OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	MHI 034-309	B. WING		01/17/2020	
		ADDRESS CITY STATE			/1//2020
			,211 000E		
ENT LIVING AT RANS	OM RD		06		
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLET DATE
INITIAL COMMENT	S	V 000			
-	-				
category: 10A NCA	C 27G .5600B Supervised				
27G .0207 Emerger	ncy Plans and Supplies	V 114			
 AND SUPPLIES (a) A written fire plan area-wide disaster p shall be approved by authority. (b) The plan shall be and evacuation prooposted in the facility (c) Fire and disaster shall be held at leas repeated for each sh under conditions that 	n for each facility and blan shall be developed and y the appropriate local e made available to all staff cedures and routes shall be drills in a 24-hour facility t quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies.				
Based on record rev facility failed to cond shift at least quarter Review on 1/15/202 disaster drill log reve - No documentation	views and interviews, the duct disaster drills on each ly. The findings are: 0 of the facility's fire and ealed: of disaster drills during the quarters:				
	F CORRECTION ROVIDER OR SUPPLIER ENT LIVING AT RANS SUMMARY S (EACH DEFICIEN REGULATORY OF INITIAL COMMENT An annual survey w Deficiencies were ci This facility is licens category: 10A NCAC Living for Minors wit 27G .0207 Emerger 10A NCAC 27G .024 AND SUPPLIES (a) A written fire plan area-wide disaster p shall be approved b authority. (b) The plan shall be and evacuation proc posted in the facility (c) Fire and disaster shall be held at leass repeated for each sl under conditions tha (d) Each facility sha accessible for use. This Rule is not me Based on record rev facility failed to cond shift at least quarter Review on 1/15/202 disaster drill log rev - No documentation following shifts and	F CORRECTION IDENTIFICATION NUMBER: INHL034-309 MHL034-309 ROVIDER OR SUPPLIER STREET A SENT LIVING AT RANSOM RD 355 RAM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on 1/17/2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills on each shift at least quarterly. The findings are: Review on 1/15/2020 of the facility's fire and disaster drill log revealed: - No documentation of disaster drills during the following shifts and quarters: <td>F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL034-309 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PID PREFIX INITIAL COMMENTS V 000 An annual survey was completed on 1/17/2020. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. V 114 (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. V 114 (c) Each facility shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. In Each facility shall be conducted under conditions that simulate fire emergencies. In Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills on each shift at least quarterly. The findings are: Review on 1/15/2020 of the facility's fire and disaster drill og revealed: - No documentation of disaster drills during the following shifts and quarters:</td> <td>F CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL034-309 B WING DOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZJP CODE SUMMARY STATEMENT OF DEFICIENCIES D REAT LIVING AT RANSOM RD 355 RANSOM ROAD WINSTON SALEM, NC 27105 PROVIDER'S PLAN OF CO SUMMARY STATEMENT OF DEFICIENCIES D REAULATORY OR LSC IDENTIFYING INFORMATION) PREVIDER'S CORRECTIVE ACTION (ECAN OF DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREVIDENCY INITIAL COMMENTS V 000 V 000 An annual survey was completed on 1/17/2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. V 114 27G .0207 Emergency Plans and Supplies V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. INITIAL conducted under conditions that ismulate fire emergencies. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills on each sh</td> <td>F CORRECTION IDENTIFICATION NUMBER A BUILDING 0000000000000000000000000000</td>	F CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL034-309 B. WING COVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PID PREFIX INITIAL COMMENTS V 000 An annual survey was completed on 1/17/2020. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. V 114 (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. V 114 (c) Each facility shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. In Each facility shall be conducted under conditions that simulate fire emergencies. In Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct disaster drills on each shift at least quarterly. 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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-309	B. WING		01	/17/2020
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
IDEPENI	DENT LIVING AT RANSO	OM RD	NSOM ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
V 114	Continued From pag	e 1	V 114			
	during April - June, t	er 2019: 3rd shift. conducted twice on 2nd shift wice on 3rd shift during July - e on 1st shift during October				
	revealed: - Client #1 was minir	1/14/2020 with client #1 nally verbal and could not garding disaster drills at the				
	- Client #2 could only down for disaster dri	20 with client #2 revealed: / report that he put his head lls but could not specify the disaster drills the facility				
	- Tornado drill had be but client #3 could ne	20 with client #3 revealed: een conducted at the facility, ot specify the frequency of they had been conducted on.				
	 Staff #1 had been w of 2019; Staff #1 had not be drills conducted at the - He thought that the 	20 with staff #1 revealed: working at the facility in April en present for any disaster le facility; House Manager (MH) might ducted disaster drills.				
	Interview on 1/14/20	20 with the HM revealed: conducted on every shift at				
	drills were conducted	vealed: nsible for ensuring disaster				

