If continuation sheet 1 of 40

Division	of Health Service Requ	ulation			, 0,4,1,4,1,40,4,5
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION S:	(X3) DATE SURVEY COMPLETED
) 1		MHL041-736	B. WING		C 11/20/2020
NAME OF E	PROVIDER OR SUPPLIER	STOCK	DDDDD00 0001 0		1 1720/2020
	THE THE STATE OF THE SERVICE OF THE		DDRESS, CITY, S		
MERCY	IOME SERVICES, INC		BINS AVENUE		
04.0.15	CI MALA EN CO		OWN, NC 272	82	<u> </u>
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V 000	INITIAL COMMENTS	3	V 000		<u></u>
	A complaint survey w The complaint was si #NC00165566). Defice	ras completed on 11/20/20, ubstantiated (intake ciencies were cited.	ļ ļ		5
**************************************	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.			
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108		
vision of Hea	(g) Employee training provided and, at a min following: (1) general organiza (2) training on client delineated in 10A NC. 10A NCAC 26B; (3) training to meet to client as specified in to plan; and (4) training in infection bloodborne pathogens (h) Except as permitted bloodborne shall be training trained in the Heimlich techniques such as the the American Heart As equivalence for relieving (i) The governing bod implement policies and reporting, investigating the Service Regulation (ii) the service Regulation (iii) the service (iiii) the service (iiii) the service (iiii) the service (iiii) the service (iiiiii) the service (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	tion shall be documented. If programs shall be nimum, shall consist of the stional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and the rmh/dd/sa needs of the ne treatment/habilitation has diseases and as diseases and sed under 10a NCAC 27G apter, at least one staff able in the facility at all present. That staff ed in basic first aid agement, currently trained onary resuscitation and maneuver or other first aid ose provided by Red Cross, association or their ng airway obstruction. If y shall develop and diprocedures for identifying, and controlling infectious		Program Cardinator has schoduled training that was in to be completed of to could ig on Dilobo @ 10 am. To Will be complete by Allen Brewer Not, contruit Ard, broad borne, and ser- moragement. Program Coordinate wal also be Campleting in hous training to ensure State indistants Policie and procedures.	rable John Dido Cum of Allen Before 12/18/20
	PROVIDER/SUMPROVIDER/SU	JPPLIER REPRESENTATIVE'S SIGNATURE	Ĭ.	TITLE	(X6) DATE
ATE FORM		**************************************	B899	1F8Z11	M continuation about 3 of 40

DIVISION	of Health Service Regi	<u>ulation</u>			7 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
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		MHL041-736	B. WING		С
NAME OF P	ROVIDER OR SUPPLIER				11/20/2020
	t ,		ADDRESS, CITY, STATI B bins avenue	E, ZIP CODE	
MERCYH	OME SERVICES, INC		OWN, NC 27282		
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V 108	Continued From page	e 1	V 108		
	and communicable d clients.	iseases of personnel and			
e de la companya de l	facility failed to ensur	ew and interviews, the e staff completed employee or 1 of 1 Former Staff (FS			
	revealed: -A hire date of 4/24/2 -A termination date of -A job description for -No evidence FS #2 if general organizations client rights and confirmeet the mh/dd/sa ne	f 5/24/20; a Paraprofessional; nad completed training in (a) all orientation; (b) training on dentiality; (c) training to seeds of the client as a treatment/habilitation plan sectious diseases and			
(0)	policies and procedur confidentiality, how to clients or infectious di pathogens; -She had no previous facility. Interview on 7/24/20 v Professional (QP) rev -It was the responsibi	atined in general organization es, client rights and meet the needs of the seases and bloodborne experience working in a with the Qualified ealed:		ngang tanning u wee Continue. Pro	28am

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MERCY H	IOME SERVICES, INC	127 RO	BBINS AVENUE		
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V 108	Continued From page	2	V 108		
To the company of the	Interview on 6/10/20 revealed:	#2 had received all the with the facility Owner		assumed rise as of 11/2012	olco insole
	training; -She thought the train	ad received all necessary ling may have been she was not fully staffed.			
	NCAC 27G .5601 Sco	ss referenced into 10A ope (V289) for a Type A1 of the corrected within 23	:		
V 109	27G .0203 Privileging	Training Professionals	V 109		
	QUALIFIED PROFES ASSOCIATE PROFES (a) There shall be no qualified professionals (b) Qualified professionals professionals shall de and abilities required if (c) At such time as a employment system is then qualified professi	ssionals privileging requirements for or associate professionals. conals and associate monstrate knowledge, skills by the population served. competency-based cestablished by rulemaking, onals and associate monstrate competence. be demonstrated by cluding: ge; s;			

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revealed: -A hire date of 8/28/18; -A job description for a QP. Interview on 6/25/20 with former staff (FS) #2 revealed she was employed from 4/24/20 - 5/20/20 and she had never had a conversation with the QP. Interview on 7/9/20 with FS #3 revealed: -"[The QP] did not work for the homes (facility):" -"She (the QP) didn't do our monthly entires."	tα:κ		SAL- OBL-			
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		* [The QP] did not Wo	ork for the nomes (facility);"	1	CO 10 2000 12 31/1	

