STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
					F	۲
		MHL098-198	B. WING			5/2020
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
KAGEEN	I'E LINITY CDOLID HO	ME I C #4 408 TA	RBORO STREE	ET E		
KISEEN	I'S UNITY GROUP HO	WILSO	N, NC 27893			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	on March 5, 2020. unsubstantiated (in Deficiencies were c This facility is licens category: 10A NCA	low up survey was completed. The complaint was take # NC00161473). sited. sed for the following service AC 27G .5600C Supervised h Developmental Disabilities				
V 108	27G .0202 (F-I) Per	rsonnel Requirements	V 108			
	(g) Employee training provided and, at a refollowing: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathogory (h) Except as perm .5602(b) of this Submember shall be an times when a client member shall be traincluding seizure m	cation shall be documented. ing programs shall be minimum, shall consist of the rational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F an t the mh/dd/sa needs of the n the treatment/habilitation tious diseases and	d d s,			

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
		MHL098-198	B. WING		03/0	5/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEM	I'S UNITY GROUP HO	OMETIC #4	ORO STREE NC 27893	ET E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 108	reporting, investiga	age 1 ting and controlling infectious diseases of personnel and	V 108			
	Based on record refacility failed to ensand #3) received trhealth needs of the Review on 3/04/20 revealed: - Title of Personal (et as evidenced by: eviews and interviews the ure 3 of 3 audited staff (#1, #2, aining to meet the mental eclients. The findings are: of staff #1's personnel record Care Services Provider. , start date 10/03/19.				
	health needs of the During interview or	raining to meet the mental e clients served. a 3/04/20 staff #1 stated she ng specific to individual client				
	revealed: - Title of Personal (- Hire dated 8/24/1	of staff #2's personnel record Care Services Provider. 9, start date 11/01/29. raining to meet the mental eclients served.				
		n 3/04/20 staff #2 stated sheing specific to individual client				
	revealed:	of staff #3's personnel record Care Services Provider.				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
		MHL098-198		B. WING			R 03/05/2020	
NAME OF I	PROVIDER OR SUPPLIER		TREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 00.0		
KYSEEN	'S UNITY GROUP HO	METIC#4		ORO STREE NC 27893	ET E			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATION	LL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 108	Continued From pa	ge 2		V 108				
	Hire date 8/09/19,No documented trhealth needs of the	aining to meet the men	ntal					
	During interview on 3/04/20 staff #3 stated he had received training specific to individual client needs.							
	served at the facility and behavioral issu	tated each of the client / had mental health dia es. He understood the ff to receive training to	gnoses					
V 110	27G .0204 Training, Paraprofessionals	/Supervision		V 110				
	SUPERVISION OF (a) There shall be reparaprofessionals. (b) Paraprofessionals associate professional as special subchapter. (c) Paraprofessional subchapter. (d) Paraprofessional subchapter. (d) At such time as employment system then qualified professionals shall associated as a support of the such time as a subchapter.	cified in Rule .0104 of all shall demonstrate and abilities required by a competency-based is established by rules a sionals and associate demonstrate competer hall be demonstrated by sincluding: edge; ess;	LS ents for by an this the making,					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SU		,	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
				A. BUILDING.		,	R
		MHL098-1	98	B. WING			05/2020
