	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
MHL043-102			A. BUILDING:		C	
		B. WING		04/20/2020		
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
REEDOM	I CARE SERVICES, LLC	#6		ET		
			ON, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	8	V 000			
		vas completed on April 20, t was substantiated (intake iciencies cited.				
	category: 10A NCAC	ed for the following service 27G. 5600A r Adults with Mental Illness				
V 540	27F .0103 Client Rig Grooming	hts - Health, Hygiene And	V 540			
	10A NCAC 27F .010 AND GROOMING (a) Each client shall	3 HEALTH, HYGIENE be assured the right to				
	dignity, privacy and h of personal health, h Such rights shall incl	numane care in the provision ygiene and grooming care. ude, but need not be limited				
	daily, or more often a					
		to shave at least daily; to obtain the services of a n; and				
	paper and soap for e individual personal h	ygiene articles for each				
	not limited to toothpa napkins, tampons, sh utensil.	other articles include but are iste, toothbrush, sanitary naving cream and shaving				
	individual privacy sha (c) Adequate toilets,	lavatory and bath facilities a client with a mobility				
	,					
	This Rule is not met	as evidenced by:				

If continuation sheet 1 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL043-102			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C 04/20/2020	
		B. WING				
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
REEDON	I CARE SERVICES, LLC	#6		ET		
	· · · · · · · · · · · · · · · · · · ·		ON, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From pag	e 1	V 540			
	personal health, hygi	the facility failed to ensure ene and grooming was g six of six (#1, #2, #3, #4, ngs are:				
	Interview on 4/17/20 with Day Program Staff revealed: -Clients often came to the program with poor hygiene. -Clients had a foul body odor. -Clients would have a string or sock around their					
	waist to hold up pants. -Clients needed haircuts.					
	-There were some improvements over the last two weeks.					
	Interview on 4/27/20 with Staff revealed: -Clients had to purchase their own hygiene products.					
		have money to get haircuts. ither a sock or string around				
	-Clients did not have	money to purchase belts. s done on an as needed				
	balance of the month	ed cash after receiving the Ily \$66.00. ase their own soap, body				
	wash, deodorant, too -They were not awar	th paste and tooth brush. e what hygiene products the posed to have available.				
	-The group home did personal items suppl	not have a stock of				
	Interview on 4/13/20 Owner/Qualified Prof -She was aware clier					
	waist to hold up pant	-				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-102		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING	04	C / 20/2020		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
REEDOM	I CARE SERVICES, LLC	#6	LOW FORD STREE	ET		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 540	Continued From page	2	V 540			
	was given a belt and	then threw it away.				
	-Reported other clien					
	•	sed clothing via monthly				
	\$66.00 allowance.					
	-Clients shopped at the					
		volvement would purchase				
	or send money for clo	-				
	-She would see client	-				
	-She made sure clients looked appropriate; "we don't want clients to look like a stigma."					
		chased their own hygiene				
		nted something different.				
	-	ly purchased tooth brush				
	and tooth paste.	51				
	•	home did not have a stock				
	of hygiene products.					
	-Confirmed clients ha	d not been clothes shopping				
	since December 2019					
		here was a problem with				
	client's hygiene.					
V 542	27F .0105(a-c) Client	Rights - Client's Personal	V 542			
	Funds	0				
	10A NCAC 27F .0105	5 CLIENT'S PERSONAL				
	FUNDS					
		to any 24-hour facility which				
	••••••	dential services to individual				
	clients for more than	•				
	above the age of 16 s	adult client and each minor				
	-	ain or invest his money in a				
		t other than at the facility.				
	-	t need not be limited to,				
		n interest-bearing accounts.				
	(c) If funds are mana	ged for a client by a facility				
		ent of the funds shall occur				
		olicy and procedures that:				
	(1) assure to th	e client the right to deposit				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL043-102			(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		C	
		B. WING		04	4/20/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
REEDON	I CARE SERVICES, LLC	#6	LOW FORD STREE	ET		
		CAMER	ON, NC 28326			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 542	Continued From page	e 3	V 542			
 and withdraw money; (2) regulate the receipt and di funds in a personal fund account; (3) provide for the receipt of d by friends, relatives or others; (4) provide for the keeping of financial records on all transactions funds on deposit in personal fund account and account account and account account and account account account and account account and account account account and account account account account account account and account acc		e receipt and distribution of und account; the receipt of deposits made or others; the keeping of adequate all transactions affecting ersonal fund account; a client's personal funds will n any operating funds of the the deduction from a nt payment for treatment or when authorized by the client e person upon or subsequent lient; the issuance of receipts to r withdrawing funds; and client with a quarterly				
	facility failed to keep to assure funds were required for two of th The findings are: Review on 4/13/20 - 4 revealed: -Admission date of 8 -Diagnoses of Schizo	ews and interviews, the adequate financial records managed in the manner ree audited clients (#5, #6). 4/20/20 of Client #5's record /3/18. ophrenia Disorder, s, NOS, Diabetes Type 2,				
	Review on 4/13/20-4. document of Client #	/20/20 of a handwritten 5's purchases included: e balance from January 2020				

