

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-890	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 07/02/2019
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NAME OF PROVIDER OR SUPPLIER ARBOR HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 3709 ARBOR DRIVE RALEIGH, NC 27612
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual, complaint and follow up survey was completed on 7/2/19. Complaint Intake #00142208 was substantiated. Deficiencies were cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G .5600C Supervised Living for Developmentally Disabled.</p>	V 000		
V 120	<p>27G .0209 (E) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the medications stored in the refrigerator was secured in a locked box for one</p>	V 120		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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V 120	<p>Continued From page 1 of three clients (#2). The findings are:</p> <p>Observation on 6/24/19 at 9:30 am of refrigerator located in the kitchen revealed a metal box containing two bottles of probiotics.</p> <p>During interview on 6/24/19 The Qualified Professional (QP) stated: -These belong to client #2. -They had always been in the refrigerator. -Was not aware the box was not locked. -Not sure where the key for the box is located.</p> <p>[This a re-cited deficiency and should be corrected within 30 days.]</p>	V 120		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the home in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 6/24/19 at 10:00 AM revealed: -The faucet on the sink in client #1's bedroom was very loose and moving side to side.</p>	V 736		

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V 736	Continued From page 2 During the interview on 6/24/19 The Qualified Professional (QP) stated: -Client #1's mother owns the home and usually fixes all repairs. -Was not aware of any repairs needed in the home.	V 736		