

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>092-516</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>C</b> <b>07/21/2020</b>
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NAME OF PROVIDER OR SUPPLIER  <b>MARY'S MANOR II</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>501 BUNN STREET ZEBULON, NC 27597</b>
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(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
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V 000	<p><b>INITIAL COMMENTS</b></p> <p>A complaint survey was completed on 07/21/2020. The complaint was substantiated (Intake #NC 00166833). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p>	V 000		
V 541	<p><b>27F .0104 Client Rights - Stor. &amp; Protect of Cloth/Poss</b></p> <p>10A NCAC 27F .0104 STORAGE AND PROTECTION OF CLOTHING AND POSSESSIONS</p> <p>Facility employees shall make every effort to protect each client's personal clothing and possessions from theft, damage, destruction, loss, and misplacement. This includes, but is not limited to, assisting the client in developing and maintaining an inventory of clothing and personal possessions if the client or legally responsible person desires.</p> <p>This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assist 1 of 1 audited client (#1) in developing and maintaining an inventory of clothing and personal possessions. The findings are:</p> <p>Review on 7/15/20 of client #1's record revealed: -Admission date 01-22-18 -Diagnoses of Seizures, Hypertension, Hyperthyroidism, Obesity, Schizophrenia, Lower Back Pain, Cerebral Hypoxia, Bipolar Mood Disorder and Primary Hypertension.</p>	V 541	<p>DHSR-Mental Health</p> <p>AUG 27 2020</p> <p>Lic. &amp; Cert. Section</p> <p><i>staff will keep an inventory sheet on file at the home with all clients belongings on it. (copy) enclosed</i> 8/24/2020</p>	

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mary McCullers</i>	TITLE <i>owner</i>	(X6) DATE <b>8-24-2020</b>
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V 541	<p>Continued From page 1</p> <p>Interview on 7/15/20 with Client #1 revealed he: -Needed some pants, other pants had gotten to tight. -Had about 3 pair of pants that he currently wears. -Would like a new pair of tennis shoes, had an old pair but would like a new pair. -Did not have a list of clothing that he had currently.</p> <p>Interview on 7/15/20 with Staff #1 revealed she: -Had not completed an inventory of client's clothes. -Client #1 is in need of more pants, his weight fluctuates. -Had not planned a shopping trip for client #1. -Did not know about any money until the Licensee brings the clients' money to the home.</p> <p>Interview on 7/15/20 with the Licensee revealed she: -Did not have an inventory of clothing for clients. -Said client #1 has enough clothes. -Stated client #1 had mentioned wanting some tennis shoes. -Was unaware of client #1's current pants being too tight.</p>	V 541		
V 542	<p>27F .0105(a-c) Client Rights - Client's Personal Funds</p> <p>10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS</p> <p>(a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.</p> <p>(b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a</p>	V 542		

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V 542	<p>Continued From page 2</p> <p>personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that:</p> <ol style="list-style-type: none"> <li>(1) assure to the client the right to deposit and withdraw money;</li> <li>(2) regulate the receipt and distribution of funds in a personal fund account;</li> <li>(3) provide for the receipt of deposits made by friends, relatives or others;</li> <li>(4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account;</li> <li>(5) assure that a client's personal funds will be kept separate from any operating funds of the facility;</li> <li>(6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client;</li> <li>(7) provide for the issuance of receipts to persons depositing or withdrawing funds; and</li> <li>(8) provide the client with a quarterly accounting of his personal fund account.</li> </ol> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide 1 of 1 audited client (#1) with a quarterly accounting of his personal fund account. The findings are:</p> <p>Review on 7/15/20 of Client #1's record revealed: -Admission date 01-22-18 -Diagnoses of Seizures, Hypertension,</p>	V 542	<p>There is a money form for the amount of money each clients gets a month, which is \$80.00 and they spend it like they want and no receipts are kept for their personal</p>	
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V 542	<p>Continued From page 3</p> <p>Hyperthyroidism, Obesity, Schizophrenia, Lower Back Pain, Cerebral Hypoxia, Bipolar Mood Disorder and Primary Hypertension.</p> <p>Interview on 7/15/20 with Client #1 revealed he: -Did not recall his bank account balance. -Did not receive quarterly statements of current balance. -Was unaware of receiving a stimulus check.</p> <p>Interview on 7/15/20 with Staff #1 revealed she: -Was unaware of any of the clients' money until the Licensee brings them money to the house. -Did take them shopping and assisted them with turning in receipts to the Licensee. -Had never seen a bank statement or bank account balances for clients.</p> <p>Interview on 7/15/20 with the Licensee revealed she: -Had a separate account set up with her name and clients name at a bank. -Had not given clients monthly bank statements. -Did have the account balance for each client.</p> <p>As of 7/20/20 the Licensee failed to produce a bank statement for client #1.</p>	V 542	<p>money they sign for. Form included. Mrs. [REDACTED] has applied to be his payee and she will be getting his check from next month and months ahead. enclosed is the letter and forms for their personal spending and quarterly summary they get every three months.</p> <p>8/24/2020</p>	