A. BUILDING: COMF			of Health Service Requ	lation			FORM APPRO	7VEL
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC. 27282 OX4) D SUMMARY STATEMENT OF DEFICIENCIES OX6) D PREFIX REGULATORY OR USE CIDENTIFYING INFORMATION) V 109 Continued From page 4 (supervision); -She had worked at the facility for a year and she had never seen the QP at the facility. -She had worked at the facility since 5/26/20 and had never seen the QP at the facility; -Interview on 7/23/20 with staff #1 revealed: -She had never seen the QP at the facility; -I do my monthly evaluation (supervision) with [the Office Manager/Program Coordinator (OMPC)] at the office; -She was instructed to contact the Owner with questions or concerns and if she was unable to get in touch with her to call the OMPC. Interviews on 6/10/20, 7/23/20 and 7/24/20 with the QP revealed: -I don't know why [the Owner] keeps telling you to call me; -I help mainly with the day program, but I mean, I haip with all when I'm there; -I'm like a paper QP really; -I'll key what do you do. I shuffle paper; -She never visited the facility but worked at the office a few days a week; -Her job duties consisted of working with the OMPC and doing whetever she asked her to do; -The and (the OMPC) will look at notes and sturif (Medication Administration (MARR)) and everything but it's so measyme and [the OMPC] just be like what in the world; -"I'd (MARS) was so measy that [the Owner] said she would take care of that stuff basically; "Basically, I ask them (Paraprofessione)is) if they have any concerns; -"When I look at the books (client records), I don't					1		(X3) DATE SURVEY: COMPLETED!	1
MERCY HOME SERVICES, INC MERCY HOME SERVICES, INC MERCY HOME SERVICES, INC MARSTOWN, NC 27323 AMBISTOWN, NC 27323 PROVIDERS PLAN OF CORRECTION (RECHOFORMED TWAST SER PRECIBED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) V109 Continued From page 4 (supervision)," -She had worked at the facility for a year and she had never seen the OP at the facility; Interview on 7/23/20 with staff #1 revealed: -She had worked at the facility since 5/28/20 and had never talked with the QP; -She had never seen the OP at the facility; "I do my monthly evaluation (supervision) with [the Office Manager/Program Coordinator (OMPC)] at the office;" -She was instructed to contact the Owner with questions or concerns and if she was unable to get in fouch with her to call the OMPC. Interviews on 6/10/20, 7/23/20 and 7/24/20 with the QP revealed: -I don't know why [the Owner] keeps telling you to call me;" -Thelp mainly with the day program, but I mean, I help with all when I'm there; -Tim like a paper QP reality;" -The owner joint tell me anything," -Tim like a paper QP reality;" -Time, what do you do, I shuffle paper," -She never visited the facility but worked at the office a few days a week; -Her job duties consisted of working with the OMPC and doing whatever she asked her to do; -Me and (the OMPC) will look at notes and stuff (Medication Administration Records (MARs))we have looked at the stuff (MARs)we d everything but it's so measy				MHL041-736	B. WING		C 11/20/2020	
DAMESTOWN, NC 27282 DAMESTOWN, NC 27282		NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
(M4) D REFIX TAG SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR US CIDENTIFYING INFORMATION) V109 Continued From page 4 (supervision)," -She had worked at the facility for a year and she had never seen the QP at the facility. Interview on 7/23/20 with staff #1 revealed: -She had worked at the facility since 5/28/20 and had never seen the QP at the facility: -If too my monthly evaluation (supervision) with [the Office Manager/Program Coordinator (OMPC)] at the office;" -She was instructed to contact the Owner with questions or concerns and if she was unable to get in fouch with the to call the OMPC. Interviews on 6/10/20, 7/23/20 and 7/24/20 with the QP revealed: -'I don't know why [the Owner] keeps telling you to call me;" -'The planning with the day program, but I mean, I help with all when I'm there; -'The Owner] don't tell me anything;" -'Like, what do you do, I shuffle paper;" -'She never visited the facility but worked at the office a few days a week; -Her job duties consisted of working with the OMPC and doing whatever she asked her to do; -'Me and [the OMPC] will look at notes and stuff (Medication Administration Records (MARs))we have looked at the stuff (MARs) and everything but it's so messyme and (the OMPC) just be like what in the world;" -"Basically, I ask them (Paraprofessionals) if they have any concerns;" -"When I look at the books (client records), I don't -"When I look at the books (client records), I don't		MERCYH	OME SERVICES INC	127 ROE	BINS AVENUE			
PREFIX TAG TAG CACH DEFICIENCY MUST BE PRECEDED BY PULL TAG CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY V 109 Continued From page 4 (supervision)," -She had worked at the facility for a year and she had never seen the QP at the facility. Interview on 7/23/20 with staff #1 revealed: -She had worked at the facility since 5/28/20 and had never talked with the QP; -She had never seen the QP at the facility; -"I do my monthly evaluation (supervision) with [the Office Manager/Program Coordinator (QM/PC)] at the office." -She was instructed to contact the Owner with questions or concerns and if she was unable to get in touch with her to call the OM/PC. Interviews on 6/10/20, 7/23/20 and 7/24/20 with the QP revealed: -"I don't know why [the Owner] keeps telling you to call me;" -"The Dwiner] don't tell me anything;" -"I'm like a paper QP really;" -"She never visited the facility but worked at the office a few days a week; -Her job duties consisted of working with the OM/PC and doing whatever she asked her to do; -"Me and [the OM/PC] will look at notes and stuff (Medication Administration Records (MARs)). we have looked at the stuff (MARs) and everything but it's so messyme and [the OM/PC] just be like what in the world; -"It (MARs) was so messy that [the Owner] said she would take care of that stuff basically;" -"Basically, I ask them (Paraprofessionals) if they have any concerns;" -"When I look at the books (client records), I don't	4	INC. (OI)	OME SERVICES, INC	JAMEST	OWN, NC 2728	82		
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-"When I look at the books (client records), I don't	一一日本,一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个		(supervision);" -She had worked at the had never seen the Country in the last of the country in the last of the la	the facility for a year and she is at the facility. with staff #1 revealed: the facility since 5/26/20 and the QP; the QP at the facility; the QP at the facility; the QP at the facility; the QP at the facility; the QP at the facility; the and if she was unable to contact the Owner with and if she was unable to call the OM/PC. 7/23/20 and 7/24/20 with the owner] keeps telling you the day program, but I mean, I there; the day program, but I mean, I there; the anything; the anything; the facility but worked at the tell; the dof working with the atever she asked her to do; I will look at notes and stuff atton Records (MARs))we iff (MARs) and everything and [the OM/PC] just be the sesy that [the Owner] said for that stuff basically;"	V 109	Regam Conamol Revious pages. Respon Conamol Nas spalen with a Legadung, PC has Levared Job dos and Losepped with	tion on some tames to the sound of the sound	12w
1			-"When I look at the bo	ooks (client records), I don't				,

Division	of Health Service Regu	ulation			FOR	M APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	
	•	SERVIN ISSUED HOMBER.	A. BUILDING:		COMP	LETED
:	•	MHL041-736	B. WING	The Marketiness	4	C 20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, ST	ATE ZIP CODE		
MEDOV	OME SERVICES, INC		BINS AVENUE			
, INC. C. I	OME SERVICES, INC		OWN, NC 2728	2		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	CTION	(X5)
PREFIX	REGULATORY OR	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI		COMPLETE DATE
* .			IAG	DEFICIENCY)	TUPRIATE	DATE
V 109	Continued From page	e 5	V 109			
•	17		100	Posses Cond		3.4
-	She was qualified to	with the OM/PC revealed; be a QP but was not	1	1102/BW COODIN		11/2/20
	working in that capac		ł	hos commad re	$a = \epsilon 0$	
,		ked in the office 2 days a	[LOS ODDINON 16	p cx	Ì
	week but didn't visit ti			100 Miles 5000	ی ک	
	-"I have to guide [the	QP] sometimes:"]	7	3	
	-"She (the QP) doesn	't know all the ins and outs."		of Often speak	30	
:	Interview with the Ow	mer on 11/3/20 revealed:		1161-		
		hat the QP was not fulfilling		1190192		
L .	her obligations;	•	!			
1.	-She was not paying	her to shuffle paperwork;	ŀ			
	-She had been trying	to find a new QP.		<u> </u>		
	This deficiency is an-		ļ			
	NCAC 27G 5601 Sec	ss referenced into 10A ope (V289) for a Type A1		·		
i ·	rule violation and mus	st be corrected within 23	İ	ļ		
,	days.	or be corrected within 25				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	10A NCAC 27G .0204	COMPETENCIES AND				
	SUPERVISION OF PA	ARAPROFESSIONALS				
.		privileging requirements for	}			
74	paraprofessionals.					3
<i>(</i>)	(b) Paraprofessionals	s shall be supervised by an	1			,
	associate professiona					
		fied in Rule .0104 of this				
.	Subchapter.					
	(c) Paraprofessionals					ļ .
!	population served.	abilities required by the				
. I	(d) At such time as a	competency-based				
		s established by rulemaking,				
	then qualified profess.	ionals and associate				
		monstrate competence.				
	(e) Competence shall					
10	exhibiting core skills in]			

