "someone needdong the had to use a broom to the Licensee/R furniture over a year and the recently got bought it."  -The ceiling fan I he moved in, not sure in it.  -Always had the nightstand, it works, i with light shade broken.	d been broken for a long s to fix it or get a new one." by had did not work, client #3 to sweep his carpet.  N had brought the current ago.  1/10/19 client #5 stated: new furniture, "My guardian ight had never worked since why no one ever put bulbs broken lamp on the t just hangs over sideways en. ixture had been without light				
	ago by a transportation propped tree stumps -The rails on the for a long time, gradue -The couches are	s knocked down a long time on van, and they had against it to hold it up. back porch had been broken				
	-Dresser in his b since he moved in. -The rails on fror broken for a "long tim noticed. -The bathroom li with no bulbs.	/10/19 client #6 stated: edroom had been broken at and back porch had been e", not sure of a date when ght had "always been broke" /10/19 client #1 stated:				
	-Dresser in his ro since he moved in las	oom had been "messed up"				

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STATE FORM 6899 CC7I11 If continuation sheet 49 of 56

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	MULTIPLE CONSTRUCTION (X3) DATE SU		E SURVEY PLETED
7.1.12 . 27.11	o. oo		A. BUILDING:	A. BUILDING:		
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	. ZIP CODE		
			SON ROAD	, 332		
CARE ON	E HOMES		H, NC 27610			
	OUR MADY OT		·	PD0///PEDI0 PLAN 05	CORRECTION	
(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 T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 49	V 736			
	didn't fit.					
		eded to be replaced, been				
		ved in, client #4 tried to fix it				
	by stacking tree stum					
		furniture has sunk in				
	_	en like that since she brought				
	it over last year.	S				
	1	going on with his mattress,				
		ught this was over, she said				
	it was new, but it sunken in the middle.					
	-The Licensee/RN don't fix stuff.					
	-"Seems like she	don't want to spend money				
	on stuff."					
	During interview on 4	/10/19 client #4 stated:				
	_	s bedroom is really dirty, he				
		he broom because there is				
	no vacuum.					
	-The couches in	the living room are sunken				
	in, staff #1 mentioned	something about trying to				
		ent furniture for that room.				
		about a year ago, gathered				
		s in the yard to prop it up.				
		ails have been broken for "a				
	while now, I just use a	an old bucket to prop it up."				
	During interview on 4 stated:	/9/19 and 4/10/19 staff #1				
		N fixed most repairs from				
	last survey.					
	_	alified Professional (QP)				
		d on top of Licensee/RN to				
	get the repairs done.	•				
		N only fixed the stuff				
		r QP and "state" would be				
	coming back out.					
		ts of repairs to be				
	completed.					
	-There is no vac	uum to use on the carpet.				
	-The vacuum cle	aner did not work, and had				

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STATE FORM 6899 CC7I11 If continuation sheet 50 of 56

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMILE	-160
			B. WING		R	
		MHL092-833	D. WING		04/2	4/2019
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO				
		RALEIGH,	NC 2/610			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 50	V 736			
V /36	not since she started September 2018.  - Client #3 and # their carpeted floor.  -Had told the Lick she said she had som repairs.  -The former QP vinspections and discutthe Licensee/RN and -The repairman chad not been back, the The Licensee/R porch rails, vent in kithe When the repair he did what they initial adding more stuff to him, "I doubt he would The current QP she had not done a water if she knew sheed The Director carsurvey and saw thee "shot believe how bad the The Director live think."  -He may come to months, he will swing for a few minutes.  During interview on 4 stated:  -Ended her emplements with and make changes was doing a bist this to the Director in the stated:  -Was doing a bist this to the Director in the said was doi	working here last  4 used a broom to sweep ensee/RN about the repairs, neone coming to fix the  would do bi-weekly ussed needed repairs with Director. did the initial repairs, but he nat was a few months ago. N is aware of the broken uchen, mailbox and furniture. Than was doing the repairs, ally asked, then they kept his list and would not pay d come back to work here." had been by a few times, but valk through of the home, not needed to do checks. The to the facilityafter last shape of things" and could the home had gotten. The one had got	V 736			
	-The Director wo	all things were fixed per her				

