Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL032356 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **INEZ'S HOUSE HC** 2811 INDEPENDENCE AVENUE DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 INERS HOUSE AC is An annual and complaint survey was completed greatly Sadden of the wents that has on 12/18/19. The complaint was substantiated (Intake #NC00158460). A deficiency was cited. This facility is licensed for the following service allegedly happen to category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 512 27D .0304 Client Rights - Harm, Abuse, Neglect V 512 10A NCAC 27D .0304 PROTECTION FROM We can assure you HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance that we will continue with G.S. 122C-66. to make great cottosts (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. in Schwing the Sufuly (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. of tack Pasident by (d) Employees shall use only that degree of force necessary to repel or secure a violent and Conclucting the Hollowing aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree Please Luien of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for DHSR - Mental Health dismissal of the employee. FEB 1 1 2020 This Rule is not met as evidenced by: Based on record review and interview one of one Lic. & Cert. Section Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Clainham TITLE BSN, RN

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIP | LE CONSTRUCTION | | |
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| ME OF F | PROVIDER OR SUPPLIER | MHL032356 | B. WING | | 12 | /18/2019 |
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| V 512 | Continued From page 1 | | V 512 | | | 1 |
| | | | V 312 | Inez's House Haw: 11 e | nsure | 12/19/ |
| | clients (#1) from harm | former facility staff [FS#1] failed to protect 1of 5 clients (#1) from harm and neglect. The findings | | | | |
| | are: | and neglect. The findings | | that each resident | 15 | |
| | | | | Super at all times. | - | |
| | Review on 12/6/19 of | Former Staff #1's (FS#1) | | The state of the s | | |
| | record revealed: | | | House (HC) Will pret. | 4 | |
| | - Hire date of 8/14/17 a - Termination date is 1 | as a Paraprofessional | | | | |
| | -Review of documenta | tion of all required training | | each resident from | harm | |
| | is current. | don or all required training | | | | |
| | _ | | | abase, Niglect on | | (201) |
| | Review on 12/6/19 of client #1's record revealed: He was admitted into the facility on 6/13/05 He is diagnosed with Intellectual or Developmental Disability, Cerebral Palsy, and | | | Apploitation by any | White | 11 year |
| | | | | , | 1 | |
| | | | | nucessary unclerth | 1 link | |
| | Anxiety Disorder. | ly, Cerebrai Palsy, and | | / | | |
| | | | | INEZ'S HOUSE HEIL | 4/1 | |
| 1 | Record review on 6/18/19 of a facility incident eport dated 10/23/19 revealed: Provider was informed by Day Support staff that consumer was behaving strangely; Group Home | | | - TES TIEBE ITC/h | 1.11 | |
| 1 | | | | Contact the auth | wit | |
| | | | | | | |
| | provider went to nick his | g strangely; Group Home m up and at the time she | | APS, and NL Heal | The Care | |
| 11 | foliced a scar on the ric | tht side of his face and on | | Registry and will | 555-550 | |
| 111 | ils right elbow. Provide | question him as to what | | my sing with will | - CPUT | |
| tr. | appen to obtain inform | ation about his injury | | detail information of | 6 | |
| | onsumer stated that no | one had injured him and | 1 | | / | |
| | ansported/accompanie | happen. Provider then and him to Wake Med. The | | Woung doing, allege | 2:1 | |
| | onsumer was examined | d by medical staff and | | The state of | TICAS | |
| | rovider was informed th | nat he possibly had a LITI | | huyect on Karin | | |
| | Jillary Tract Infection), | several attempts were | | inheritation = | | |
| | lade to conduct other s | cans but was | | Monadalely, in | | |
| hi | m moving around C | refusal to cooperate and | | addition, Ines He | 14. 62. | |
| fre | m moving around. Cor om hospital with close r | nsumer was released | - | Marin, Lors Mi | ici se | |
| no | otice that he was not his | normal self and | | Lurant Plan y Pro | le | |
| ae | ecided to call the param | nedic for further | | PIA W P | their | |
| ev | aluation and follow up. | It was at the time that | | current 1 mg 12 | telling | |
| pre | ovider was informed of | a possible skull fracture | | by the Following: | | |
| Fo | or further monitoring it w | vas decided to keep | | ing the controlling. | | |