NAME OF	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEM	I'S UNITY GROUP HO	OME LLC #4		ORO STREE NC 27893	ET E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIE Y MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 110	(5) interpersonal s (6) communication (7) clinical skills. (f) The governing I develop and impler for the initiation of t plan upon hiring ea This Rule is not m Based on record re audited staff (#1, # demonstrate the kr	kills; a skills; and body for each factories and the individualized and paraprofession as evidenced eviews and interval, and #3) failed nowledge, skills,	d procedures d supervision onal. by: riews 3 of 3 to and abilities	V 110			
	required by the porare: Review on 3/04/20 - 39 year old femal Diagnoses included Bipolar Disorder, and Disorder. Review on 3/02/20 client #4 "Date of Irthe consumer has the month but the work behaviors was work staff. The consument has the month but the work behaviors was work staff. The consument has the month but the work was staff. The consument has the staff to hurt their bas dropped her weight the floor " - Attached "Statem signed by staff #1 in the staff was staff with the staff was staff was staff with the staff was staff with the staff was staff	of client #4's rede admitted 1/05/ed Intellectual Dind Borderline Personal Section 1/26/20" as been in behave weekend of 2/21/est and unsafe for er continuously to the floor, potential of the floor, potential when staff tried ent Form" dated	cord revealed: 13. Isability, Personality Pent report for I revealed: Vior most of V2020 If the client and I hreatens to kill I r, not assisting I entially having I inuously I to get her off I 2/24/20 and				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
				R	
	MHL098-198	B. WING		03/05/2020	
NAME OF PROVIDER OR SUPPLI	R STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEM'S UNITY GROUP	HOMFIIC#4	BORO STREE NC 27893	ET E		
PREFIX (EACH DEFICIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
and on the back assistance to ge assist [client #4] her up " - Attached "State signed by staff # [client #4's] room floor tried to arms " - Attached "State signed by staff # [client #4] up by thump [client pulled [client #4] Staff helped [client #	coom and hallway at 8:00 am porch at 9:00 am, refusing tup each time; " Staff tried to up by holding her hands pulling ment Form" dated 2/25/20 and 1 included " Staff went into discovered [client #4] on the help her up by pulling her by the ment form" dated 2/26/20 and 1 included " staff pulled her arms staff heard a loud #4] had fallen off the toilet up once again by her arms ht #4] stand up by pulling her by ff got her up by pulling her up by aff and 2 clients took [client #4] 20 of client #4's record from a lare hospital revealed: on 2/26/20 " ED [Emergency wider Notes has been falling plains of] L [left] shoulder pain plaint Anterior dislocation of	V 110			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL098-1	98	B. WING			R 05/2020
	PROVIDER OR SUPPLIER	ME LLC #4	408 TARE	DRESS, CITY, S ORO STREE NC 27893	STATE, ZIP CODE E T E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From para pulling her hands we Her shoulder was admitted to the hos Review on 3/04/20 revealed: Title of Personal Celebrater Hire date 7/05/19, Documented "Protraining dated 3/02/20 During interview on She had been traingular prevention. When client #4 felshe would have clied close and she would arms" from one sides and she would arms from one sides and she would assistance to get of the she would be she would be she would assistance to get of the she would arms from one sides and she would arms from	hile standing in "re-located" who pital. of staff #1's personal per Lifts/Falls Proper Lifts/Falls Proper Lifts/Falls Proper Lift Hoor. of staff #2's personal per Lifts/Falls Proper Lifts/Falls Proper Lift Hoor. of staff #2's personal per Lifts/Falls Proper	sonnel record rovider. 8/19. revention" stated: s and falls to the floor, knees in inder her resist sonnel record rovider. 9/1/29. revention" stated: s and falls did "grab her then stand ids on client resist	V 110			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:			(X3) DATE SURVEY COMPLETED		
		MHL098	-198	B. WING			R 05/2020
	PROVIDER OR SUPPLIER	ME LLC #4	408 TARE	DRESS, CITY, S ORO STREE NC 27893	STATE, ZIP CODE E T E		