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STATE FORM 6899 CC7I11 If continuation sheet 51 of 56

			(X3) DATE SURVEY			
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL092-833	B. WING		04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		926 EDISC		,		
CARE ON	E HOMES		NC 27610			
0(1) ID	STIMMADA ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N over	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 51	V 736			
	roquest					
	request.	ny request for repairs in				
	January 2019.	ily request for repairs in				
		on making sure the original				
		in previous survey were				
	completed.	in previous survey were				
	•	ng the mailbox as it had been				
	broken for almost two	_				
		to the Licensee/RN and				
		es about the living room				
		ld, stained, sunken in and				
	· ·	place in the home for the				
	clients."	•				
	-Expressed to the	e Director in multiple				
	conversations these i	issues and he would not				
	respond and the Lice	nsee/RN stated there was				
	nothing wrong with th	ne furniture.				
	-That it was not o	damaged, and it was very				
	sentimental to her.					
	-Did not recall the	e Licensee/RN ever				
		or cleaning the carpet.				
		oken dressers or porch rails,				
	never looked out bac	· ··				
	•	repairman to do the list of				
	repairs that were cite					
		repairs was in March 2019.				
	_	had more repairs for him to				
	· ·	e had contacted him to come				
	back since he left.					
	-	rman agreed to do the				
	-	an estimate and agreed				
	payment.	he renaire they				
	-As he finished the					
		N) kept adding more things				
		uld not pay him until those				
	things were complete					
	•	ing off paying him."				
		aid and told her he would				
	never work for them a	agaiii.				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 52 of 56

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	COMPLE		(X3) DATE SURVEY COMPLETED
,	or contraction		A. BUILDING:		00 22.23
		MHL092-833	B. WING		R <b>04/24/2019</b>
NAME OF D			DECC CITY CTA	TE 7/D 000E	1 0 112 112010
NAME OF P	ROVIDER OR SUPPLIER	926 EDISC	DRESS, CITY, STA	ITE, ZIP CODE	
CARE ON	E HOMES		NC 27610		
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	ON (VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 736	Continued From page	: 52	V 736		
V 736	During interview on 4/by Licensee/RN state -He was hired by few months ago to fix -Submitted an es agreed priceFixed the bathro cabinets, holes, new obseement (damaged and painted the interice and painted the interice and painted the interice and painted was mould pressure washentire outside was finishent would request paymore things onThe Director tolo you until you finish alleful agreed repair kept putting off paying and to ask multiwould "nick pick" his verification one from the left to come back to and left, that I would read that I would rea	Licensee/RN and Director a repairs. timate and contract of om sink, bathroom ceiling, doors, new floor in the from leak), hung new blinds or walls. all work was completed he the house because the bestly green (the house is to the difficulty in working paid, he decided to cut ties re work. ing the initial agreed items, ment, but they kept adding the repairs." The swere completed and they go him. ple times to get paid, they work to try not pay him for it. such to go through to get paid the work that bad." home had called him since or do repairs. etty evident when I got paid not be returning."	V 736		
	-Started working 2019. -No one ever me	QP stated: as QP the middle of March ntioned to her the facility tive penalties or any specific			
	duties outside of the r				

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STATE FORM 6899 CC7I11 If continuation sheet 53 of 56

