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INDIANHEAD	1003 INDIANHEAD CIRCLE SNOW HILL, NC 28580

(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 follow up survey was completed on February 12, 2020. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105		

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V 105	Continued From page 1 (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to develop and implement adoption of standards that assure operational and	V 105		

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V 105	Continued From page 2	V 105		

programmatic performance meeting applicable standards of practice for the use of a Glucometer instrument including the CLIA (Clinical Laboratory Improvement Amendments) waiver. The findings are:

Finding #1:
Review on 2/4/2020 of client #1's record revealed:
-60 year old male admitted 6/28/19.
-Diagnoses included Moderate Intellectual Developmental Disorder, Schizophrenia, Gastroesophageal Reflux Disease (GERD), Type 2 Diabetes Mellitus; and, Benign Prostate Hypertrophy.
-Order dated 11/26/19 to test client #1's blood sugar once weekly and more if needed.
-Blood sugar results were documented weekly.

Finding #2:
Review on 2/4/2020 of client #2's record revealed:
-39 year-old male admitted 10/11/10.
-Diagnoses included Moderate Intellectual Developmental Disorder, Schizoaffective Disorder, Epilepsy, Hemophilia, Hypothyroidism, Hypertension, and Diabetes.
-Signed FL-2 dated 10/02/19 stated blood sugar was to be checked daily while fasting.

Review on 2/4/2020 of the CLIA Waiver revealed:
-The CLIA ID number was 34D2052398.
-The name and address on the certificate was for the Licensee and did not include the facility name or address.

Interviews on 2/4/2020 the Director of Operations stated:
-He thought the CLIA Waiver included all facilities operated by the Licensee.

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V 105	Continued From page 3 -He had left a message for the CLIA section to call and confirm the status of the CLIA waiver for the facility. Telephone interview on 2/4/2020 the CLIA Consultant stated: -The Licensee had not applied for a multi-site CLIA waiver. -The CLIA waiver (34D2052398) did not include this facility.	V 105		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112		

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This Rule is not met as evidenced by:
Based on record reviews and interviews the facility failed to develop and implement goals and strategies to meet client's needs for 1 of 3 clients audited (client #1). The findings are:

Review on 2/4/2020 of client #1's record revealed:
-60 year old male admitted 6/28/19.
-Diagnoses included Moderate Intellectual Developmental Disorder, Schizophrenia, Gastroesophageal Reflux Disease (GERD), Type 2 Diabetes Mellitus; and, Benign Prostate Hypertrophy (BPH).

Review on 2/4/2020 of client #1's incident reports between 6/28/19 and 2/4/2020 revealed:
-Level II: 1/20/2020 6:49 am client #1 walked away from the home; police were called.
-Level II: 12/10/19 6:38am client #1 eloped.
-Level II: 9/27/19 client #1 eloped.

Review on 2/4/2020 and 2/12/2020 of client #1's Individual Support Plan dated 6/28/19 revealed there were no goals or strategies to address his elopement behaviors.

Interviews on 2/4/2020 and 2/12/2020 the Qualified Professional stated:
-She had worked for the facility for 3 months.
-Client #1 had been admitted prior to her employment.
-There had been no revisions or additions of goals or strategies to client #1's plan to address elopement behaviors.

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V 114	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 review and interviews the facility failed to hold fire and disaster drills at least quarterly and repeated on each shift. The findings are: Interview on 2/4/2020 Chief Clinical Officer stated: - The facility shifts were as follows: -Monday - Friday: 1st shift, 8am-2pm; 2nd shift, 3pm-11pm; 3rd shift, 11pm-7am -Saturday - Sunday: day shift, 7am - 7pm; night shift, 7pm - 7am Review on 2/4/2020 of the facility fire drills documented from 1/1/19 - 12/31/19 revealed: -1st Quarter (1/1/19 - 3/31/19): No fire drills documented for the week day 2nd shift or either of the week end shifts.	V 114		

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V 114	Continued From page 6 -2nd Quarter (4/1/19-6/30/19): No fire drills documented for the week end day shift. -3rd Quarter (7/01/19 - 9/30/19): There were no fire drills documented for the week day 1st shift, 3rd shift, or the week end night shift. - 4th Quarter (10/1/19-12/31/19): No fire drills documented for the week day 1st shift or either of the week end shifts. Review on 2/4/2020 of the facility disaster drills documented from 1/1/19 - 12/31/19 revealed: -1st Quarter (01/01/19- 03/31/19): There were no disaster drills documented on the weekend night shift. -2nd Quarter (4/01/19 - 6/30/19): There were no disaster drills documented on the week day 1st or 3rd shifts, or the weekend night shift. -3rd Quarter (7/01/19 - 9/30/19): There were no disaster drills documented on the week day 1st or 2nd shifts. The staff documented a disaster drill on 8/25/19 at 7:25pm (weekend night shift) as follows: "I walked through the house stating - Disaster Drill, Everybody out of the house. After they got out, did a head count. Explained to them that we will do this drill for tornados, hurricane, and disasters." -4th Quarter (10/1/19-12/31/19): There were no disaster drills documented on the week day 1st or 3rd shifts, or the week end day shift. Interview on 2/4/19 the Director of Operations stated: -He would follow up on a plan for the drills. -He would follow up to make sure the staff understood the proper procedures for evacuation during severe weather events. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 114		

