Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SU COMPLET			
	MHL059-077	B. WING		R 12/0 !	5/2019
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
STAMEY HOME 1		ICE ROAD NC 28752			
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY 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	(X5) COMPLETE DATE
V 000 INITIAL COMME	NTS	V 000			
on 12/5/19. Defice This facility is lice category: 10A NC	low up survey was completed iencies were cited. nsed for the following service AC 27G .5600C Supervised vith Intellectual and sabilities.				
REQUIREMENTS (b) Medication pa (1) Non-prescript dispensed by a pi manufacturer's la visible; (2) Prescription r or obtained as sa tamper-resistant risk of accidental packaging include with tamper-resis unit-of-use packa may be adequate (3) The packagir drug dispensed n (A) the client's na (B) the prescribe (C) the current di (D) clear direction (E) the name, str date of the prescr (F) the name, ad pharmacy or disp	D209 MEDICATION Containers and labeling: ion drug containers not narmacist shall retain the pel with expiration dates clearly medications, whether purchased imples, shall be dispensed in packaging that will minimize the ingestion by children. Such is plastic or glass bottles/vials ant caps, or in the case of ged drugs, a zip-lock plastic bag ig label of each prescription itust include the following: me; is name; spensing date; is for self-administration; ength, quantity, and expiration	V 117			

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

TITLE (X6) DATE

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY PLETED	
						R	
		MHL059-077	B. WING		12/0	5/2019	
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
STAMEY	HOME 1		ICE ROAD NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 117	Continued From pa	ige 1	V 117				
	This Rule is not me Based on observatireview, the facility f medications availatexpired and contain for 2 of 3 clients (C findings are: Record review on 1-Admission date of Moderate Intellectu Oppositional Defiar Hyperactivity (ADH-Physician ordered included Ketoconam Mondays and Thurs Nasal Spray 0.05% bleeds as needed. Review on 12/4/19 October-December	et as evidenced by: ions, interviews, and record ailed to ensure all prescription ble for administration were not ned a current dispensing date lient #1 and Client #3). The 2/4/19 for Client #1 revealed: 1/4/19 with diagnoses of nal Disability, Autism, nt Disorder, Attention Deficit D) and Seasonal Allergies. medications on 1/31/19 zole 2% apply topically on sdays for scalp lesions and 1 spray into nostrils for nose of MARs for					
	10/7/19, 10/10/19, 10/24/19, 10/28/19, 11/11/19, 11/14/19, 11/27/19 and 12/2/	10/14/19, 10/17/19, 10/20/19, , 10/30/19, 11/4/19, 11/7/19, 11/18/19, 11/21/19, 11/25/19,					
	-Admission date of Autism, Bipolar and Physician ordered r 3/19/19 included No	2/4/19 for Client #3 revealed: 4/24/19 with diagnoses of 4 ADHD. medications on 9/17/19 and eutrogena 3% shampoo apply 4 and disposable needles for					

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Division of Health Service Regulation

	AND DUAN OF CORRECTION TO THE TRANSPORT OF THE PROPERTY OF THE		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL059-077	B. WING			R 05/2019	
	PROVIDER OR SUPPLIER	180 JUST	ICE ROAD	STATE, ZIP CODE			
	T		NC 28752			T	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPI DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 117	Continued From pa	ge 2	V 117				
	Victoza 18mg to ad subcutaneously dai Review on 12/4/19 October-December	minister 0.6mg ly. of MARs for 2019 revealed:					
	10/7/19, 10/10/19, 10/24/19, 10/24/19, 10/28/19, 11/11/19, 11/14/19, 11/28/19 and 12/2/1 Victoza was admini	poo was administered 10/3/19, 10/14/19, 10/17/19, 10/21/19, 10/30/19, 11/4/19, 11/7/19, 11/18/19, 11/21/19, 11/25/19, 19. (18 doses) stered daily 10/1/19-10/31/19, ad 12/1/19-12/4/19. (65 doses)					
	medication boxes for revealed:For Client #1-1 tul had expiration date dispense date of 10 had dispense dateFor Client #3-Salid expiration date of 1.	4/19 at approximately 10am of or Client #1 and for Client #3 be of Ketoconazole 2% cream of 5/2019 and 1 tube had 1/30/18; Nasal Spray 0.05% of 6/21/18. bylic Acid 6% Shampoo had 1/2019 and box of disposable pen had expiration date of					
	-Had worked there -Was responsible for passing medication -Had not noticed the medicationsHe guessed the Horesponsible to checo	e expirations dates of some ouse Manager would be king the medications. 9 with the Qualified					
	probably should be	lity on a regular basis but					