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED
						R
		MHL092-833	B. WING		<b>I</b>	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		926 FDIS	ON ROAD			
CARE ON	E HOMES		I, NC 27610			
	CUMMADVCT			DDOV/IDEDIC DI ANI OF CO	DDECTION	
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page	e 53	V 736			
	Not aware of a F	Plan of Correction from				
	previous survey, nev					
	-	ne one time a week, never				
	went past the living ro					
		port with clients, getting to				
		operates and meeting with				
	staff.	sperates and meeting with				
		d her to do weekly checks				
		to check for repairs (per				
	POC from 10/5/18 su					
		y repairman supposed to be				
	coming back to do re					
		he home, noticed a large tree				
		rd, away from the home, but				
		o the Licensee/RN and she				
		a hard time finding someone				
		or one hundred dollars.				
		t to home and checked				
	around the client roor					
	-Noticed client #	1's mattress was sunken in				
	the middle, asked hin	n did that bother him				
		he said, "yes, it hurts my				
	back, but I'm used to					
	-Now will check t	the home for more repairs, "It				
	is so sad how she slip	os out on client care."				
	During interview on 4	/10/19 and 4/17/19 the				
	Licensee/RN stated:					
	-	all repairs that were cited in				
	the previous survey.					
	-	en to complete them.				
		was doing the weekly checks				
	and letting them know					
		e forms the former QP used,				
		m and she told her they				
		eated and would not give				
	them to her.					
		nome every day and check use at least one to two times				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 54 of 56

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION		E SURVEY PLETED
,	o. oo	is a remarkable to	A. BUILDING: _	A. BUILDING:		
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	ΓΕ, ZIP CODE		
0405.00	E LIONES	926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	H, NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLETE DATE
V 736	Continued From page	e 54	V 736			
	a week."					
		e current QP the plan of				
		er to do weekly checks.				
	· ·	e had done the weekly				
		mentioned anything to her				
	about them.	, ,				
	-The QP knew sh	ne was to check everything in				
	the home, "that is par	t of her job."				
	-Aware of the kite	chen vent and back porch				
	hand rails needing re	pairs.				
		ated with the repairman in				
	February and he told her he would return and fix					
	_	s soon as he finished all his				
	work with other client					
		him or contacted him since				
		e would call her when his				
	work lightened up.					
	_	ight in client #5's room is not				
	_	ilbs with square base and				
		find those type to fit it. d the home stores in a very				
	long time for them, "I	•				
		k rail being loose last week,				
		x it, but he had five people				
	ahead of her before h					
		nas been giving me a				
		ke a while, "I guess I need to				
	get a new one, not su					
		fine, "not aware of any				
	problems with it."					
	-Surveyor showe	ed the Licensee/RN the "dry				
		e inside filling was coming				
		ught this furniture over a				
	year ago from her hor					
		she knew someone who				
		furniture to them, so had not				
		ew furniture for the home.				
		ve client #3's carpet, but he				
		out, "That's his right to have				
	the carnet remain in h	nis room if he wants."	1			1

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STATE FORM 6899 CC7I11 If continuation sheet 55 of 56

AND DI AN OF CORRECTION INDENTIFICATION NUMBERS		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _		_
		MHL092-833	B. WING		R 04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES	926 EDISC			
	I	RALEIGH	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 COMPLETE
V 736	Continued From page	÷ 55	V 736		
	-If client #3 said I	ne wanted his carpet			
	removed or cleaned,	"he is lying, he lies about			
	everything and only G end."	God will deal with him in the			
	-Not aware of the	vacuum not working			
		awers in client #1, #2 and			
	#6's room being broke				
	1	showed the Licensee/RN the y were "off track" and she			
		the drawers were too small			
	I	I did not belong to that piece			
	of furniture.				
		N walked into client #2's			
		ut the drawers to see if they			
	were a better fit.  -The Licensee/RI	N pulled out the broken			
		hich had no bottom and said			
		it was closed (it was the			
	bottom drawer in the	nightstand) but when			
	opened the bottom wa				
		N dug around client #6's			
		nd the bottom piece to the d with missing corners, she			
	stated "Here is the bo	ttom, this can be fixed			
	back."				
	repairs, I have done a	much money in these all I can."			
		tutes a recited deficiency.			
	_	ss referenced into: 10A			
	(V289) for a Type A1	pervised Living - Scope			
	(v200) for a Type AT	Tale Violation.			

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