| DIVISION Of Health Servi | | | | FORM A | PPROVE |
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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLI IDENTIFICATION NU | JMBFR. | LE CONSTRUCTION | (X3) DATE SUR | VEY |
| | | A. BUILDING: | · | COMPLETE | |
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| NAME OF PROVIDER OR SUPP | JER | STREET ADDRESS OF A | | 12/18/2 | 2019 |
| NEZ'S HOUSE HC | | STREET ADDRESS, CITY, ST. 2811 INDEPENDENCE A | | | |
| | | DURHAM, NC 27703 | VENUE | | |
| PREFIX (EACH DE | MARY STATEMENT OF DEFICIENCIE FICIENCY MUST BE PRECEDED BY DRY OR LSC IDENTIFYING INFORM | EINI | PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A | SHOULD BE | (X5) COMPLETE DATE |
| Record review dated 11/3/19 r " [Client #1] is a (Past Medical Horizontal palsy, Left Upper Extrollindness and rand epidural hetoday with incression of note, the patt 10/23/19-11/1/1 10/21/19 with rewas initially see (Computed Topo obtained due to the continued to and ultimately pince Regional Hospits on the CT he was epidural hematorskull fracture. Horhabdomyolysis. Neuro exam imprultimately dischafurther care with 11/21/19 There is a question initial injury was conform FS #1 dated "I woke up [client"] | on 6/18/19 a local hospital revealed a 40 year old male with PMH listory) of developmental de Reye's syndrome chronic LI emity) contracture and right ecent admission for skull framatoma who presented to the | report dx play, UE(ete cture he ED ns. He p be ative. falls m where l and his e for on suma. | INCL'S House He Continue with a insurance with a continue with a consultation of the sure months and continues the continues and a conducted of the continues of the continues of the continues of the conducted of the continues of the conducted of the continues o | will ist the on is jety of y closery will ment events lice inthe base the insupervisors sure that reperty laily miny and | 19/19 |

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| V 5 | him up. So we could [owner] she told me shusband] over. It too husband] came. So I #1] up. [Client #1] ha himself. I then tried to could give him a bath me get his stuff off. Hospital, so [owner] cato check on [client #1] after I got him cleaned come over to the Grouthere they proceeded signs. He had a fever I explained to what wa EMS worker told me the UTI. So they got the ninget to the ambulance. up and put him in the cathere they be the hospital. I drove be the hospital. I drove be the hospital. I told the rineeded to go back there doctor came in and I explained. So he said scan and take some bloth is parents came in. I what had happened. So transporter came to tak scan done. So I asked to go back with him to tak the nurses came back to they stuck him two time. So they went to get ano | to get him up, but I couldn't present tried to help me get in't get him up. I called she was sending [owner's k a minute before [owner's he was trying to help [client doused the restroom on the present of the least of the leas | | Cishing open end goest ensure that no neget verbal or any abuse is the open end goest verbal or any abuse is the administrator will an external exam no any review of inarches e INCZ'S House (Hi) we continue to ensure the employee is the evolugite trained before working residents and will her and it is needed. Each employee will sign documentation of training. INCZ'S House will add it is not training a need or upon veriew it is needed. No employee will be veto to work until all training a need or upon veriew it is needed. No employee will be veto to work until all training a surpleyer will be veto to work until all training a completed. | tessioned to thing tie. With with with with all the thing the thing the thing layer of the things of the thing | d . |

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| V 512 | Continued From page | e 4 | V 512 | Fazza i II. | | |
| | work. So they came | back and said he had a skull | | INEZS House He u | 111 | |
| | riacture and some ble | eding around the skull So | | ensure that all supp | porting | |
| | we were shocked abo | out the results and the | | does mentation is ava | ile in | |
| | neurosurgeon to com- | said he was going to get a e in to talk to us about what | | | | |
| | they had planned to d | As neurosurgeon was in | | at all times for m | view. | |
| | the room with [client # | 1) his sister came in with | | True Nove He | 1 | |
| | an attitude. So the do | octor explaining to us what | | INES HOUSEHE WIL | | |
| | was going on and sho | wed us his CT scan results | | that a daily ledger daily activities i | 61 | |
| | on. She said she was | d told her what was going on the way. The doctor | | The state of the s | Ž. | .** |
| | said that they was goir | ng to put him in ICU so they | | acity activities u | vill | |
| | can keep a eye on him | ". | | be completed deile | | |
| | Note: The DUOD | | | 132 cenq 14 142 (all 1 | 1) Niting | |
| | Note: The DHSR surve interview client #1, due | eyor was unable to to his level of functioning. | | activities Inis! | House | |
| - 1 | | | | HE Will Lundait | addition | <i>i</i> : |
| | Note: The DHSR surve | eyor attempted to contact | | | | |
| ١, | was not available. | an interview, however; she | | Monthly Mexting to | decrease | |
| 1 | During an interview on | 12/18/19 the Licensee | | any opportunities of | 1a | |
| - | "[FS#1's] story becam | e inconsistent throughout | | Satury risk. INT | House | |
| 1 | ne internal investigatio | n". | | | | |
| l'r | ir o#1] initially report | ted that [client #1] was | | He will prive ea | ich | |
| a | ind transported to his r | ed transportation service Day Program. She also | | epudous Cila 1 | | |
| n | eported [client #1] had | fallen getting onto the | | employer feelback | Vatte | |
| V | an". | , | | Positive or Week | 11 16 | |
| - | she received a phone | call from the Day Program | | Positive or Negation | veany | |
| 5 | tail that [client #1's] he | ad was swollen and he | | address any le | Larne | |
| b | e assessed by a medic | They felt he needed to | | Time! Here I | 3 | |
| - | The Day Program conf | firmed FS #1 dropped | - | INEZ'S HEMSE HE WIL | 4 | |
| CI | ient #1 off at the Day F | Program in her personal | | Continue to update p | 1. | - |
| Ve | enicie. | | | | | |
| tra | 'I immediately went to | the Day Program and | 1 | land will add revis | ides | |
| eı | ansported [client #1] to aluated and admitted | into the hospital for UTI | | us needed. | | |
| of Health | C | into the hospital for UTI | | -> Heraice | | |