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CO	(X3) DATE	(X3) DATE SURVEY			
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			A. BUILDING:			COMPLETED	
		MHI 043-102				C //20/2020	
					04	/20/2020	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,				
FREEDOM	I CARE SERVICES, LLC	;#6	LLOW FORD STREE ON, NC 28326	- 1			
(X4) ID			ID	PROVIDER'S PLAN ((X5)	
PREFIX TAG	,	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLETE DATE	
V 542	Continued From page	e 4	V 542				
	- April 2020.						
	-The was a positive b	palance each month in the					
	amount of \$245.00. -Monthly \$66.00 min	us medication copayment					
	and received in cash						
	-Monthly breakdown of \$245.00 included \$125.00						
	for cigarettes + 120.00 for recreation, etc. -There were 10 cash purchases made in March 2020 with client #5's signature. -The March 2020 purchases included fast food,						
	groceries and day program activity.						
	-There were no receipts for the March 2020						
	purchases.						
	-There were no recei company's debit card	ipts for any purchase from d or cash on hand.					
	-The total current bal January 2020-April 2	lance after purchases from 020 was \$36.96.					
	Review on 4/13/20-4 revealed:	/20/20 of Client #6's record					
	-Admission date of 12/8/17.						
		ophrenia, GERD, High					
	Cholesterol and Alco	hol, Cocaine and Cannabis					
	Abuse.						
		/20/20 of a handwritten					
	document of Client #	6's funds/purchases					
	included:						
	room/board.	sent \$950.00/month towards					
		y allowance in the amount of					
	\$147.00 provided by	-					
	-Monthly \$66.00 minus medication copayment						
	and received in cash. -Purchases made for cigarettes, personal items,						
	snacks, etc with com	÷ .					
		ipts for any purchase from					
	company's debit card						
		lance after purchases from					
	January 2020-April 2						

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If continuation sheet 5 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMB		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		MHL043-102	B. WING		04	/20/2020
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
REEDON	I CARE SERVICES, LLC	: #6	LLOW FORD STREE ON, NC 28326	T		
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF CO		(X5)
PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLET DATE
V 542	Continued From pag	e 5	V 542			
	medication copayme -Clients received add guardian or other res -She managed and m allowance in the com -Client #5's \$245.00 company's ledger. -Client #5's monthly p recreation was identi -Client #6's monthly p cigarettes, personal i -Confirmed clients pu company's debit card	fessional revealed: nthly \$66.00 in cash minus nt. ditional allowance from sources. naintained additional npany's account. was documented on the purchases of cigarettes and fied on the ledger. purchases included items, coffee, snacks, etc. urchases were made on the				

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