	of Health Service Requ	ulation			FORM APPROVED
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	N OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
\$		1			- C
!		MHL041-736	B. WING		11/20/2020
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE	
HEBOV	"GHE SESWACE INC		DBBINS AVENUE		
MERCI	HOME SERVICES, INC		STOWN, NC 27282		* .
(X4) (D		TATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTIO	
PREFIX TAG		CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE
i -		The terminal street and the second	100	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	PRIATE DATE
V 110	Continued From page		V 110		11/2 (,)
j			V 110		Al-t)
Ī	(1) technical knowle	- ·			1701 0
į	(2) cultural awarene				
ļ	(3) analytical skills;(4) decision-making;				ļ
· !	(4) decision-making; (5) interpersonal skil		1	The state of the s	
Ė	(6) communication s		İ		
	(7) clinical skills.	Allie, and			
		ody for each facility shall			
!	develop and impleme	ent policies and procedures	1		
,	for the initiation of the	e individualized supervision			
i	plan upon hiring each	n paraprofessional.			
			'		117
<i>:</i>			,		i i i i i i i i i i i i i i i i i i i
į				1	1.
¥				1	
	This Rule is not met a	se ouldeneed hu		la contacto!	ha
r	Rased on records rev	as evidenced by: view and interviews, the	,	Updan coordinator.	ا حی
	facility failed to ensure		,	land and take	~ OPE_
	demonstrated knowled	edge, skills and abilities for	,	warinea who was	, \
	the population served	d for 1 of 2 audited staff (the		How Nevena a Dot	4.
í.	Owner). The findings :	are:	1	10.	
:			1	Rogan Coadinata 1 assumed and tale the Neuron of Stall Rogan Coordinator erace that Stall of	mes
	Finding #1: The Owns	er hired an inexperienced	1 '	I am Hat Stell C	سن
	staff to work as a para	aprofessional at the facility	1	large man - mi	
	and railed to provide u	the training that was needed	1	properly havid	N N - N - N - N - N - N - N - N - N - N
•	In order to work with a	the population served.	1		
,	Review on 11/3/20 of	f former staff (FS) #2's	1	Whan entering the a	gency.
1	personnel record reve	Paley.	į į		ال ه
	-A hire date of 4/24/20		ļ	herrows stop were	-
ı	-A termination date of	f 5/20/20;	ľ	Must when to we	(i)
1	-A job description for a	a paraprofessional;	- 1 ,	, and	1.40
I	-No documentation of	f training on alternatives to	1	not prosent and	ا د ماد
ļ	restrictive intervention	ns, general organizational	T J	on look Pc has	2
,	orientation, training on	n client rights and	J	1011 000 100 100	
1	confidentiality training	g to meet the mh/dd/sa	1 1	goden to Josep	line
		specified in the client's	1	, 43-2-	W
rision of Her	alth Service Regulation				

Division	of Health Service Regu	ulatio <u>n</u>			FORM APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	e:	MHL041-736	8. WNG		C 11/20/2020
· NAME OF P	ROVIDER OR SUPPLIER	STREET	ADODECC CITY O		11/20/2020
•			ADDRESS, CITY, ST BBINS AVENUE		
MERCYH	IOME SERVICES, INC		TOWN, NC 2728		
(X4) ID PREFIX TAG	- (EACH DEFICIENC)	IATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED DEFICIENCY)	BE COMPLETE
V 110	Continued From page	e 7	V 110	Ollele in importe	~~~
5	treatment/habilitation infectious diseases a	plan and (d) training in and bloodborne pathogens.		of hereng + train	rue.
4	Interview on 7/24/20 v FS #2 had quit and n facility;	with client #1 revealed: no longer worked at the		agood to wak u	J182
:	-"She got in her car as	and left;" come out here (facility)."		an identifying, he and training s	A -
	-The facility Owner ha	perience working in a facility; ad offered to allow her to		hopom Coadudo	i
	work and live in the fa months because she to afford housing with	acility 7 days a week for 6 was homeless and unable disability as her only		t effet w salvage)
	income;	-		diect all manin	_
	the Owner if client #3 best to calm her down	rking, she was informed by was aggressive to do her n but was not advised on		and concours to	
	physically abusive tow	was irate and verbally and wards her;		Trans has been schooluled on 12/12	
	-"I can't deal with that because I can't restrai	(verbal and physical abuse) in them (clients);"		with Allen Sour	
Vi.	called Emergency Mar -When law enforcement	lephone to her vehicle and inagement for assistance; ent arrived, the officer asked and request her assistance		to compose reading	_ , ,
	-She called the Owner the facility.	r and then immediately left		towning busines)
	when there was a lot of	olent tendencies especially of change;		all staff have been	
	never let them ever wo	not have experience, I would ork alone for 60-90 days."		Propuly transal	
31	Interviews on 6/10/20 a Owner revealed:	and 11/3/20 with the facility	·		