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		CIENCIES DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 110	Continued From pa - Title of Personal C - Hire date 8/09/19, - Documented "Pro training dated 3/02/ During interview on - He had been train prevention.	Care Services start date 9/2 per Lifts/Falls 20.	019. Prevention" #3 stated:	V 110			
	- Client #4 would "fa the floor" if she did would "fight against her." - He assisted client times On 2/23/20 he and getting on each side "told her to use her pulled behind her s	not want to do you when you #4 to get off the d staff #2 assise of her and ra legs, we had he	something; she i trying to help ne floor several sted client #4 by ising her up; ner walker				
	During interview on Director/Licensee's falling more frequer trained in Proper Li 3/02/20, after client and she was admitt client #4 by her arm to assist her from the Physician the withe Physician discurehabilitation center client #4 refused further seems of the properties of the p	tated client #4 htly and all star fts and Falls P #4's shoulder red to the hosp is was not an ine floor. Client reek prior to th ssed admitting r to improve he	had been ff had been revention on was dislocated bital. Pulling appropriate way #4 was seen by e survey and g her to a er mobility, but				
V 131	G.S. 131E-256 (D2 Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of	EALTH CARE	PERSONNEL sonnel into a	V 131			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		MHL098-1	98	B. WING			R 05/2020
	PROVIDER OR SUPPLIER	OME LLC #4	408 TARE	DRESS, CITY, S BORO STREE NC 27893	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIE MUST BE PRECEDE SC IDENTIFYING INF	ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	(X5) COMPLETE DATE	
V 131	Continued From particles health care facility serior Personnel Registry of access in the ap	shall access the and shall note e	each incident	V 131			
	This Rule is not me Based on record refacility failed to com Registry (HCPR) chaudited staff (#1, #2). Review on 3/04/20 revealed: - Title of Personal (1). - Hire date 7/05/19. - HCPR check date	eviews and intervinplete Health Ca necks prior to hir 2, and #3). The of staff #1's pers Care Services Pr , start date 10/03	riews the re Personnel re for 3 of 3 findings are:				
	Review on 3/04/20 revealed: - Title of Personal (2 Hire date 8/24/19) - HCPR check date Review on 3/04/20 revealed: - Title of Personal (2 Hire date 8/09/19) - HCPR check date During interview on Director/Licensee's employ and returned in Aug	Care Services Prostart date 11/01 and 10/20/19. of staff #2's personal care Services Prostart date 9/201 and 4/30/19. a 3/05/20 the Factorial care staff #3 let for approximate	rovider. 1/19. sonnel record rovider. 19. cility ft the ly 2 months				
	new HCPR check with did not begin work	vas completed.	Employees				

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7 t. BOILBING.		R	
		MHL098-198	B. WING			5/2020
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEN	I'S UNITY GROUP HO	MFIIC#4	ORO STREE NC 27893	ET E		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 131	Continued From pa	ge 8	V 131			
		uired training. He did not ecks until he was sure the g to "work out."				
V 133	G.S. 122C-80 Crim	inal History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR (a) Definition As a provider applies to program and any prodevelopmental disastervices that is lice Chapter. (b) Requirement provider licensed un applicant to fill a possible applicant to have a conditioned on concriminal history recent the applicant has belies than five years is conditioned on concriminal history recent ational criminal history recent and conditioned on concriminal history recent and conditioned on concriminal history recent applicant has befive years or more, on consent to a Stacheck of the applicant criminal history recent consent to a Stacheck of the applicant criminal history recent as subsection, within find the conditional offer shall submit a requirement.					