STATE FORM

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-309	B. WING		01/17/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
NDEPEN	DENT LIVING AT RANSO	OM RD	NSOM ROAD ON SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pag	e 2	V 114			
	disaster drills as requ	uired.				
	drills were conducted	D/CO) revealed: nsible for ensuring disaster d. aware that disaster drills had				
V 118	27G .0209 (C) Medic	cation Requirements	V 118			
	 only be administered order of a person audrugs. (2) Medications shall clients only when audristered only when audristered only by unlicensed persons to pharmacist or other I privileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediatel MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for a (D) date and time the (E) name or initials or drug. (5) Client requests for a person of a prival of a person of the prival of the person of the prival of the person of the prival of the person of the pe	histration: on-prescription drugs shall I to a client on the written thorized by law to prescribe I be self-administered by thorized in writing by the uding injections, shall be v licensed persons, or by trained by a registered nurse, legally qualified person and e and administer medications. ninistration Record (MAR) of ed to each client must be kept administered shall be y after administration. The				

Division of Health Service Regula STATE FORM

6899

STATEMENT	of Health Service Regination of Deficiencies	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-309	B. WING		01	/17/2020
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
NDEPENI	DENT LIVING AT RANSO	OM RD	NSOM ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 3	V 118			
	file followed up by ap with a physician.	opointment or consultation				
	facility failed to ensu medications was doo	iews and interviews, the re administration of cumented immediately ion affecting 1 of 3 audited				
	revealed: - Admission date: 10 - Diagnoses: Autism Selective Mutism; ar - Age: 13 -A physician's order	Spectrum Disorder (D/O);				
	10/1/2019 to 1/14/20 - The December 201 - There was no docu of Concerta during th	9 MAR did not list Concerta. mentation of administration ne month of December 2019.				
	revealed:	1/14/2020 with client #1 nally verbal and unable to bout his medications.				
	(HM) revealed:	ions had all been				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-309	B. WING		01	/17/2020
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,	, ZIP CODE		
NDEPENI	DENT LIVING AT RANS	OM RD	NSOM ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	je 4	V 118			
	Professional (QP) re - The QP thought that administered Concerning Interview on 1/17/20 Director/Co-Owner (- Client #1 was admin during December. - The D/CO was not	at client #1 had been rta every day as ordered. 20 with the				
V 120	27G .0209 (E) Medio	cation Requirements	V 120			
	 well-lighted, ventilate and 86 degrees Fah (B) in a refrigerator, degrees and 46 degrees Fah (B) in a refrigerator, degrees and 46 degrees refrigerator is used for shall be kept in a sep or container; (C) separately for ea (D) separately for ea (D) separately for ea (E) in a secure many for a client to self-me (2) Each facility that controlled substance registered under the 	ge: all be stored: ked cabinet in a clean, ed room between 59 degrees renheit; if required, between 36 rees Fahrenheit. If the or food items, medications parate, locked compartment the chclient; ternal and internal use; her if approved by a physician edicate. maintains stocks of es shall be currently North Carolina Controlled 5. 90, Article 5, including any				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BUILDING.			
		MHL034-309	B. WING		01	/17/2020
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ENT LIVING AT RANS	OM RD	ISOM ROAD			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 120	Continued From pag	ie 5	V 120			
	This Dula is not used	has suideneed buy				
	This Rule is not met	-				
		ns, record reviews and y failed to store internal and				
		s separately affecting 1 of 3				
	audited clients (#2).					
	addited chemis (#2).	The indings are.				
	Review on 1/15/2020	0 of client #2's record				
	revealed:					
	- Admission date: 9/2	22/2017				
	- Diagnoses: Autistic	: Disorder (D/O); Oppositional				
		on Deficit Hyperactivity D/O				
		ontrol D/O; Pervasive				
	•	Suicidal Ideation: Disruptive				
		D/O; Mixed Receptive				
		e D/O; Bipolar Affective D/O				
		sion; Eczema; Borderline				
	Diabetes "Prediabete	es";				
	- Age: 16	form				
	- A physician' orders					
	(TID), dated 8/19/20	-				
		ear wax remover drops, 5				
	8/19/2019.	as needed (PRN), dated				
	Observation at appro	oximately 2:57PM on				
		2's medications revealed:				
		d Carbamide ear wax				
		stored in the same container				
	as client #2's interna					
	Interview on 1/14/20	20 wit staff #1 revealed:				
		vare that internal and external				
	medications had to b	be stored separately.				
	Interview on 1/1//20	20 with the House Manager				
	(HM) revealed:					
		ware that internal and				
		s had to be stored separately;				
	Ith Service Regulation					