Social Security Administration  
**Retirement, Survivors and Disability Insurance**  
Important Information

Date: August 10, 2020  
Number: 574-94-2792

322 - RP



We are writing to tell you that we plan to select [REDACTED] as your new representative payee. We have information that shows you still need help managing your money and meeting your needs.

**Your Representative Payee's Duties**

It is your representative payee's duty to manage your Social Security money. The representative payee must report changes that can affect your benefits and act in your best interest. We will ask your representative payee to show us how the money was used for you.

We are enclosing a pamphlet called "What you should know when a representative payee manages your money." Please be sure to read it.

Enclosure(s):  
Pub 05-10097

### **Do You Disagree With This Decision?**

If you think you should get your own benefits or that someone else should help you manage your benefits, you have the right to appeal. You have the right to review the facts in your file. You can give us more facts to add to your file. We will review your case and consider any new facts you have. Then, a person who didn't make the first decision will decide your case.

- You have 60 days to ask for an appeal. However, unless we hear from you within 10 days, we will select the representative payee named above.
- The 10 days and 60 days start the day after you receive this letter.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to fill out Form SSA-561-U2, called "Request for Reconsideration". To get this form, contact one of our offices. We can help you fill out the form.

### **If You Want Help With Your Appeal**

You can have a friend, representative or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups who can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it.

### **Suspect Social Security Fraud?**

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

### **If You Have Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. However, if you have any specific questions, you can call us at 1-800-772-1213. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
4701 Old Wake FRST Rd  
Raleigh, NC 27609

Mary's Manor Quarterly Client Financial Summary

Date: June 30, 2020

**Reporting Quarter**

- Quarter 1 – January to March
- Quarter 2 – April to June
- Quarter 3 – July to September
- Quarter 4 – October to December

**Income & Expenditures for Month of:** April 2020

- SSI- Amount: 660.00 + 268.00
- SSDI- Amount: \_\_\_\_\_
- Special Assistance- Amount: 338.00
- Employment- Amount: \_\_\_\_\_
- Mary's Manor- Amount: 14.00
- Other Benefits: SSI Personal Amount: 66.00
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Room & Board: 1182.00
- Prescriptions: 25.00
- Other Expenditure: \_\_\_\_\_
- Other Expenditure: \_\_\_\_\_

Amount provided to Client: 55.00

**Income Received for Month of:** May 2020

- SSI- Amount: 660.00 + 268.00
- SSDI- Amount: \_\_\_\_\_
- Special Assistance- Amount: 338.00
- Employment- Amount: \_\_\_\_\_
- Mary's Manor- Amount: 14.00
- Other Benefits: SSI Personal Amount: 66.00
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Room & Board: 1182.00
- Prescriptions: 25.00
- Other Expenditure: \_\_\_\_\_
- Other Expenditure: \_\_\_\_\_