Division of Health Service Regulation

DIVISION	of Health Service Re	eguiation					
	NT OF DEFICIENCIES		/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICA	ATION NUMBER:	A. BUILDING:		COMP	LETED
						-	,
				B. WING		F	
		MHL098	3-198	B. WING		03/0	5/2020
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS CITY S	STATE, ZIP CODE		
10 10 1	THOUBER ON OUT EIER			, ,	•		
KYSEEN	I'S UNITY GROUP HO	ME LLC #4		ORO STREE	: I E		
			WILSON,	NC 27893			
(X4) ID	_	TEMENT OF DEF		ID	PROVIDER'S PLAN OF CORRECTI		(X5)
PREFIX	(EACH DEFICIENC)			PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFTING	INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIAIE	DAIL
					22.16.2.16.1		
V 133	Continued From pa	ige 9		V 133			
	•	•					
	section or shall sub						
	entity to conduct a						
	check required by t						
	G.S. 114-19.10, the						
	return the results of	f national crim	inal history				
	record checks for e	mployment po	ositions not				
	covered by Public L	aw 105-277 t	o the				
	Department of Hea	Ith and Huma	n Services,				
	Criminal Records C	heck Unit. W	ithin five				
	business days of re	ceipt of the na	ational criminal				
	history of the perso						
	and Human Service						
	Unit, shall notify the						
	information receive						
	of the applicant. In						
	national criminal his						
	with the provider. P						
	upon request verific						
	check has been co						
	by this section. A co						
	appropriate local or						
	the Division of Crim						
	may conduct on be						
	criminal history rec						
	section without the		•				
	request to the Department	•	•				
	case, the county sh						
	criminal history rec						
	section within five be conditional offer of						
	All criminal history i						
	provider is confider						
	except to the applic						
	(c) of this section. F						
	subsection, the terr						
	business regularly						
	criminal history rec						
	records obtained from						
	(c) Action If an ap	oplicant's crim	inal history				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING.		F	
		MHL098-198	B. WING			5/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEM	'S UNITY GROUP HO	METIC#4	ORO STREE NC 27893	ET E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 133	a relevant offense, of the following fact hire the applicant: (1) The level and so (2) The date of the (3) The age of the conviction. (4) The circumstant commission of the (5) The nexus between the person and the filled. (6) The prison, jail, rehabilitation, and offense in the fact of conviction a relevant offense. The fact of conviction is hall not be a bar to listed factors shall lift the provider disquence of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history to the disqualification of the criminal history (2) Limited Immunition or employee of a procomplies with this so civil liability for: (1) The failure of the individual on the batthe criminal history (2) Failure to check criminal offenses if	Is one or more convictions of the provider shall consider all tors in determining whether to eriousness of the crime. Cerson at the time of the crime, if known. Ween the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed. It commission by the person of con of a relevant offense alone of employment; however, the provider and an applicant after explored that is relevant for, but may not provide a copy orly record check to the covider that, in good faith, section shall be immune from the provider to employee's history of the employee's criminal k is requested and received in the considered and receive	V 133			

6899

DIVISION	of Health Service Re	egulation					
	NT OF DEFICIENCIES		R/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFIC	ATION NUMBER:	A. BUILDING:		COMP	LETED
						F	₹
		MHL09	8-198	B. WING			5/2020
NAME OF	PROVIDER OR SUPPLIER	•	CTDEET AD	DDESS CITY O	STATE, ZIP CODE	<u> </u>	
NAIVIE OF	PROVIDER OR SUPPLIER						
KYSEEN	I'S UNITY GROUP HO	ME LLC #4		ORO STREE NC 27893			
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENC) REGULATORY OR L		EDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	TIVE ACTION SHOULD BE CON CED TO THE APPROPRIATE	
V 133	Continued From page 11			V 133			