Div	ision	of Health Service Regu	lation			FURMAPPROV	E۱
		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	:
			MHL041-736	B. WING		C 11/20/2020	•
NAM	E OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		_
) Laser	2011	A445 AFD\4AFD 1114		BINS AVENUE			
ME	KU) N	OME SERVICES, INC		OWN, NC 272		i i	
PR	4) ID REFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	!D PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	E
1	V 110	Continued From page	8	V 110	Racional	-sade	((
1		-She had hired FS #2	hecause she was		Mogram Coodinato	11/20	11
ē.		homeless, and she w		1	was Monta, Sx		٠.
ŧ			FS #2 had no previous	- [To and late	consur consur	ንካ
ű Ş		experience working in	a group home;		tram of educato	J 855	ڒ
<u>.</u>			ents unsupervised in the	Ī	. I		
Ţ		facility on 5/20/20 and	i had not returned;	1	Curecy of New 3	off	-
			on 5/20/20 and informed	ł	1	,,	
1			o find staff to work at the	1	on an argung bes	<i>IS</i>	
ļ.		She had arrived at the	/as leaving immediately; le facility approximately 20		to ensure thy		
į		minutes after she reco	e lacility approximately 20 sived the call from FS #2.	-			
\ 1			ored the dan hom 1 5 mz.	İ	are following I	atels "	
}		Finding #2 The Owne	r failed to address issues				
ir *		with FS #2 that affecte	ed the care of the clients.		rules of legular		;
į.		Interview on 6/25/20 v	vith FS #2 revealed:	•	to ensue had	a	
			re that she had worked as a				
i.		beautician in the past;			and Satch of	N.	•
ŗ	1	-When she moved into	the facility, the Owner had	ļ	dients.		,
!		informed her she was	allowed to work in the		Crosses.	1	
			as long as it didn't interfere				
:	-	with the clients;			1		
	ĺ	-On 5/3/20, the Owner	r had visited the facility;				
		taking a nan and clien	ng a movie, client #2 was ts #3 and #4 were out of				
	ŀ	the facility;	were out of				
	i	-"My previous boss lac	dy asked me to fix her			,	
-		weave;"					
	İ	-The Owner hadn't sai	d anything to her about the				
		visitor being at the fac	ility;				•
			maлjuana on the facility			1	
		premises; -The Office Manager/9	Program Coordinator had				
		informed her when she	started working that she	1			,
		didn't want any mariius	ana used on the premises.				
		ywilde					
		Interview on 7/24/20 w					
		Professional revealed:					
		-She had observed FS	#2 at the day program one				
	-411-	day shortly after she b	egan working and had				
VISION	of Heal	th Service Regulation					_

	or Health Service Regu	ilation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
;		MHL041-736	B. WING		C 11/20/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET 6	DDRESS, CITY, ST	ATE ZID CODE		
			BBINS AVENUE	41E, 21P CODE		
	IOME SERVICES, INC	JAMEST	OWN, NC 2728	2		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 110	Continued From page	e 9	V 110			
	-She was not able to a observations of FS #2					
	Owner revealed: The clients had inforr with FS #2 because soutside the facility, an sooking; If talked to her about clients; She had not talked wallegation of her smok facility because she high different while at the formshe would bring per group home which is a "Surprisingly, I went of the formshe would bring per group home which is a surprisingly, I went of the formshe would bring per group home which is a surprisingly, I went of the formshe would bring per group home which is a surprisingly, I went of the formshe with the formshe would bring per group home which is a surprisingly, I went of the formshe with the formshe would bring per group home.	t her behavior towards the with FS #2 regarding the king marijuana outside the nad never smelled anything facility; ople and do their hair at my a no no;" over there (to the facility) ady was sitting there getting		Program Goordinal has assumed to chanks on a regular basis to montar the har happaners.	70 Na	
Vis to	NCAC 27G .5601 Sco	ss referenced into 10A ope (V289) for a Type A1 st be corrected within 23				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	only be administered to					

Division o	of Health Service Regu	lation			FORM	I APPROVED
STATEMENT	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE S	ETED
		MHL041-736	B. WNG		11/2	: 0/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	,	
MEDOVU	OME SERVICES, INC	127 ROB	BINS AVENUE			
MERCIN	OME SERVICES, INC	JAMEST	OWN, NC 2728	2		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROPROPROPROPROPROPROPROPROPROPROPRO) BE	(X5) COMPLETE DATE
V 118	Continued From page	e 11	V 118			
A Company of the Comp	-An admission date of -Diagnoses included Developmental Disation and Major Depressive -Medication orders disable to the Benztropine Mesylater mg, take 1 tablet by mand 8:00pm; -Medication orders disatroesophageal Remilligrams (mg), take 8:00am and Cetirizine treat allergies) 10 mg at 8:00am; -Medication orders disatroesophageal Remilligrams (mg), take 8:00am and Cetirizine treat allergies) 10 mg at 8:00am; -Medication orders disatroesophageal Review on 6/16/20 of client #1 revealed: -On 4/24, there was at that Pantoprazole So -On 4/30, there was at that Trazodone was at Review on 6/16/20 of client #1 revealed: -On 5/30 - 5/31, there Cetirizine Hydrochloriding -On 5/30, there was at MAR of "out of meds -On 5/31, there was at Benztropine Mesylater Review on 6/24/20 of Review on	moderate Intellectual cility (IDD), Down Syndrome, e Disorder; ated 3/26/16 included e (used to treat tremors) 1 mouth twice daily at 8:00am ated 1/23/20 included in (used to treat efflux Disease (GERD)) 40 1 tablet by mouth daily at e Hydrochloride (used to i, take 1 tablet by mouth daily ated 2/3/20 included reat depression) 50 mg, take bedtime. If the April 2020 MAR for no documentation to show dium was administered; no documentation to show administered. If the May 2020 MAR for e was an entry of "-" for ide; in entry on the back of the (medication);" in entry of "-" for e. Client #2's record revealed:		on Illasta Pe as Toke of Op. Pc Toke of Op. Pc To Cumantly was with cuments and Op to e and Op to e and Op to e Cum Stell on to Knows how to Properly documen Messed meds, the Leaves, etc. o The Man. Prospern Goodin has also taken The responsible of washing with the Phannacier ersure meds of	Leng Helf Issue Soud It Soud Salar on Its	Distra
	-An admission date o					

	of Health Service Rec		FORM APPROVED					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DAT	re survey MPLETED		
i i		MHL041-736	B. WING		1	C 1/20/2020		
NAME OF	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE	· · · · · · · · · · · · · · · · · · ·	1720/2020		
MERCY	OME SERVICES, INC	127 ROI	BBINS AVENUE FOWN, NC 27282					
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 118	Continued From pag	ge 10	V 118		· · · · ·			
	clients only when au client's physician. (3) Medications, incl administered only by unlicensed persons pharmacist or other privileged to prepare (4) A Medication Adrall drugs administere current. Medications recorded immediatel MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials o drug. (5) Client requests for checks shall be recorded.	I be self-administered by athorized in writing by the uding injections, shall be relicensed persons, or by trained by a registered nurse, legally qualified person and a and administer medications. In a contract the second (MAR) of ed to each client must be kept administered shall be y after administration. The editorial following: and quantity of the drug; drug is administering the drug; a drug is administering the medication changes or reded and kept with the MAR appointment or consultation				Service of the servic		
	failed to administer m affecting 2 of 4 audite The findings are: Interview on 6/10/20 v	ew and interview the facility edications as ordered d clients (clients #1 and #2).						
	revealed:	f any issues with clients not				1		