| Division | of Health Service Reg | ulation | | | PRINTED FORM |): 01/17/2020 1 APPROVE |
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| V 512 | Continued From page | 2.5 | 1/ 5/5 | DEFICIENCY) | | |
| | and a fractured skull". | | V 512 | Thezis Hense He | willda | 8/19/19 |
| | - "[Qualified Profession | nal] and I met with staff #1 | | The street in | 0011100 | 11/1/ |
| | regarding the inconsis | stency of her story involving | | Safe quent ene | ble to | |
| | chefit #1. She was pla | ced on administrative until | | Sal su | 2 March 1 | |
| | the internal investigation | on was completed After we | | July the | L resident | |
| | completed the investig | lation we decided to | | as bust on | 1.1 | |
| | terminate [FS#1]'s em - She acknowledged the | ployment". | | 103 15857 23 PM | 3510/2. | *** |
| | statement was not true | e. In addition, the Licensee | | | | |
| | and the Qualified Profe | essional called the | | | | |
| | Transportation Service | and they confirmed they | | | | ~ |
| 1.5 | uid not pick client #1 ui | p from the facility the day | | | | |
| 1 | of the incident. | | | | | |
| 1 | Review on 12/18/19 of | a Plan of Protection dated | | | 1 | |
| | 12/18/19 written by the | Qualified Professional | 1 | | | |
| 1 | evealed: | | | | | - 1 |
| - | "What immediate action | on will the facility take to | | | | - 1 |
| e | ensure the safety of the | consumer in your care? | | | | l |
| [1 | Facility] is a residential | facility that we believe | | | | |
| ρ | rovides the best care p | ossible for residents with | | | | |
| d | developmental disabil | ity. [Facility] goal is to | | | | - 1 |
| е | finance the lives of res | idents by providing a | | | | 1 |
| D | rovision of hope to live | hat would strengthen their | | | | |
| p | rovision of hope to live ossible. | as independently as | | | | - 1 |
| 0 | ur hone is to maintain | | | | | |
| se | ur hope is to maintain a elf-confidence, self-este | and promote stability, | | | | |
| th | rough encouragement | and care. [Facility] helps | | | | |
| 10 | siderits from all ethical | background to become | | | | |
| 1110 | dependent in many set | tings such as | | | | 1 |
| na | ibilitations, training, voc | cational and instructions | | | | |
| as | well as developing mo | oral ethics supporting the | | | | |
| uc | and to hositively ended | ling in a healthy lifestyle | | | | 27.00 |
| pro | nile in the home and in | the community as a by services are carried | | | | |
| out | t with quality, respect, | commitment and | | | | 1 |
| Inte | egrity for every residen | t. | | | | |
| of Health S | ervice Regulation | | | | | 1 |

STATE FORM

PRINTED: 01/17/2020 Division of Health Service Regulation FORM APPROVED STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL032356 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE INEZ'S HOUSE HC 2811 INDEPENDENCE AVENUE DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 6 V 512 The immediate action the facility is currently implementing to ensure the safety of each resident in our care is as follow: [Inez House HC] will ensure that in the event of an injury or accident [Inez House HC] will immediately contact the authorities and will thoroughly document event and contact entities such as State reporting system, DSS, Health Care Registry and Alliance Behavioral Care. [Inez House HC] will ensure that monthly supervisions are conducted more frequently with unexpected visits and schedule visits and will notate each visit. [Inez House HC] will ensure that each resident is properly supervised appropriately with a daily check off supervision log (this log will document their morning to evening activities daily). [Inez House HC] will interview each resident upon schedule and unscheduled visit (this is already done, however, the interview will be enhance with review of body such as any noticeable scares, bruises etc, asking open end questions and ensuring no negative verbal communication has occurred such as any form of verbal abuse). This will be conducted by administrator and QP only (please note it will be no invasion of privacy but external review only (looking upon them noting any review of marks etc). [Inez House HC] will ensure that each employee is thoroughly trained before working with the resident with any/all additional training provided if needed. Each employee will sign

in place, however moving forward, we will ensure Division of Health Service Regulation

documentation after training that they

understands each process and they are able to perform the job expected (this process has been

