STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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	INITIAL COMMENTS An annual and complaint survey was completed on 1/24/2020. The complaint was unsubstantiated (Intake # NC160182). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 120	27G .0209 (E) Medication Requirements 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. This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to store medications securely affecting 1 of 3 clients (#3). The findings are:	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 120	Continued From page 1 Review on 1/15/2020 of client #3's record revealed: - Admission date: 9/18/2018: - Diagnoses: Major Depressive Disorder (D/O), recurrent with psychotic features; Attention Deficit-Hyperactivity D/O; Intermittent Explosive D/O; Oppositional Defiant D/O; Post Traumatic Stress D/O; Mild Intellectual Disabilities; Allergic Rhinitis; Asthma; Eczema; Morbid Obesity; Hyperglycemia; and Seizure D/O; - A prescription for ProAir HFA inhaler 90 micrograms (mcg)/inhalation, inhale 2 puffs into the lungs every 6 hours as needed (PRN) wheezing, dated 10/28/2019; - No documentation of a self-administration order for ProAir inhaler from an authorized person was present; Observation at approximately 2:20PM on 1/15/2020 of client #3's bedroom revealed: - A ProAir inhaler was lying on top of client #3's desk; - There was no lockable container present to securely store client #3's medication. Interviews on 1/15/2020 and 1/16/2020 with client #3 revealed: - Client #3 denied having used the ProAir inhaler; - Client #3 declined to answer questions about where she had obtained the inhaler. Interview on 1/17/2020 with staff #1 revealed: - Medications were supposed to be stored in the locked medication cabinet in the staff office; - Client #3 had the ProAir inhaler in her possession since before staff #1 had started working at the facility in September 2019; - Client #3 rarely used the inhaler.	V 120		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 120	Continued From page 2 Interview on 1/16/2020 with the House Manager (HM) revealed: - The HM did not know that client #3 had the ProAir inhaler in her bedroom; - Client #3 probably obtained the inhaler from a local hospital when she received treatment there. Interview on 1/17/2020 with the Qualified Professional (QP) revealed: - Client #3 may have brought the inhaler home following treatment at a local hospital. Interview on 1/17/2020 with the Director/Co-Owner revealed: - Client #3's ProAir inhaler should have been stored securely in the staff office.	V 120		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to access the Health Care Personnel Registry (HCPR) prior to hire affecting 1 of 3 audited staff (#1). The findings are:	V 131		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 131	Continued From page 3 Review on 1/16/2020 of staff #1's employee record revealed: - Hire date: 9/6/2019; - Documentation that the HCPR was not accessed until 9/10/2019. Interview on 1/17/2020 with the Qualified Professional (QP) revealed: - The QP was responsible for completing HCPR checks; - He thought that he had five business days following the hire date to access the HCPR. Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - The D/CO and QP worked as a team to complete pre-hire background and HCPR checks.	V 131		
V 736	27G .0303(c) Facility and Grounds Maintenance 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. This Rule is not met as evidenced by: Based on record reviews, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Review on 1/16/2020 of client #1's record revealed:	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 4 - Admission date: 7/13/2017; - Diagnoses: Major Depressive Disorder (D/O), recurrent, moderate; Schizoaffective D/O, bipolar type; Post Traumatic Stress Disorder (PTSD); Moderate Intellectual Disabilities; Allergy to Codeine (seizures); Cocaine Abuse; Seizure Disorder; and Acid Reflux; - Current weight--: 260 pounds. Review on 1/16/2020 of client #2's record revealed: - Admission date: 11/15/2017; - Diagnoses: Impulse Control D/O; Mild Intellectual Disabilities; Schizoaffective D/O; Personality D/O with antisocial traits; Hypothyroidism; Chronic Constipation; Gastroesophageal Reflux Disease; and Astigmatism; - Current weight: 226 pounds. Review on 1/16/2020 of client #3's record revealed: - Admission date: 9/18/2018; - Diagnoses: Major Depressive D/O, recurrent with psychotic features; Attention Deficit-Hyperactivity Disorder (ADHD); Intermittent Explosive D/O; Oppositional Defiant D/O; PTSD; Mild Intellectual Disabilities; Allergic Rhinitis; Asthma; Eczema; Morbid Obesity; Hyperglycemia; and Seizure D/O; - Current weight: 365 pounds. Attempted review on 1/15/2020 of the facility's County Sanitation Report for 2019 revealed: - There was no 2019 County Sanitation Report present. Review on 1/16/2020 of text messages provided by the Co-Owner revealed: - The texts were time-stamped 11/6/2019;	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 5 - The Co-Owner (CO) and Landlord sent text messages to each other; From the CO to the Landlord: "Hey [Landlord] the floors at Old Salisbury Rd (road) still need to be fixed they are about to fall in. Falling in the living room and kitchen area and I know one bedroom"; From the Landlord: "Which bedroom front or back" From the CO: "Front" From the Landlord: "Will address ASAP" From the CO: "Okay" Observation of the facility at approximately 2:20PM on 1/15/2020 revealed: - The boards on the living room floor near the front window beside the couch were broken and sagging over an area approximately 3 x 2 feet; - One of the broken boards dipped down approximately 1-1 ½ inches exposing the underlying crawlspace and adjacent floor joist; - When stepped on, the boards surrounding the broken area felt spongy and made a creaking/breaking noise; - Client #1's bedroom had clothing piled on the floor, the bed sheets were awry and appeared dirty, and there were cracks in the ceiling paint and drywall; - Client #2's bedroom had dirty clothing and socks on the floor, with a strong body/foot odor present; - The bathroom had black buildup present on the shower walls and grout, a heavy layer of dust on the ceiling exhaust vent, and had cracked, bubbled and peeling paint on the ceiling; - The kitchen cabinets were dirty with unidentified debris inside the cabinets; - There was trash scattered in the yard. Interview on 1/15/2020 with client #1 revealed: - Client #1 did not know when or how the boards	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 6	V 736		