Division /	of Health Service Requ	ulation			FORM APPROVED
STATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	LE CONSTRUCTION	(X3) DATE SURVEY V COMPLETED
		MHL041-736	B. WING		C 11/20/2020
NAME OF P	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	TATE, ZIP CODE	11149.22
MERCY H	HOME SERVICES, INC	JAMEST	BBINS AVENUE TOWN, NC 2728		,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CYMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DBE COMPLETE
V 118	, and the same		V 118	delivered or	11/2 (1) AGE (2)
ļ	Disability, Schizophre GERD; -Medication orders da Omeprazole Delayed GERD) 40 mg, take 1 8:00am, Lisinopril Hyd treat Hypertension) 10 mouth daily at 8:00am Schizophrenia) 3 mg, bedtime, Benztropine tremors) 1 mg, take 1 at 8:00am and 8:00pn treat anxiety) .5 mg, take 1 8:00am, 12:00pm, and Review on 6/17/20 of client #2 revealed: -On 4/24, there was not that the 8:00am dose administered; -On 4/25 - 4/28, there "-" for Risperidone; -On 4/25, there was at MAR of "Risperidone; -On 4/28, there was at MAR of "Risperidone; -On 4/28, there was at MAR of "Risperidone; -On 4/28, there was at MAR of "Risperidone; -On 4/28, there was at MAR of "Risperidone;	f the April 2020 MAR for no documentation to show of Clonazepam was e were entries of a circle and an entry on the back of the 3 mg out of stock calling an entry of a circle and "-" for		Pictool up on ten Rogan Coadinate Was continue to train Stell on Med counts are when to about of PC of Pharmace When meds are Jetting low. PC will train a	tor o
	the 8:00pm dose of Be -On 4/28, there was an MAR of "clients out of Owner] called pharma Manager/Program Coc -On 4/29, there was ar dose of Benztropine M -On 4/29, there was ar initial and "-" through it Release and Lisinopril -On 4/29, there was ar	denztropine Mesylate; an entry on the back of the all night meds called [the acy called [the Office cordinator (OM/PC)];" an entry of "-" for the 8:00am Mesylate; an entry of a circle with an ait for Omeprazole Delayed		on how to Supuro 4 mondo MAR of Med adminited administration.	use t

		<u>of Health Service Regu</u>	lation			FURI	WIMPPROVED
STATI	EMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		OF CORRECTION	IDENTIFICATION NUMBER:			COMP	
		, i	1			1 .	_
· ·		F	MHL041-736	B. WNG	· · · · · · · · · · · · · · · · · · ·		C 20/2020
NAME	OF P	ROVIDER OR SUPPLIER	STREET	DDDEEP CITY OF	to who are	1 11/	20/2020
		, ,		DDRESS, CITY, STAT	TE, ZIP CODE		
MER	CY H	OME SERVICES, INC		BBINS AVENUE "OWN, NC 27282			i
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES				
. PRE	FIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
3° TA	(G	. REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
					DEFICIENCY)		-
} \	118	Continued From page	e 13	V 118			
		Review on 6/17/20 of	the May 2020 MAR for	·			
•		client #2 revealed:					
2 ³		-On 5/29, there were	entries on the back of the				
		MAR of "Benztropine	1 mg out of meds call	1			
		out of meds call phare]" and "Risperidone 3 mg				
	Í	-On 5/30 - 5/31 there	were entries of "-" for	1 1			
		Risperidone;	Word Gridles of - 30				
	ļ	-On 5/30, there was a	n entry of "-" for the 8:00pm				
		dose of Benztropine N	/lesylate;				1
1-1 (40)	.	-On 5/31, there were	entries of "-" for the 8:00am				
ĺ.	}	and 8:00pm doses of	Benztropine Mesylate.				1
	ĺ	Review on 8/17/20 of	the June 2020 MAR for				
		client #2 revealed the	re was no documentation on				
:	1	6/11 that the 4:00pm of	dose of Clonazepam was				[
ľ		administered.					
		la estada					
,		She was not always	vith client #2 revealed:				ŀ
		55 She was not always a medications as ordere	administered ner	•			
			acility staff that they were				
		waiting on the pharma	acy to deliver the				i
		medications.		1			-
		Introduction					
lyi: Ł.		Interview on 7/29/20 w representative reveale					
! ! \			y pharmacy for clients #1				
		and #2;	, priaminacy for Cilettis #1				
	İ	-They sometimes deliv	vered medications and				!
		sometimes mailed the	m depending on how fast			İ	
	1	the facility needed the	medications;]			
	1	- I nere was no reason	for clients #1 or #2 to be				1
,	į	May 2020;	the months of April 2020 -				,
	į		s #1 and #2 were refilled on				· 1
•		3/26/20, 4/24/20 and 5	5/27/20 and they should				
	-	have had enough of ea	ach medication on hand to			Ì	
!		last until the end of ea	ch month;				1
:31	. [1

	of Health Service Requ	ulation			1 0.	WINTERCOVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	I	SURVEY PLETED
-		MHL041-736	B. WING			С
NAME OF P	ROVIDER OR SUPPLIER	PTPECT				/20/2020
	•		ADDRESS, CITY, STATE	E, ZIP CODE		
MERCYH	OME SERVICES, INC		BBINS AVENUE			
DE DE LOS	S I I I I I I I I I I I I I I I I I I I		TOWN, NC 27282			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
7 118	Continued From page	e 15	V 118		-	
	NCAC 27G .5601 Sc	ss referenced into 10A ope (V289) for a Type A1 st be corrected within 23				
V 132	G.S. 131E-256(G) Ho Allegations, & Protect	CPR-Notification, tion	V 132			
	REGISTRY	LTH CARE PERSONNEL				
	(g) Health care faciliti	es shall ensure that the				
3 √	Department is notified	of all allegations against				1
1	health care personnel	l, including injuries of	1			
. [unknown source, which	ch appear to be related to				
:	(which includes:	vision (a)(1) of this section.				
*		of a resident in a healthcare				1
	facility or a person to	whom home care services	ļ			-
	as defined by G.S. 13	1E-136 or hospice services				
	as defined by G.S. 13	1E-201 are being provided.				
	b. Misappropriation of	of the property of a resident				
	in a health care facility	, as defined in subsection				Í
	(b) of this section inclu	uding places where home				i
<i>}</i>	care services as defin	ed by G.S. 131E-136 or				
(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	nospice services as de	efined by G.S. 131E-201				
ivis to 1 ta :	are being provided.					1 3
į.	 c. Misappropriation of healthcare facility. 	or the property of a				
		holonoine to a bastu				
	facility or to a patient of	belonging to a health care				
	e. Fraud against a he	Balth care facility or against				
	a patient or client for w	whom the employee is				
	providing services).	and omployee is				
		vidence that all alleged				
:	acts are investigated a	and must make every effort				
	to protect residents fro	m harm while the				
	investigation is in prog	ress. The results of all				1 1
•	investigations must be	reported to the				1
	Department within five	working days of the initial				
1			1 1			·