	(e) Relevant Offense relevant offense relevant offense relevant offense rederal criminal his indictment of a crim felony, that bears under the responsibility persons needing medisabilities, or subscrimes include the any of the following General Statutes: A Issuing Monetary Sendangering Executarticle 6, Homicide Sex Offenses; Artick Kidnapping and Abounder Housebrother Burnings; Artick Robbery; Article 18 False Pretenses and Other Burnings; Articke 19B, Finance Act; Article 20, Fraudulent Use of Carticle 19B, Finance Act; Article 20, Fraudulent Use of Carticle 27, Prostitut 29, Bribery; Article 26, Offenses Again Decency; Article 35, Centrole 39, Protection of the Fallntoxication; and Archime. These crimes ale of drugs in viole Controlled Substango of the General Sendango of the General S	neans a courtory of convictory of convictory of convictors, whether a pon an individual for the safety ental health, tance abuse criminal offen Articles of Carticle 5, Court ubstitutes; Article 7A, Fele 8, Assaults duction; Article 7A, Fele 8, Assaults duction; Article 16, Larce, Embezzlem of Cheats; Article 16, Larce, Embezzlem of Cheats; Article 16, Larce, Embezzlem of Cheats; Article 16, Larce, Adult Estaton; Article 26, Comes also includation of the Noes Act, Article 31, Adult Article 32, Adult Estaton of Minors; Article 33, Miscondual Riots and Cipa of Minors; Article 34, Adult Article 35, Adult Article 36, Comes also includation of the Noes Act, Article 34, Articl	nty, state, or ation or pending misdemeanor or dual's fitness to and well-being of developmental services. These ases set forth in hapter 14 of the aterfeiting and aticle 5A, islative Officers; Rape and Other as; Article 10, le 13, Malicious losive or atticle 14, Burglary cle 15, Arson and eny; Article 17, ent; Article 19, ent; Article 19, ent; Article 19, for Card Crime 1, Forgery; Article ality and ablishments; and ablishments are ablishments; and ablishments are ablishments; and ablishments are ablishments; and ablishments are ablishments and ablishments are ablishments.				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED					
MHL098-198					R 05/2020					
	NAME OF PROVIDER OR SUPPLIER KYSEEM'S UNITY GROUP HOME LLC #4 STREET ADDRESS, CITY, STATE, ZIP CODE 408 TARBORO STREET E WILSON, NC 27893									
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		ED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE			
V 133	Continued From particles of the particle	ale to underage B-302 or driving of G.S. 20-136 shing False Information of G.S. 20-136 shing False in plication that is possible to the check under Class A1 misde ployment A protocomposition of a criminal responditionally possible applicant if both the applicant is section or the applicant if both the applicant is section or the applicant if both the applicant is section or the applicant if both the applicant is section or the applicant is sec	g while 8.1 through ormation Any fully furnishes, information on the basis for a r this section meanor. rovider may orior to history record th of the an applicant onsent for quired in e completed S. 114-19.10. equest for a ater than five begins 4, s. 4; 9D(c), (h);	V 133						
	This Rule is not me Based on record re failed to request sta checks within five b for 3 of 3 audited st findings are:	views and inter ate criminal bac business days o aff (#1, #2, and	view the facility kground f employment I #3). The							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
MHL098-198			B. WING			R 05/2020			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
KYSEEM'S UNITY GROUP HOME LLC #4 408 TARBORO STREET E WILSON, NC 27893									
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L		DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE		
V 133	Continued From parevealed: - Title of Personal Country Hire date 7/05/19, Criminal background Review on 3/04/20 revealed: - Title of Personal Country Hire date 8/24/19, Criminal Background Review on 3/04/20 revealed: - Title of Personal Country Hire date 8/09/19, Criminal background Personal Country Hire date 8/09/19, Criminal background Hire date 8/09/19, Criminal background Personal Country Hire date 8/09/19, Criminal background returned in August August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal Country Hire date 8/09/19, Criminal Background returned in August Personal C	Care Services I start date 10/0 and check date of staff #2's per care Services I start date 11/0 and check date of staff #2's per care Services I start date 9/20 and check date 3/05/20 the Fatated staff #3 I for approximate apust 2019; when was complete until after they are directly after the are directly after the after the are directly after the	o3/19. d 9/24/19. ersonnel record Provider. o1/19. ed 5/01/19. ersonnel record Provider. o19. d 10/10/18. ersity eft the ely 2 months in he returned a d. Employees had completed He did not I he was sure out."	V 133					
