PRINTED: 07/17/2019 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND FLAN OF CORRECTION IDENTIFICATION NUMBER.		A. BUILDING:					
		MHL081-069	B. WING		R 06/26/2		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
KELLY'S	KELLY'S CARE 2073 HARRIS-HENRIETTA ROAD						
			BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on June 26, 2019. I	w up survey was completed Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736				
	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.						
	failed to be maintain and attractive mann Observation on 6/2	ion and interview, the facility ned in a safe, clean, orderly ner. The findings are: 6/19 from 12:23 pm to 1:00					
	room/food pantry ro approximately 2 fee wooden sub-floor b	in the combined laundry					
	-The red and gold of black stained areas stains around the fr cloth on sofa arm of several places;	colored living room sofa had son both arms and black ront edge of the sofa with the losest to the front door torn in sped bathroom located across throom contained:					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					F	₹
		MHL081-069	B. WING			6/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KELLVIC	CARE	2073 HAR	RIS-HENRIE	TTA ROAD		
KELLY'S	CARE	MOORESI	BORO, NC 2	28114		
(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 736	Continued From page 1		V 736			
V 730	-a step-in shower inside the shower; -2 broken floor tile -a baseboard hea extended behind the and needed to be c -A broken kitchen flower left side and pand right-side vanity -a sink vanity with lower left side and pand right-side vanity -a tub/shower with the tub and black st between the tub and tub. Interview on 6/26/19 -He and his housen to place their clothe launder for them. Interview on 6/26/19 -He did not know he had been torn;	es near the shower; ter attached to the wall and e sink had collected debris leaned; oor tile at the entry of the ng room; n located adjacent to the	V 730			
	sofa was as the clie watched television; -The black stains in	ents sat on sofa daily and the tub and shower of client				
	cleaning supplies; -The conditions of t	empted to be removed with he doors to the sink vanity I from water damage.				
	Officer (CEO) revea	9 with the Chief Executive aled: to ensure these areas were				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			X3) DATE SURVEY COMPLETED	
		MHL081-069	B. WING			R 26/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
KELLY'S	CARE		RRIS-HENRIE BORO, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 736	Continued From pa	ge 2	V 736				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 days.					
V 774	27G .0304(d)(7) Mi	nimum Furnishings	V 774				
	EQUIPMENT (d) Indoor space reprior to October 1, square footage requires. Unless otherwaresidential facilities 1988 shall meet the requirements: (7) Minimum furnishinclude a separate	quirements: Facilities licensed 1988 shall satisfy the minimum uirements in effect at that vise provided in these Rules, licensed after October 1, e following indoor space mings for client bedrooms shall bed, bedding, pillow, bedside for personal belongings for					
		on and interview, the facility nadequate bed for a client					
	pm of Client #6's be -He had a hospital l approximately 12 in	6/19 at approximately 12:45 edroom revealed: bed with the mattress suches in height from the floor red to be supported by side					
	pm revealed:	6/19 at approximately 12:47 ut 6 feet or more in his height; " to the Residential					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
İ			D. MINIO		F	
		MHL081-069	B. WING		06/2	6/2019
NAME OF PRO	OVIDER OR SUPPLIER			STATE, ZIP CODE		
KELLY'S CA	ARE		RIS-HENRIE BORO, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
In S -1 bo w In O -C di w -1-	omfortable in his benterview on 6/26/19 The bed he used we moved into the faller of the did not know which his bed was not conterview on 6/26/19 Supervisor revealed The bed in Client #ed that was used be wheelchair. Interview on 6/26/19 Officer (CEO) reveal of the did not help was in the did not help was slow to heal;	on about whether he was ed. 2 with Client #6 revealed: vas already in his room when acility; hy he had a hospital bed and v to the floor; omfortable to sit on or lay on. 2 with the Residential d: 6's bedroom was a hospital by a former client who was in a ed with the Chief Executive aled: intentionally a hospital bed ving had a boil on his back that getting Client #6 another bed	V 774			

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