STATEMENT OF DEFICIENCES AND PLAN OF CORRECTION MHL041-736 MHL041-736 STREET ADDRESS, DIT: STATE, ZIP CODE 11/20/2020 MML041-736 STREET ADDRESS, DIT: STATE, ZIP CODE 12/7 ROBBINS AVENUE JAMESTOWN, NC 27282 AMESTOWN, N	Division	of Health Service Requ	ulation			FORM APPROVED
MARE OF PROVIDER OR SUPPLIER STREET ADDRESS. OTT. STATE, ZIP CODE 11/20/2020 MERCY HOME SERVICES, INC 12/7 ROBBINS AVENUE JAMESTOWN, NC 27322 (A4) D RECOULTORY OR LSC IDENTIFYING INFORMATION) V 118 Continued From page 14 Interview on 6/25/20 with former staff (FS) #2 revealed: She had obsent trained in administration of medications weren't administrated to get medication sile for clients #1 and \$2 when they ran out but was told by the pharmacy that it wasn't time for the medications to be refilied; She had informed the Owner what she was told by the pharmacy. Interviews on 7/23/20 and 7/24/20 with the Qualified Professional (QP) revealed: She and the Office Manager/Program Coordinator (OMPC) revewed the client MARs to ensure accuracy; ""The Mare looked at the stuff (MARs) and everything but it's so messy;" ""It (MARs) was so messy that (the Owner) said she would take care of that stuft basically." Interview on 11/3/20 with the facility Owner revealed: The clients received their medications as ordered even when there were blank spaces on the MAR; The staff dint' always remember to document that they had administered medications; The times that the clients were out of medications was the medical providers fault; The medical providers didn't always respond to the pharmacies when they requested refilis. Due to the failure to accurately document medication administration it could not be	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	ľ		
MERCY HOME SERVICES, INC 127 ROBBINS AVENUE JAMESTOWN, NC 27382 PROMOBER PLAN OF CONSECTION REGULATORY OR LSC IDENTIFYING INFORMATION) V118 Continued From page 14 Interview on 6/25/20 with former staff (FS) #2 revealed: She had been trained in administration of medications in the year out but was to do by the pharmacy and attempted to get medications filled for clients #1 and #2 when they ran out but was to do by the pharmacy on that it wasn't time for the medications to ensure accuracy; "When "I was down the Warse and the Office of the Marse to ensure accuracy; "Interview on 7/23/20 and 7/24/20 with the Qualified Professional (QP) revealed: She had informed the Owner what she was told by the pharmacy on the medications to the Marse to ensure accuracy; "When "I was down the office of the filled; She had informed the Owner what she was told by the pharmacy." Interview on 7/23/20 and 7/24/20 with the Qualified Professional (QP) revealed: She had informed the Owner what she was told by the pharmacy. Interview on 11/3/20 with the facility Owner revealed: The clients received their medications as ordered even when there were blank spaces on the MAR; The staff didn't always remember to document that they had administered medications; The times that the clients were out of medications was the medical forhilled. Due to the failure to accurately document medication administration it could not be	<u>.</u>		MHL041-736	B. WING		_
DAMESTOWN, NC 27282 CHORD SUMANCY SYNDERSHIP OF DEPICIENCIES OF FULL PREDIX DEPICEMENT AND SUBSTREEMED BY FULL PREDIX DEPICEMENT BUST OF PRECEDED BY FULL PREDIX DEPICEMENT TAG SUBSTREEMED BY FULL PRECEDED BY FULL PREDIX DEPICEMENT TAG SUBSTREEMED BY FULL PRECEDED BY FULL PREDIX DEPICEMENT TAG SUBSTREEMED TO THE APPROPRIATE COMPLETE ONLY THE PRECEDED BY FULL PREDIX DEPICEMENT TAG SUBSTREEMED TO THE APPROPRIATE COMPLETE ONLY THE PRECEDED BY FULL PREDIX DEPICEMENT TAG SUBSTREEMED TO THE APPROPRIATE COMPLETE ONLY THE PRECEDED BY FULL BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDED BY FULL PRECEDE	NAME OF P	ROVIDER OR SUPPLIER			TATE, ZIP CODE	11/20/2020
PRETIX TAG TAG TAG TAG TAG TAG TAG TAG	MERCY H	OME SERVICES, INC			12	1
Interview on 6/25/20 with former staff (FS) #2 revealed: -She had been trained in administration of medications; -When ** was documented on the MARs, that meant medications weren't administered: -She had called the pharmacy and attempted to get medications filled for clients #1 and #2 when they ran out but was told by the pharmacy that it wasn't time for the medications to be refilled; -She had informed the Owner what she was told by the pharmacy. Interviews on 7/23/20 and 7/24/20 with the Qualified Professional (QP) revealed: -She and the Office Manage/Program Coordinator (OM/PC) reviewed the client MARs to ensure accuracy; -"We have looked at the stuff (MARs) and everything but it's so messy:" -"It (MARs) was so messy that (the Owner) said she would take care of that stuff basically." Interview on 11/3/20 with the facility Owner revealed: -The clients received their medications as ordered even when there were blank spaces on the MAR; -The staff didn't always remember to document that they had administered medications; -The times that the clients were out of medications was the medical providers fault; -The medical providers didn't always respond to the pharmacies when they requested refilis. Due to the failure to accurately document medication administration it could not be	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	OULD BE COMPLETE
as ordered by the physician.		Interview on 6/25/20 revealed: -She had been trained medications; -When "-" was docum meant medications with washing time for the medication of the part of the pa	with former staff (FS) #2 ad in administration of mented on the MARs, that veren't administered; charmacy and attempted to d for clients #1 and #2 when told by the pharmacy that it edications to be refilled; e Owner what she was told and 7/24/20 with the al (QP) revealed: Manager/Program a reviewed the client MARs the stuff (MARs) and messy;" essy that [the Owner] said of that stuff basically." with the facility Owner their medications as mere were blank spaces on vs remember to document tered medications; ents were out of medical providers fault; es didn't always respond to they requested refills. ccurately document tion it could not be esceived their medications	V 118	Program Coording Was week with prosmocy on en modes are been delined on time of pharmocy unable to Contho orchers especiantly, it was swith n	rods