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL032356 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 INDEPENDENCE AVENUE **INEZ'S HOUSE HC** DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION) PRFFIX (EACH CORRECTIVE ACTION SHOULD BE TAG COMPLETE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 512 Continued From page 7 V 512 that additional training is completed before employee is released to work with residents. Should administrated recommend that employee receives more training but the employee disagree, that employee will not be release to work within the group home until all requirement, acknowledgement has been completed with satisfaction of administrator. [Inez House HC] will ensure that all supporting documentation is available for review. [Inez House HC] will ensure a stronger documentation system by adding a daily ledger of daily activities. This ledger will be a check off ledger of each resident and will be mark (by their initial) by staff member working. This ledger will be completed throughout the shift and will end at the end of the shift daily by them signing that each item stated on the form was conducted and completed. The results of the form will be kept in a daily binder. Should there be any issues stated on forms, those issues will be address immediately by notification of the administrator and/or QP. Additional daily contact will be conducted. [Inez House HC] will conduct additional monthly meeting to decrease any opportunities of a safety risk. Please note that should a risk be discover/identified it will be address immediately. [Inez House HC] will provide each employee feedback (positive or negative) and will address any/all concerns. [Inez House HC] will ensure that each Personal Centered Plan is carried out to the best of ability and will ensure that all revisions of PCP will be completed or discontinued as needed. [Inez House HC] will update plans to revisions and will include any changes such as any/all medical care and instructions after discharges etc. [Inez House HC] will do everything possible to

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: _ COMPLETED MHL032356 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 INDEPENDENCE AVENUE **INEZ'S HOUSE HC** DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 | Continued From page 8 V 512 safe guard each resident. [Inez House HC] will ensure the safety and security of each resident by any means necessary and will document any/all changes necessary with additional training to ensure knowledge of each employee. Describe your plans to make sure the above happens. [Inez House HC] will conduct unscheduled visits and will provide feedback, dismiss or provide additional training should it is seen to be warranted immediately. [Inez House HC] will ask open end questions to each resident to ensure safety is being provided and they are secure with the staff member engaging services (Not fearful of staff member etc). [Inez House HC] will continue to provide training and will enhance any training necessary with the employee signing that they have completed training satisfactory. [Inez House HC] will note and inquire immediately any changes to residents such as new marks/scares or behavior and will address change/issues immediately (this will be done by review of anything noticeable by eye view. No invasion of privacy will be conducted at anytime. [Inez House HC] will provide continuing staff meeting addressing any/all concerns if found and will implement a procedure of how addressing the concerns will be carried out (such as time frame of completion of course is needed, additional training is conducted by a certain time frame, better time management in completing a task etc). [Inez House HC] will ensure that each Personal Centered Plan is carried out to the best of ability and will ensure that all revisions of PCP

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED MHL032356 B. WING 12/18/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2811 INDEPENDENCE AVENUE **INEZ'S HOUSE HC** DURHAM, NC 27703 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 Continued From page 9 V 512 will be completed or discontinued as needed. [Inez House HC] will update plans to revisions and will include any changes such as any/all medical care and instructions after discharges etc. [Inez House HC] will report any/all finding to the property entity and will follow all recommendation / protocol and procedures to the maximum expectation to ensure safety of residents. House HC, LLC will provide each employee feedback (positive or negative) and will address any/all concerns. House HC, LLC will dismiss any employee that is not performing as needed. [Inez House HC] will ensure that each Personal Centered Plan is carried out to the best of ability and will ensure that all revisions of PCP will be completed or discontinued as needed. For best practice [Facility] will continue to utilize the PCP as the driving document and will update with strong details as needed and will follow all guidelines". Client #1 is diagnosed with an Intellectual or Developmental Disability, Cerebral Palsy, and Anxiety Disorder. The day program staff where Client #1 attended contacted the Licensee regarding his concerns about unusual behavior exhibited by Client #1 and a slightly swollen area on the left side of Client #1's head. Client #1 was taken to the hospital and examined by a medical doctor and the results of the examination determined that client #1 had sustained a skull fracture and had a urinary tract infection. FS #1 reported to the Licensee and Qualified Professional regarding an incident involving client #1 on October 31, 2019. Staff #1 initially reported that client #1 had fallen while getting onto a transportation van. An internal investigation was conducted by the Licensee and Qualified

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