STATE FORM

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL034-309	B. WING		01	/17/2020	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
NDEPEN	DENT LIVING AT RANSC)M RD	NSOM ROAD	06			
				PROVIDER'S PLAN (OF CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	O THE APPROPRIATE	COMPLET DATE	
V 120	Continued From page	e 6	V 120				
		ure external medications he contained holding internal					
	have been stored se	D/CO) revealed: ternal medications should parately in order to prevent					
	cross-contamination	of the medicines.					
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133				
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to program and any pro developmental disab services that is licens Chapter. (b) Requirement An provider licensed und applicant to fill a posi applicant to fill a posi applicant to have an conditioned on conse criminal history recor the applicant has bee less than five years, is conditioned on cor criminal history recor national criminal histor the applicant has bee five years or more, th on consent to a State check of the applicant						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL034-309	B. WING		01	/17/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NDEPEN	DENT LIVING AT RANSC	OM RD		00		
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From page	e 7	V 133			
	•	herwise provided in this				
		e business days of making				
		of employment, a provider				
		st to the Department of				
		14-19.10 to conduct a				
		d check required by this				
	section or shall submit a request to a private entity to conduct a State criminal history record					
		s section. Notwithstanding				
		Department of Justice shall				
		national criminal history				
		ployment positions not				
	covered by Public La	· · ·				
	Department of Health	n and Human Services,				
	Criminal Records Ch	eck Unit. Within five				
	-	eipt of the national criminal				
	-	, the Department of Health				
		, Criminal Records Check				
		provider as to whether the				
		may affect the employability case shall the results of the				
		ory record check be shared				
		oviders shall make available				
		ition that a criminal history				
		pleted on any staff covered				
		Inty that has adopted an				
	-	inance and has access to				
	the Division of Crimin	nal Information data bank				
		alf of a provider a State				
	-	d check required by this				
		rovider having to submit a				
		tment of Justice. In such a				
		Il commence with the State				
	-	d check required by this				
	section within five bu					
		mployment by the provider. formation received by the				
		al and may not be disclosed,				
	provider is connuellu					1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CON A. BUILDING:		(X3) DATE COMF	SURVEY PLETED
		MHL034-309	B. WING		01	/17/2020
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZI	IP CODE		
NDEPENI	DENT LIVING AT RANSC	OM RD	ISOM ROAD IN SALEM, NC 27106			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
V 133	Continued From page	e 8	V 133			
	business regularly er criminal history recor records obtained fror (c) Action If an app record check reveals a relevant offense, th of the following facto- hire the applicant: (1) The level and ser (2) The date of the cr (3) The age of the per conviction. (4) The circumstance commission of the cr (5) The nexus betwee the person and the jo filled. (6) The prison, jail, p rehabilitation, and en person since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to o listed factors shall be of the provider disquar consideration of the r provider may discloss the criminal history re to the disqualification of the criminal history applicant. (d) Limited Immunity, or employee of a pro	"private entity" means a ngaged in conducting d checks utilizing public in a State agency. dicant's criminal history one or more convictions of he provider shall consider all rs in determining whether to iousness of the crime. time. erson at the time of the es surrounding the ime, if known. en the criminal conduct of ob duties of the position to be robation, parole, inployment records of the e the crime was committed. commission by the person of in of a relevant offense alone employment; however, the e considered by the provider. difies an applicant after relevant factors, then the e information contained in ecord check that is relevant in, but may not provide a copy y record check to the A provider and an officer vider that, in good faith, ction shall be immune from				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL034-309	B. WING		01	/17/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