Divisio	on of Health Service Reg	ulation			FORM APPROVED
STATEM	MENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED.
<u> </u>		MHL041-736	B. WING		11/20/2020
} }	OF PROVIDER OR SUPPLIER Y HOME SERVICES, INC	127 ROE	ADDRESS, CITY, STA BBINS AVENUE TOWN, NC 27282		Instructor
(X4) ID PREFIX TAG	X (EACH DEFICIENC	STATEMENT OF DEFICIENCIES ACY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	DBE COMPLETE
V 13	32 Continued From pag notification to the De		V 132		1 0 1 0 1 0 1 0 0 1 0 0 0 0 0 0 0 0 0 0
	allegation of neglect Registry (HCPR). The Interview on 6/10/20 revealed former staff at the facility with no Interview on 10/29/20	t, the facility failed to report and to the Health Care Personnel ne findings are: with the facility Owner of (FS) #2 had left the clients of supervision on 5/20/20. With a representative of the ewas no record of the		Rogam Coadnoted ness put an incident on the Sustern Legaday the incident on the 15todoo.	tent som
	-FS #2 had quit and n facility; -"She (FS #2) got in h -"[The Owner] had to Interview on 6/25/20 v -She had worked at th 5/20/20; -On 5/20/20, client #3 aggressive with her; -She didn't know what able to restrain the clie	the facility from 4/24/20 - 3 was verbally and physically at to do since she was not		Program Cooldnoth Were train all Stell on clark Specific training to 12/18/20	12/13/20

Division	of Health Service Rec	ulation			FO	RM APPROVED
STATEMEN AND PLAN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	•	MHL041-736	B. WING		4.	C
NAME OF P	PROVIDER OR SUPPLIER	STEET	DODESS OFF STATE	710.00		/20/2020
-			DORESS, CITY, STATE BBINS AVENUE	:, ZIP CODE		
MERCYF	OME SERVICES, INC		OWN, NC 27282			
(X4) ID PREFIX TAG	(EACH DEFICIENT	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 132	Continued From pag	ie 17	V 132			
	that she call the facili presence at the facili	ent arrived, the officer asked ity Owner and request her				
M.	-She had called HCF -"The lady I talked to someone call me;" -She had not receive anything in the mail r This deficiency is cro NCAC 27G 5601 Sc	with the Owner revealed: PR to report the incident; said she would have ad a telephone call or regarding the incident. The said she would have as referenced into 10A tope (V289) for a Type A1 to be corrected within 23				
V 289	27G .5601 Supervise		V 289			
ici esti GA	provides residential shome environment withese services is the rehabilitation of indivibless, a development or a substance abuse supervision when in the facility serves eith (1) one or more (2) two or more	is a 24-hour facility which ervices to individuals in a here the primary purpose of care, habilitation or duals who have a mental ntal disability or disabilities, e disorder, and who require he residence. In a facility shall be licensed if ther: In minor clients; or e adult clients, its shall not reside in the				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C MHL041-736 B. WING 11/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **127 ROBBINS AVENUE** MERCY HOME SERVICES, INC. JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 289 Continued From page 18 V 289 (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses: (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses: (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) non-prescription medications only] (d)(2),(4); (e) (1)(A)₁(D)₂(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living

	or Health Service Regu	lation			FOR	MAPPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL041-736	B. WING		1	С
NAME OF F	ROVIDER OR SUPPLIER		ADDRESS, CITY, S	FATE ZID GODE	11/2	20/2020
	IOME SERVICES, INC		BBINS AVENUE			
·		JAMES*	TOWN, NC 2728			
(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 CORRECTIVE (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
70 70	(AFL). This Rule is not met a Based on interviews a facility failed to assure were provided to indivervironment where the services is the care, he of individuals who have or disabilities, and who in the residence affect #1, #2, #3, and #4). The Cross Reference: 10A Personnel Requirement record review and interview and interview and interview and interview and interview and interview and interview and interview and interview and interview and interview, the Qualified Profession competency for the polypor. Cross Reference: 10A Competencies and Supparaprofessionals (V1)	as evidenced by: and record reviews, the a that residential services iduals in a home e primary purpose of these abilitation or rehabilitation e a developmental disability o require supervision when ing 4 of 4 clients (clients the findings are: NCAC 27G .0202 ants (V108). Based on rviews, the facility failed to d employee training as mer Staff (FS #2). NCAC 27G .0203 iffed Professionals and lis (V109). Based on record the facility failed to ensure anal (QP) demonstrated pulation served for 1 of 1 NCAC 27G .0204 pervision of	V 289		rments. _ all ed.	
	paraprofessionals dem for the population serve (the Owner). Cross Reference: 10A	onstrated competencies ed for 1 of 2 audited staff				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ſ	LE CONSTRUCTION 3:	(X3) DATE COMP	SURVEY PLETED
		MHL041-736	8. WING	8. WNG		
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE 7IP CODE		/20/2020
			BBINS AVENUE			
MERCY H	HOME SERVICES, INC		STOWN, NC 2728			
(X4) ID	SUMMARY	STATEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIEN	STALEMENT OF DEFICIENCIES INCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 289	Continued From page	ige 20	V 289			
)		ernents (V118). Based on				
1	record review and in	interview the facility failed to				1.5
1	administer medication	tions as ordered affecting 2 of]	1		,
1	4 audited clients (cli		ĺ			
1	1		-			JAAI.
J	Cross Reference: C	G.S. 131E-256 Health Care				#28.
J	Personnel Registry	(V132). Based on interviews,				
J	the facility falled to r	report an allegation of neglect				
}	to the Health Care F	Personnel Registry (HCPR).	1			
1	C Deference d					
J	Cross Reference: II	OA NCAC 27G .0604 Incident				
-	Reporting Requirem	nents for Category A and B				-
1	Providers (V307). Dr	Based on record reviews and	1	1		
	interviews the racing	ty failed to ensure a level II				
	Entity / MF) within	ed to the Local Management 72 hours as required and to				
	send a quarterly rer	oort to the LME regarding	1			
	medication errors.	Office die civic regarding	1			
	i		1			
-	Review on 11/4/20 c	of the Plan of Protection				1
	completed by the Of	ffice Manager/Program	ļ	اما م	hac	4200
	Coordinator on 11/4/	l/20 revealed:	1	Moxom magnon	20105	1
•	-"What immediate ac	ction will the facility take to	, <u> </u>	I Ehdo	in doct	4
	ensure the safety of	the consumers in your care?	'	entared siava) Michael 1	ĺ
	Mercy Home Service	es have taken immediate		1 \		1
1	actions to correct the	e above issues and to ensure	'	Physiam Gurdinahi entered 5tadas and has entres	Y ar 1	1
] 1	the safety of the con:	nsumers in our care. Program	i '			f
'	Coordinator will be s	stepping in to take over duties	1	Incident Ligurar	5	İ
•	of the QP and will wo	ork with Director (the Owner)	1	10000	11	1
1 *	to ensure the safety	of the consumers.		muclent legade Owner. Mudat 0875155407.	# 1	1
'	HUPKIKIO KEPUK	TING - Program Coordinator	,	1 ha 26155407.	J	1
•	Will enter incluent rep	ports in the IRIS system in a		1 00 10100 1	1	1
1.	a late entry from the	ram Coordinator will enter in	- f - J	1	J	1
1	monort Anvincidents	incident mentioned in this with staff or clients will be]]	1	1	1
] .	reviewed by the Pro/	gram Coordinator and all	1	1	J	1755
Į,	I evel II and Level III	gram Coordinator and all incidents will be entered by	1	İ	}	f -
	the Program Coordin	nator into the IRIS System.	1	1	 	1
-	TRAINING - Program	n Coordinator will set a	l j	1	i	í
,	fraining to ensure the	at all staff are trained.	1	1]	1
	th Service Regulation	it all stall are trailies.	1	(1	,