V 736	27G .0303(c) Facilit 10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe manner and shall b odor.	603 LOCATION REMENTS I its grounds sl e, clean, attrac	I AND nall be tive and orderly	V 736					

		(X1) PROVIDER/	SUPPLIER/CLIA TION NUMBER:	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED			
AND I EAR OF GOTALESTICA				A. BUILDING:						
MHL098-198		B. WING			⋜ 05/2020					
NAME OF I	PROVIDER OR SUPPLIER		STREET AD	DRESS, CITY, S	STATE, ZIP CODE					
KVCEEN	LE LINITY CROUR HO	ME 110 #4	408 TARE	ORO STREE	T E					
KISEEW	KYSEEM'S UNITY GROUP HOME LLC #4 WILSON, NC 27893									
(X4) ID PREFIX TAG	X (EACH DEFICIENCY MUST BE PRECEDED BY FULL			ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	(X5) COMPLETE DATE				
V 736	Continued From pa	ige 14		V 736						
V 730	This Rule is not mediased on observat Licensee failed to reclean, attractive madors. The finding: Observation of the 9:30 am and 10:15 The door from the stove was missing; freestanding cabine. Particulate matter. The kitchen cabine. The inside of the chandle was greasy. The microwave depiece of silver duct the door. The paint and walter the front hall door in Client #1's dresse. Client #3's dresse. The door knob on A baseball size he hallway. Window blind slat bent. Window blinds in An unfinished rep sized to client #3's. A golf ball size ho	et as evidence ions and intervalent in the farmer free from sare: facility betwee am revealed: facility betwee am revealed: flower cabined the door was et in the kitchen ets were greatoven was dirty to touch. Foor had an approven the kitchen. For was missing the laundry roble in the plaster in the plaster was missing the laundry roble in the plaster in the back i	riew the cility in a safe, in offensive on approximately the beside the on top of a in. In drawers, say to touch, in the oven door proximate 8 inchiver portion of the beeling above of a drawer pulls. In a drawer pulls, is drawer pulls, is one was loose, the oven door was loose, the in the back of allway were on the broken, the bedroom door.	7 7 3 0						
	The air register in rusty.Client #4's bedroo panel at the door kClient #4's bedroo	om door had a nob.	crack in the							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
MHL098-198			B. WING		R 03/05/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
KYSEEN	I'S UNITY GROUP HO	DMFIIC#4	ORO STREE NC 27893	ET E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 736	Continued From page 15 with dark dust Client #4's chest of drawers was missing 3 drawer pulls; a closet door was missing a handle Client #4's bedroom had a strong urine odor A brown sectional sofa in the living room was missing 2 seat cushions Baseboards throughout the facility were dirty, some with black stains The walls throughout the facility were scuffed and had areas of peeling paint and plaster Plaster walls throughout the facility had cracks of varying sizes Particulate matter on floor throughout the facility. During interview on 3/04/20 staff #2 stated the microwave door was taped because "it's cracked." During interview on 3/05/20 the Facility Director/Licensee stated they had tried to rid client #4's room of the urine odor but were unable to do so. He was aware of some of the issues cited. This deficiency has been cited four times since		V 736			
V 752	be corrected within 27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each factorstructed and equensures the physical visitors. (4) In areas of	acility shall be designed, puipped in a manner that all safety of clients, staff and of the facility where clients are er, the temperature of the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED				
MHL098-198			B. WING			R 03/05/2020				
NAME OF PR	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
KYSEEM'S	KYSEEM'S UNITY GROUP HOME LLC #4 408 TARBORO STREET E WILSON, NC 27893									
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULI SC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD I THE APPROPR	BE	(X5) COMPLETE DATE		
v d	This Rule is not me Based on observation ailed to maintain was 100 and 116 degree blients are exposed are: Observation on 3/04 evealed the hot was bathroom sink was couring interview on Director/Licensee stand recently checked acility and found the would make sure the petween 100 and 11 feetween 100 and	tained between 100-116. It as evidenced by: It as evidenced by: It as and interview, the far atter temperatures between the season of the finding of the fi	acility een here ngs 30 am t. ection t the He	V 752						