NDEPEN	DENT LIVING AT RANSC	OM RD	NSOM ROAD	06		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN	OF CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	O THE APPROPRIATE	COMPLET
V 133	Continued From page	e 9	V 133			
	individual on the basi	is of information provided in				
		ecord check of the individual.				
	-	an employee's history of				
		ne employee's criminal				
		is requested and received in				
	compliance with this	-				
	-	As used in this section,				
f i f	. ,	"relevant offense" means a county, state, or				
	federal criminal histo	ry of conviction or pending				
	indictment of a crime	, whether a misdemeanor or				
		on an individual's fitness to				
		or the safety and well-being of				
		ntal health, developmental				
		ince abuse services. These				
		iminal offenses set forth in				
		Articles of Chapter 14 of the ticle 5, Counterfeiting and				
	Issuing Monetary Su					
	. .	ve and Legislative Officers;				
		Article 7A, Rape and Other				
		8, Assaults; Article 10,				
		uction; Article 13, Malicious				
	Injury or Damage by					
	Incendiary Device or	Material; Article 14, Burglary				
	and Other Housebrea	akings; Article 15, Arson and				
	-	le 16, Larceny; Article 17,				
	•	Embezzlement; Article 19,				
	False Pretenses and					
	0 1 2	r Services by False or				
		edit Device or Other Means;				
		I Transaction Card Crime				
		ls; Article 21, Forgery; Article				
	26, Offenses Against	A, Adult Establishments;				
		n; Article 28, Perjury; Article				
		1, Misconduct in Public				
	•	enses Against the Public				
	Peace; Article 36A, F	-				

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MUL 024 200	B. WING				
	ROVIDER OR SUPPLIER	MHL034-309	B. WING 01/17				
		355 RAN		, 211 00DL			
IDEPENI	DENT LIVING AT RANSC)M RD	N SALEM, NC 271	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE	
V 133	Continued From page	e 10	V 133				
	Crime. These crimes sale of drugs in violat Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 188- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employr supplies, or otherwise an employment appli criminal history recor shall be guilty of a CI (g) Conditional Employ employ an applicant obtaining the results check regarding the a following requiremen (1) The provider shal prior to obtaining the criminal history recor subsection (b) of this fingerprint cards as re (2) The provider shal criminal history recor business days after t conditional employme 2001-155, s. 1; 2004	cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in -302 or driving while of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. byment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five he individual begins					
	This Rule is not met Based on record revi						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-309	B. WING		01/17/20	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
NDEPENI	DENT LIVING AT RANSO	OM RD	NSOM ROAD	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 133	Continued From pag	e 11	V 133			
		ithin 5 days of making the mployment affecting 1 of 3				
	revealed: - Hire date: 4/22/201	t staff #1's criminal history				
	criminal history record - After staff #1 had in family emergency an work. - The QP was unsure he did not request the	vealed: nsible for requesting the				
	criminal history back requested.	D/CO) revealed: worked together to ensure ground checks were aware that staff #1's criminal				
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and maintained in a safe	REMENTS	V 736			