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					F	
		MHL059-077	B. WING		12/0	5/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
STAMEY	HOME 1		ICE ROAD			
			NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	.D BE	(X5) COMPLETE DATE
V 117	Continued From pa	ge 3	V 117			
	-Would monitor mo	re closely.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	10A NCAC 27G .02 REQUIREMENTS	09 MEDICATION				
	(c) Medication adm	inistration:				
		non-prescription drugs shall				
		ed to a client on the written uthorized by law to prescribe				
	drugs.	attionized by law to presente				
		all be self-administered by				
	clients only when a client's physician.	uthorized in writing by the				
		cluding injections, shall be				
	administered only b	y licensed persons, or by				
		trained by a registered nurse,				
		legally qualified person and e and administer medications.				
	(4) A Medication Ad	ministration Record (MAR) of				
	ū	red to each client must be kept				
		s administered shall be ely after administration. The				
	MAR is to include the					
	(A) client's name;	and made the of the advance				
		and quantity of the drug; administering the drug;				
		ne drug is administered; and				
		of person administering the				
	drug.	for medication changes or				
		orded and kept with the MAR				
	file followed up by a	appointment or consultation				
	with a physician.					

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XDBB11 If continuation sheet 4 of 9

Division of Health Service Regulation

AND DUAN OF CODDECTION INDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL059-077	B. WING	_		R 05/2019
	PROVIDER OR SUPPLIER / HOME 1	180 JUST	DRESS, CITY, STICE ROAD NC 28752	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 118	interviews, failed to physician affecting client #3). The finds Record review on 1 -Admission date of Moderate Intellecture Oppositional Defiant Hyperactivity (ADHI-Physician ordered included Ketoconaz Mondays and Thurs Review on 12/4/19 October-December -Ketoconazole was (Sunday), 10/30/19 Record review on 1 -Admission date of Autism, Bipolar and -Physician ordered included Victoza 18 subcutaneously dai Ketoconazole 2% a ThursdaysThere was no doct self-administration of Review on 12/4/19 October-December -Victoza was admin 11/1/19-11/30/19 ar -Ketoconazole was (Wednesday).	et as evidenced by: on, record review and follow the written order of a 2 of 3 clients (Client #1 and ings are: 2/4/19 for Client #1 revealed: 1/4/19 with diagnoses of al Disability, Autism, at Disorder, Attention Deficit D) and Seasonal Allergies. medications on 1/31/19 tole 2% apply topically on adays for scalp lesions. of MARs for 2019 revealed: administered 10/20/19 (Wednesday). 2/4/19 for Client #3 revealed: 4/24/19 with diagnoses of 1 ADHD. medications on 3/19/19 mg (diabetes) give 0.6mg ly and ordered on 9/17/19 pply topically on Mondays and ors order for of Victoza. of MARs for				

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL059-077	B. WING		12/0	र 5/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
STAMEY	HOME 1		ICE ROAD NC 28752			
(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)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 5	V 118			
	he used the prescri	ption shampoo.				
V 138	Interview on 12/4/1 -Staff #1 gave him himself then gave him himself then gave him himself then gave himself the gave himself the gave himself the gave himself to exceed 15 month license is issued. Eannually thereafter the calendar year. (b) For all facilities day/night services, a prominent location within the licensed (c) For 24-hour facility hotline number shain each facility.	9 with Client #3 revealed: his insulin pen and he set it himself the shot every day. d the prescription shampoo 't sure. 9 with live-in Staff #1 revealed: ht #3 were only given their oo on Mondays and howered independently. ht #3 couldn't give himself his perations During Licensed OPERATIONS D PERIOD e shall be valid for a period not his from the date on which the Each license shall be renewed and shall expire at the end of providing periodic and the license shall be posted in n accessible to public view premises. Silities, the license shall be upon request. facilities, the DHSR complaint ll be posted in a public place	V 138			
	Trainiber for Willoff It	io nochioca.				