in the living room had been broken;
- The Co-Owner (CO) had been trying to locate a different location for the facility to move to.

Interview on 1/15/2020 with client #2 revealed:
- The boards in the living room had been broken "for a while," but could not specify when they were broken;
- The boards were possibly broken when people walked on them;
- "It's a weak spot in the floor."
- There had been a hole in client #2's bedroom floor, but it had already been repaired;
- Facility management was trying to locate a different house to move the facility to.

Interview on 1/15/2020 with client #3 revealed:
- "I have no idea" how or when the boards in the living room were broken;
- "I stepped on it and felt it going down, so I stepped off it ..."

Interview on 1/17/2020 with staff #1 revealed:
- The boards on the living room floor had possibly been broken since November of 2019;
- Staff #1 did not know what had caused the boards to break, but the facility's clients did "walk a bit heavy ..."
- No one had fallen through the broken boards;
- The facility was "pretty old" and possibly needed more floor panels;
- There were areas where the floor felt like it dipped when walked upon.

Interview on 1/16/2020 with the House Manager (HM) revealed:
- The HM did not know when or how the living room floor boards were broken;
- The CO had been talking to the Landlord about making repairs to the floor since November 2019;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 7 - Clients were not allowed to walk in the area where the boards were broken; - The HM did not have a more recent County Sanitation Report than the 10/5/2018 report. Interview on 1/17/2020 with the Qualified Professional (QP) revealed: - The CO coordinated repairs at the facility; - The QP visited the facility approximately weekly, but did not complete a walk-through inspection; - Facility staff were supposed to ensure the facility was cleaned and let the QP or the CO know if any repairs needed to be completed. Interview on 1/16/2020 with the CO revealed: - The CO had contacted the Landlord in November 2019 to request that the living room floor be repaired because it was "spongy." - The CO had completed some repairs himself, but could not complete all of them; - The CO had inspected under the house, and the floor joists looked "okay"; - There was subfloor material under the floor, but the subfloor was thin; - The CO did not realize that the boards in the living room had completely broken through; - The CO would immediately place a piece of plywood over the broken boards to prevent anyone from falling through the floor; - The CO would contact the Landlord immediately to coordinate repair of the floor; - The facility did not have an annual County Sanitation inspection in 2019; - The CO would ensure that the facility was cleaned and that any other needed repairs were completed. - The facility's management team had been looking for another house to move the facility to but had not yet located one.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 8 Interview on 1/17/2020 with the Director/Co-Owner (D/CO) revealed: - The CO was responsible for repairs at the facility. Review on 1/17/2020 of the Plan of Protection dated 1/17/2020 written by the D/CO revealed: - "What will you immediately do to correct the above rule violations in order to protect clients from further risk or additional harm? The agency has secured the floor with plywood temporarily and made contact with the homeowner (the Landlord) to make the necessary repairs to the floors. - Describe your plans to make sure the above happens. The agency will be in frequent contact with the homeowner over the next 3-5 business days in reference to the repairs. If the homeowner does not have someone out to start the repairs within the next week, we will find a licensed contractor and have the necessary repairs done. [The Co-Owner] will be in charge of ensuring the repairs are completed." The clients at the facility were adults with mild to moderate intellectual/developmental disabilities, medical issues including seizure disorders and morbid obesity, and a variety of mental health diagnoses including depression, schizoaffective D/O, PTSD, ADHD; intermittent explosive D/O; oppositional defiant D/O; and impulse control D/O. The clients' body weights ranged from 226 to 365 pounds. Household cleanliness and repair needs had been identified but remained unresolved. In November of 2019, the Co-Owner had informed the Landlord that floor areas needed repair as they were about to fall in. No repairs to the living room floor had been completed. The floor in the living room had	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL034-288	A. BUILDING: _____ B. WING _____	01/24/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
INDEPENDENT LIVING GROUP HOME AT OLD SALISI	2415 OLD SALISBURY ROAD WINSTON-SALEM, NC 27127

(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 9 weakened areas with boards broken to the extent that the underlying crawlspace and floor joists could be seen. The severely weakened floor boards in the living room would likely not sustain the weight of facility clients should they walk on the damaged areas. This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days. An administrative penalty of $500.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 736		