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V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were	V 118		

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administered as ordered by the physician, and MARs kept current/accurate, affecting 2 of 3 audited clients (clients #1 and #2). The findings are:

Finding #1:
Review on 2/4/2020 of client #1's record revealed:
-60 year old male admitted 6/28/19.
-Diagnoses included Moderate Intellectual Developmental Disorder, Schizophrenia, Gastroesophageal Reflux Disease (GERD), Type 2 Diabetes Mellitus; and, Benign Prostate Hypertrophy (BPH).
-Orders dated 11/26/19 included the following:
-Aspirin 81 mg (milligrams) EC (enteric coated) 1 daily (prevent blood clots)
-Benztropine 1 mg, 2 tablets daily (Parkinson's disease or involuntary movements due to the side effects of certain psychiatric drugs)
-Clearlax Powder, 1 capful, 17 gms (grams) daily (constipation)
-Donepezil 10 mg twice daily (Alzheimer's disease)
-Escitalopram 20 mg daily (depression and anxiety)
-Finasteride 5 mg daily (BPH symptoms)
-Haloperidol 20 mg, ½ tab daily (mental/mood disorders, i.e. schizophrenia)
-Haloperidol 5 mg, daily
-Metformin 500 mg twice daily (blood sugar control)
-Venlafaxine ER (extended release) 150 mg daily (depression)
-Vitamin B12 1000 mcg (micrograms) daily (supplement)
-Tamsulosin 0.4mg, 2 tablets daily 30 minutes before supper (improve urination in men with BPH)
-Zolpidem 10 mg at bedtime for insomnia

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V 118	Continued From page 9 -Test blood sugar once weekly and more if needed. -No orders for blood sugar parameters for actions needed or guidelines to follow to determine if client #1's blood sugar should be tested "if needed." Review on 2/4/2020 of client #1's MARs from 11/1/19 - 2/3/2020 revealed: -Tamsulosin 0.4mg had been scheduled and documented as administered at 8 am from 11/1/19 - 1/15/2020. -Administration of the following medications was not documented at the 8am scheduled dosing time on 12/10/19: Aspirin 81 mg; Benztropine 1 mg, 2 tablets; Clearlax Powder, 1 capful; Donepezil 10 mg; Escitalopram 20 mg daily; Finasteride 5 mg; Haloperidol 20 mg, ½ tab; Haloperidol 5 mg; Metformin 500 mg; Venlafaxine ER 150 mg; and, Vitamin B12 1000 mcg. -Administration of the following medications was not documented at the 8pm scheduled dosing time on 12/20/19:Tamsulosin 0.4mg, Donepezil 10 mg, Metformin 500 mg, Zolpidem 10 mg. -Administration of the following medications was not documented at the 8pm scheduled dosing time on 1/4/2020: Donepezil 10 mg, Metformin 500 mg, Zolpidem 10 mg. Finding #2: Review on 2/4/2020 of client #2's record revealed: -39 year-old male admitted 10/11/10. -Diagnoses included Moderate Intellectual Developmental Disorder, Schizoaffective Disorder, Epilepsy, Hemophilia, Hypothyroidism, Hypertension, and Diabetes. Review on 2/12/20 of client #2's signed FL-2 dated 10/02/19 revealed the following medication	V 118		

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V 118	Continued From page 10 orders: -Divalproex DR (delayed release) 500 mg, 1 tablet twice daily (seizures and mental/mood disorders) -Levetiracetam 500 mg, 1 tablet twice daily (seizures) -Aller-G-Time 25 mg, 4 tablets at bedtime (allergic reactions) -Docusate 100 mg, 1 capsule twice daily (constipation) -Chlorpromazine 200 mg, 3 tablets daily (mental/mood disorders) -Check and record fasting blood sugar daily -There were no orders, policy/procedures, or guidelines with blood sugar (BS) parameters and instructions for response for results that would be considered too high or too low by the physician. Blood sugar values extended from 72-491 from November 1, 2019 - January 31, 2020. Review on 2/4/2020 of client #2's MARs from 11/1/19 - 2/3/2020 revealed: -Administration of the following medications was not documented at the 6pm scheduled dosing time on 1/28/20: Divalproex DR 500 mg; Levetiracetam 500 mg; Aller-G-Time 25 mg - 4 tablets; Docusate 100 mg; and Chlorpromazine 200 mg - 3 tablets. Interview on 2/4/19 the Medical Coordinator stated: -She had "reached out" the physician for blood sugar parameters but had not received a response. She knew from experience staff needed to know parameters to respond to blood sugar high or low readings. -There was a back up process for staff to document medication administration if they were unable to document electronically. She could not locate documentation for blanks on client #1's	V 118		

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V 118	Continued From page 11 MARs on 12/10/19, 12/20/19, or 1/4/2020. Due to the failure to accurately document medication administration it could not be determined if clients received their medications as ordered by the physician. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 118		
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this	V 133		

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section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection

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V 133	Continued From page 13 (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an	V 133		

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V 133	Continued From page 14	V 133		

individual on the basis of information provided in the criminal history record check of the individual.
(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.
(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40,

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V 133	Continued From page 15 Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interviews, the	V 133		

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V 133	Continued From page 16 facility failed to request a National Criminal Background with fingerprints as required for 1 of 1 direct care staff audited (Staff #2) who had been a resident of North Carolina less than 5 years at the time of employment. The findings are: Review on 2/12/2020 of Staff #2's record revealed: - Job title was "Home Leader." - Hire date 12/17/18. -Termination date was 2/6/2020. -Application documented, "Why Are You Applying for this Job at [Licensee]?...Currently moved from [another state] and looking for employment. Also looking to expand my work history and long term job." -Job application work history documented Staff #2's most recent job at the time of application had been located in another state and her reason for leaving was "moved to NC (North Carolina)." Interview on 1/12/2020 the Human Resources staff stated: -She was not employed at the time Staff #2 was hired. -It was the policy to obtain national criminal background checks for anyone who had lived out of state within 5 years of hire. -She could not identify why this had not been done when staff #2 had been hired.	V 133		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more	V 291		

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V 291	Continued From page 17 than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination between the facility operator and the professionals who are responsible for the client's treatment, affecting one of three audited clients (#2). The findings are: Review on 2/4/2020 of client #2's record revealed: -39 year-old male admitted 10/11/10. -Diagnoses included Moderate Intellectual Developmental Disorder, Schizoaffective	V 291		

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V 291	Continued From page 18 Disorder, Epilepsy, Hemophilia, Hypothyroidism, Hypertension, and Diabetes. -No documentation present of physician notification /clinic visits for blood pressure (BP) values outside of desired range. Review on 2/12/20 of client #2's signed FL-2 dated 10/02/19 revealed the following medication orders: -Lisinopril 10 milligrams (mg), 1 tablet daily (blood pressure) Review on 2/4/2020 of client #2's MARs from 11/1/19 - 2/3/2020 revealed: -Check and record BP daily. -If systolic BP is less than 90 give fluid and a snack. If still low bring patient to clinic. If systolic BP is less than 80 take to clinic or emergency department. -BP values with systolic reading under 80 were recorded on the following dates: - 1/03/20 - 72/59 - 1/07/20 - 79/63 - 1/21/20 - 74/62 - 1/24/20 - 66/50 - 1/29/20 - 79/60 - 11/15/19 - 79/60 - 11/19/19 - 74/62 - 11/20/19 - 74/62 Interview on 2/04/20 Medical Coordinator stated: -She had been employed with agency since December, 2019. -She had not been notified by staff of any BP values outside the normal range.	V 291		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	Continued From page 19 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 observation and interview, the facility was not maintained in a clean, attractive and orderly manner. The findings are: Observations on 2/04/20 at approximately 10:00am and 2/12/20 at approximately 2:00pm revealed: - There were cobwebs observed in the upper left-hand corner upon entry to the laundry room. - Dust covered the overhead vent directly over the laundry room sink. - Brown stains were identified on the kitchen cabinet doors located under the microwave and sink. - Grease and dust layered the kitchen vent hood. -The kitchen counter had a dark burn hole approximately 3 inches in diameter to the right of the stove. - The Formica kitchen counter tops was peeling from the base, approximately 12 inches to the left of the stove. - There were rust spots observed on the refrigerator extending approximately 36 inches in height. - Water marks were noted on the popcorn ceiling throughout the living room and a spackled portion of the ceiling, approximately 24 inches in diameter, was visible in the living area. -Large dark stains on the carpet in front of the fireplace and book case in living room.	V 736		

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V 736	Continued From page 20 - There was a strong odor identified upon entry into the dining room, resembling the smell of urine. -Paint peeling off the light inside the hall bathroom shower. Wood surface of the bathroom door split across the bottom edge. -Floor surface worn in front of bathroom sink. -Strong musty smell noted in bedroom for clients #2 and #3. -Outdoor observations: Leaf debris and pine straw collected in gutters across the front and back of the home, on roof top, and covered the back porch. Interview on 2/12/20 the Director of Residential Services stated: - He would follow up with his maintenance team regarding repairs. - Water stains on ceiling had been present prior to occupying the home and he was unaware of any water leaks. - He had no questions regarding items identified at exit for repair. [This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.]	V 736		
V 738	27G .0303(d) Pest Control 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents. This Rule is not met as evidenced by:	V 738		

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V 738	Continued From page 21 Based on observation and interviews, the facility failed to keep the facility free of pests. The findings are: Observations on 2/4/2020 at approximately 10:00am revealed: -Black particles about the size of rice inside cabinet under microwave,beside the stove, cabinet drawers to left of the sink, upper cabinets to the right of the sink. -Dead bugs and bug casings inside lower cabinets under microwave and beside the stove. Interview on 2/4/2020 the Director of Residential Services stated: -There is a contract with a professional exterminator for routine pest control services. -He was not aware of current pest issues to include mice and roaches. -He would follow up and have staff clean/remove the dead bugs, casings, and other particles from the cabinets.	V 738		