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 180 JUSTICE ROAD MARION, NC 28752 CANADA DEPTICIENCY MUST BE PRECEDED BY FULL TAG This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. Observation on 12/4/19 at approximately 9:30am revealed: - A fourth individual was sleeping on the living room and in front of the TV A box containing the fourth client's epipen was on the top shelf on the door of the refrigerator. Interview on 12/4/19 with Client #1 revealed:	STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
NAME OF PROVIDER OR SUPPLIER STAMEY HOME 1 SUMMARY STATEMENT OF DEFICIENCES (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. Observation on 12/4/19 at approximately 9:30am revealed: - A fourth individual was sleeping on the living room couch with pillow and blankets. A large pile of clothes was spread over the corner of the living room and in front of the TV A box containing the fourth client's epipen was on the top shelf on the door of the refrigerator.						F	}
STAMEY HOME 1 180 JUSTICE ROAD MARION, NC 28752			MHL059-077	B. WING		12/0	5/2019
MARION, NC 28752 SUMMARY STATEMENT OF DEFICIENCES ID PREFIX (EACH DEFICIENCY MUST BE PRECIDEDED BY PULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DATE	NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CALL DEFICIENCY CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 138 Continued From page 6 V 138 This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. Observation on 12/4/19 at approximately 9:30am revealed: - A fourth individual was sleeping on the living room couch with pillow and blankets. A large pile of clothes was spread over the corner of the living room and in front of the TV A box containing the fourth client's epipen was on the top shelf on the door of the refrigerator.	STAMEY HOME 1						
This Rule is not met as evidenced by: Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. Observation on 12/4/19 at approximately 9:30am revealed: -A fourth individual was sleeping on the living room couch with pillow and blankets. A large pile of clothes was spread over the corner of the living room and in front of the TVA box containing the fourth client's epipen was on the top shelf on the door of the refrigerator.	PREFIX	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
Based on observation, record review and interviews, the facility failed to ensure that it would serve no more clients than the number for which it is licensed. The findings are: Review on 12/4/19 of the facility's license issued by the Division of Health Service Regulation valid through 12/31/2019 revealed: - Capacity 3. Observation on 12/4/19 at approximately 9:30am revealed: -A fourth individual was sleeping on the living room couch with pillow and blankets. A large pile of clothes was spread over the corner of the living room and in front of the TV. -A box containing the fourth client's epipen was on the top shelf on the door of the refrigerator.	V 138	Continued From pa	ge 6	V 138			
-The fourth client didn't stay over last night. Interview on 12/4/19 with Client #2 revealed: -The fourth client came over to the house all the time. He got along well with the forth client because he used to live there. He stayed over sometimes. Interview on 12/4/19 with Client #3 revealed: -He didn't know if the fourth client stayed over or not-he went to bed early. Interview on 12/4/19 with Staff #1 revealed: -The fourth client lived at a sister facility with the House Manager but had just stayed last night.	V 138	This Rule is not me Based on observati interviews, the facility would serve no more which it is licensed. Review on 12/4/19 by the Division of H through 12/31/2019 - Capacity 3. Observation on 12/4 revealed: -A fourth individual room couch with pill of clothes was spreroom and in front of -A box containing the on the top shelf on Interview on 12/4/19 - The fourth client di Interview on 12/4/19 - The fourth client catime. He got along because he used to sometimes. Interview on 12/4/19 - He didn't know if the not-he went to bed Interview on 12/4/19 - The fourth client lives on 12/4/19 - The four	et as evidenced by: on, record review and ity failed to ensure that it re clients than the number for The findings are: of the facility's license issued ealth Service Regulation valid revealed: 4/19 at approximately 9:30am was sleeping on the living low and blankets. A large pile ad over the corner of the living f the TV. he fourth client's epipen was the door of the refrigerator. 9 with Client #1 revealed: dn't stay over last night. 9 with Client #2 revealed: ame over to the house all the well with the forth client o live there. He stayed over 9 with Client #3 revealed: he fourth client #4 revealed:	V 138			

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Division of Health Service Regulation

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			, Joil J		F	R	
		MHL059-077	B. WING			5/2019	
				STATE, ZIP CODE			
STAMEY HOME 1			ICE ROAD NC 28752				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 138	Continued From pa	ge 7	V 138				
	along well with the After a phone call with the Facility last night. The fourth client key and at his home, just the Interview on 12/4/19 Professional reveal She was aware the facility, but thought in a while visit. She did not know in the Interview on 12/4/19 Professional reveal reveal the Interview on 12/4/19 Professional reveal r	with the House Manager, Staff orth client did not stay in the ept an epipen as this facility st in case it was needed. 9 with the Qualified					
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not me Based on observation interviews the facility safe, clean, attractifindings are: Observation on 12/of the facility interior	d its grounds shall be e, clean, attractive and orderly e kept free from offensive et as evidenced by: on, record review and ty failed to be maintained in a ve, orderly manner. The 4/19 at approximately 9:30am r revealed:	V 736				
	-The shared bedroo	om on the left had 2 holes eter about a foot above the					

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MHL059-077 B. WING	12/0	5/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			
STAMEY HOME 1 180 JUSTICE ROAD MARION, NC 28752			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF OUT OF PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO TREE CROSS-REFERENCED T	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
bed where Client #2 slept. On the opposite side of the wall where Client #1 slept were 3 patched areas just above the bed. The spackle was rough and not painted. -The bedroom on the right had about a 5-6" hole on the far wall about 5' up from the floor. Interview on 12/4/19 with Client #1 revealed: -He knocked the holes in the wall. He didn't mean to. It had been several weeks ago. He didn't know anything about the patched holes on the other wall. Interview on 12/4/19 with Client #2 revealed: -Client #1 used to sleep on that side of the room and he had punched the holes in the wall. He couldn't remember how long the holes had been there. Interview on 12/4/19 with Client #2 revealed: -He had just leaned against the wall and it caved in. He though it had been patched before. Interview on 12/4/19 with Client #2 revealed: -Was not aware of the damaged wallsThe House Manager was responsible for the home repairs since he owned the home.			

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