Amount provided to Client: 55.00

**Income Received for Month of:** June 2020

- SSI- Amount: 660.00 + 268.00
- SSDI- Amount: \_\_\_\_\_
- Special Assistance- Amount: 338.00
- Employment- Amount: \_\_\_\_\_
- Mary's Manor- Amount: 14.00
- Other Benefits: SSI Personal Amount: 66.00
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Other Benefits: \_\_\_\_\_ Amount: \_\_\_\_\_
- Room & Board: 1182.00
- Prescriptions: 25.00
- Other Expenditure: \_\_\_\_\_
- Other Expenditure: \_\_\_\_\_

Amount provided to Client: 55.00

Residential Director's Signature: Mary McCullers Date: June 30, 2020

## Clothing Inventory

Name: [REDACTED]

Year 2020

Clothing Item	Suggested #	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Socks (pair)	12 pair								X				
Briefs/Boxers	16												
Pajama Top	2												
Pajama Bottom	4												
Bathrobe	0												
Bedroom Shoes	3												
Athletic Shoes	6 pair (Aunts sent two pairs 7/26/2020)												
Dress Shoes	2												
Sandals	1												
Jacket	3												
Coat	4												
Belts	3												
Gloves	1												
Hats	4 caps												
Short Sleeve T-Shirt	8												
Short Sleeve Dress Shirt	14												
Long Sleeve T-Shirt	3												
Long Sleeve Dress Shirt	10												
<del>Long Sleeve Dress Shirt</del>	3												
Sweaters	0 Don't like sweaters												
Sweatshirts	4												
Pants	9												
Shorts	7												
Suits	0 Dress pants/shirts												
Other (List)													

New Form for all clients



1200.00

7/2020	100.00	medication bill
8/2020	100.00	medication bill
	205.80	
8/8/2020	<u>405.80</u>	

Balance \$ 794.20

His aunt [REDACTED] has applied for payee and will be forwarding his balance to her.



Zebulon NC  
164 Wakelon Street  
Zebulon, NC 27597-2403  
United States  
919-269-4141

STORE: 529 Register: 103 Date: 8/8/20  
Time: 3:59 PM Trans ID: 6702 ASSOC: 002003

SALE

Item	Qty	Price	Amount
BTSS POLY HEATH POL 0480001448832	1		13.50
Original Price		45.00	
		70% Off (31.50)	
RETURN PRICE W/RECEIPT		13.50	
Alexandra:002003			
BTSS POLY HEATH POL 0480001449914	1		13.50
Original Price		45.00	
		70% Off (31.50)	
RETURN PRICE W/RECEIPT		13.50	
Alexandra:002003			
559 RELAX STRT RANGE 0039307082723	1		48.65
Original Price		69.50	
		30% Off (20.85)	
RETURN PRICE W/RECEIPT		48.65	
Alexandra:002003			
541 ATHLETIC FIT 0885608827842	1		55.65
Original Price		79.50	
		30% Off (23.85)	
RETURN PRICE W/RECEIPT		55.65	
Alexandra:002003			
PREM LOOSE CUSTOM 0690742516426	1		18.60
Original Price		62.00	
		70% Off (43.40)	
RETURN PRICE W/RECEIPT		18.60	
Alexandra:002003			
BTSS POLY HEATH POL 0480001447132	1		13.50
Original Price		45.00	
		70% Off (31.50)	
RETURN PRICE W/RECEIPT		13.50	
Alexandra:002003			
BTSS POLY HEATH POL 0480001448948	1		13.50
Original Price		45.00	
		70% Off (31.50)	
RETURN PRICE W/RECEIPT		13.50	
Alexandra:002003			
GOLD BROWN TWO TONE / APG BROWN 0686317238567	1		15.00
Original Price		30.00	
		50% Off (15.00)	
RETURN PRICE W/RECEIPT		15.00	
Alexandra:002003			

Subtotal 191.90  
NC Tax 7.25% 13.90

Total \$205.80

Sold Item Count = 8

Debit Card 205.80

\*\*\*\*\*0723  
Auth #: 314824  
Auth Time: 4:03 PM  
Trace Number: 05292211036702j2  
Entry Method: Chip Verified By PIN  
Transaction Type: Sale  
AID: A000000980840  
TVR: 8000048000  
TSI: 6800  
ARC: 00  
IAD: 06010A03600000

You Saved \$229.10

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Please retain receipt for return  
or exchange.

