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					
741212741	or contraction	IDENTIFICATION NO.	A. BUILDING: _							
		MHL013-083	B. WING		08/0	8/2019				
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE						
CABARRU	CABARRUS COUNTY GROUP HOME 65 CRESWELL DRIVE CONCORD, NC 28025									
(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 000	INITIAL COMMENTS		V 000							
	on 8-8-19. Deficiencie This facility is license category: 10A NCAC	d for the following service 27G 5600C Supervised se Primary Diagnosis is a								
V 120	20 27G .0209 (E) Medication Requirements		V 120							
	and 86 degrees Fahre (B) in a refrigerator, if degrees and 46 degre refrigerator is used fo shall be kept in a sep or container; (C) separately for eac (D) separately for ext (E) in a secure manne for a client to self-mee (2) Each facility that r controlled substances registered under the l	ge: all be stored: ed cabinet in a clean, d room between 59 degrees enheit; required, between 36 ees Fahrenheit. If the r food items, medications arate, locked compartment ch client; ernal and internal use; er if approved by a physician dicate. maintains stocks of s shall be currently North Carolina Controlled 90, Article 5, including any								
	failed to ensure that r	nd observation the facility nedications were stored lient, effecting two clients								

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

TITLE (X6) DATE Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL013-083	B. WING		R 08/08/2019		
NAME OF PROVIDER OR SUPPLIER CABARRUS COUNTY GROUP HOME STREET ADDRESS, CITY, STATE, ZIP CODE 65 CRESWELL DRIVE CONCORD, NC 28025							
(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE		
V 120	Continued From page	: 1	V 120				
V 736	revealed: -Bottom cabinet of medication, each clien name on it. -Medications not drawer together included client #1, Voltaren gether included in the second of the client #1, Voltaren gether included in the second of the client with the second of the client of the second of	with staff #1 revealed: Ints medications were too big wided. It is needed to ask for bigger with the Qualified in the issue fixed immediately. It is and Grounds Maintenance is LOCATION AND EMENTS	V 736				
		and interview the facility d in a clean, safe, attractive					

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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	
		A. BUILDING		_	
	MHL013-083	B. WING		R 08/08/2019	
NAME OF PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
CABARRUS COUNTY GROUP HO	ME	ELL DRIVE			
,	CONCOR	D, NC 28025			
PREFIX (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 736 Continued From page	Continued From page 2				
Observation on 8-7-1 revealed: -Dining Room: A mattress were piled a -Front door had a the decorative window -Hall bathroom: It tub, bathtub had a he the sides and floor, the molding along the flow was dirty with a dried wall. -Outside bench wexposed screws visiberated -Rotting wood and the outside shed. -Multiple small proproximately 5 feet, outside on the front risers of the anold door leaning a wood (some appearing new) were piled on the linterview on 8-7-19 were piled on the linterview on 8-7-19 were piled on the linterview on 8-8-19 were pil	9 at approximately 5:00 PM door, old flooring and two against the wall. an old towel fastened over ws. floor was peeling around the eaving layer of soap scum on the toilet was dirty, the for was dirty, the right wall substance running down the was coming apart with file. Ind a window leaning against sipes, some as long as some rusting, were piled ght corner of the house. It right side of the house had gainst the side of the house, and old, some appearing to be the side of the house. With staff #1 revealed: Tremember how long the the things in it but it had I towel over the window ant people looking in the	V 736			

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