Division of Health Service Regulat STATE FORM

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6899

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
	MHL034-309		B. WING		01	01/17/2020	
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
IDEPENI	DENT LIVING AT RANSO	OM RD	ISOM ROAD	06			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLE DATE	
V 736	Continued From pag	e 12	V 736				
	This Rule is not met	as evidenced by:					
	Based on observations and interviews, the facility was not maintained in a clean and orderly manner. The findings are:						
	Observation at approximately 1:40 pm on 1/14/2020 of the facility revealed: - A pan of used cooking oil/grease was sitting on						
	the stove; - A pool of water was on the floor near the toilet in bathroom #1;						
	 A wet roll of toilet paper was on the floor in the water; Black buildup was present on the shower tiles and arout; 						
	and grout; - Nail heads had popped through the sheetrock on the bathroom wall; - There was no shower curtain present in						
	bathroom #2; - Clothing, books, pa	pers and other personal					
	bedrooms; - The door frame at t	ttered on the floors in clients' he latch plate on bedroom					
	the walls in client #1'	nted areas of sheetrock on s bedroom were present;					
	on one wall in client	ly 3 x 4 inches was located #1's bedroom; missing from client #1's					
	dresser; - Client #2's mattress no bed frame presen	s was lying on the floor with t.					
		1/14/2020 with client #1					
	- Client #1 was minin	nally verbal and unable to					

STATE FORM

6899

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL034-309	B. WING		01/17/2020		
NAME OF PI	ROVIDER OR SUPPLIER	I	ADDRESS, CITY, STATE, ZIP CODE			01/17/2020	
NDEPEN	DENT LIVING AT RANSO	OM RD		00			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF CORRECTION			(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	COMPLET	
V 736	Continued From page 13		V 736				
	answer questions about the facility and its grounds.						
	Interview on 1/14/2020 with client #2 revealed: - His bed had broken when he bounced on it too hard.						
	- The bed had been broken for approximately one year.						
	Interview on 1/14/2020 with client #3 revealed: - The facility clients were responsible for cleaning in the facility.						
	- He did not know wh on the floor in bathro						
	 There had been holes in the walls at the facility because a "broken top piece came off the closet." He could not clarify what the broken top piece was or when it occurred. 						
) made repairs at the facility.					
	Interview on 1/14/2020 with staff #1 revealed: - There was water on the floor in bathroom #1 because the water flowed onto the floor when						
	clients took their sho - The CO arranged fo facility as needed.	wers. or repairs to be made at the					
	(HM) revealed:	20 with the House Manager bably on the floor in bathroom					
	#1 because it had sp staff had assisted clie	lashed out when third shift ent #1 with his bath that					
	water.	uld have cleaned up the					
	- The CO handled the the facility.	e coordination of repairs at					
	Interview on 1/17/20 Professional (QP) re						

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-309			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MUL 034 300				
				01/17/2020		
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
DEPEN	DENT LIVING AT RANS	OM RD	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 14		V 736			
	not do a "walk-through the house. - The CO was respo- facility. - Facility staff were s Interview on 1/14/20 - The CO had recent the toilet, so the wat was not from the toil - The water on the fl clients' showers that - Facility staff were s facility. - The CO coordinate needed. Interview on 1/17/20 Director/Co-Owner r	oor was probably from the morning. supposed to clean up in the ed repairs at the facility when 20 with the				