Division	of Health Service Reg	ulation			FOR	MAPPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPU A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
<u>_</u>	· .	MHL041-738	8. WNG		1	C 20/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, ST	ATE, ZIP CODE	-	
MERCY H	OME SERVICES, INC		BINS AVENUE			
	TOTAL SERVICES, INC		OWN, NC 2728	2		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ΙD	PROVIDER'S PLAN OF CORRE	CTION	(X5)
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	COMPLETE DATE
V 289	Continued From page	e 21	V 289			
	1					
	in order to get NCL(N	r has contacted local persons National Crisis Intervention) +				
	training Current treir	ner is not performing trainings		for 12/10/20 an	یہ کیا۔	
	due to the COVID 19	Program Coordinator will		""" 103 .22		
	ensure that all staff a	are trained and that their files		for Bush as	nol	101-1-
•	remain current. Progr	ram Coordinator will work	ŀ	302 10100	d	13/2
	alongside the QP to	ensure that supervision and		all tourses SM	CUU C	
	monitoring is occurring	ng in the homes. Program	İ	all training Sh be comprehed to	<u> </u>	
	Coordinator will ensu	ire that staff are trained on		be Completed "	بمهر	
	each client in the hor	ne by conducting client				
	specific training.	•	ĺ	12/13/20.		
ateg Van historia	PERFORMANCE OF	QP DUTIES - Program				•
	Coordinator will imme	ediately assume duties of the				
	QP. Current QP will b	be working under the				1
į	Program Coordinator	. Program Coordinator will		to has assum	nad	
;	retrain QP for all dutie	es. If QP is unable to fulfill		IC TOS OSSON		
	those duties, QP will	be dismissed and a new QP		role as ig 111-	2012	
	will be hired. Program	n Coordinator will act as QP		1000 0000	صرما	11/20/20
	until a new QP is hire			100 to	1 	11000
	MARS/MEDICATION	- Program Coordinator will		pc trains ap	, 7	
	assume the responsit	bility of reviewing the MARS,	İ			
	medication and discus	ss training aspects with staff		Staff ansang		
	on a regular basis. Pr	rogram Coordinator will		PC W reviewing		
	assume supervision o	of staff in order to ensure		KC W (Cyllening)	(Mars	
	that current start are a	aware and properly trained		.00	•	
v	ູ່ດາ: correct documenta "Coordinates will s==tic	ation on MARS. Program		on proper down	ne	•
U	document on MARC.	nue to train staff on how to				ár ár
	Staff will be retrained	when client is not present.		Or () Mar Oder	creat the sy	
	different scenarios on	MARS for instance		, 4		
ļ	refusing meds, absen-	ivario, lui instance,				^;
İ	Coordinator will resun	me picking up medications				
	and MARS from phare	macies and ensure that all				Í
	medication is account	ted for by staff and that				1
İ	clients have enough n	nedications to last the				i a
Ì	month."					,
		to make sure the above	}			
	happens. A description	in of Mercy Homes Plans is] :			
	listed above in each s	ection. In summary				
	Program Coordinator	will be assuming immediate				1

MHL041-736 B. WING COMPLETED C
STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL ECTIOENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 289 V 289 V 289 V 289 AND DEFICIENCY 11/2 APPL AP
STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE OF COMPLETED DATE DEFICIENCY) 11/2 APPL COMPLETED DATE DEFICIENCY) 11/2 APPL COMPLETED DATE DEFICIENCY) APPL COMPLETED DATE DEFICIENCY) APPL COMPLETED DATE DEFICIENCY APPL COMPLETED DATE COMPLE
127 ROBBINS AVENUE JAMESTOWN, NC 27282 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCI IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 11/2 PP 12/2 ain QP on such duties. If the complete Coordinator will complete Coordinator will complete TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION OF COMPLETE COM
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 10 PREFIX TAG 10 PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 11/2 22 24 25 26 27 28 29 20 20 21 22 22 24 26 26 27 28 29 20 20 21 21 21 21 21 21 21 21 21 21 21 21 21
TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 11/2 APPL DEFICIENCY 11/2 APPL DEFICIENCY 11/2 APPL DEFICIENCY APPL DEFIC
MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) PREFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) PREFIX TAG PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 11/2 APPI Complete the duties If the removed from her Coordinator will complete TAG CACCUMENTS TAG COMPLETION (AS) (AS) COMPLETION (AS) COMPLETION (AS) COMPLETION (AS) COM
TAG CROSS-REFERENCED TO THE APPROPRIATE DATE 22 ain QP on such duties. If o complete the duties ill be removed from her Coordinator will complete COORDINATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DATE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TO CROSS-REFERENCED TO THE APPRO
22 ain QP on such duties. If o complete the duties Ill be removed from her Coordinator will complete V289 R has devoloped Appliance Coordinator will complete
ain QP on such duties. If a complete the duties of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of tracking of the property of
complete the duties Ill be removed from her Coordinator will complete Coordinator will complete
Ill be removed from her Coordinator will complete
Ill be removed from her Coordinator will complete
Coordinator will complete \(\lambda \times \) \(\lambda \times \times \)
s hired. Current
rk with Program
all problems are corrected
safe. She will provide
with information requested
ts, etc. can be completed in Occasints have been
appeal for all.
upervised living to 4 adults
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
disability. Their diagnoses velopmental Disability,
or Depressive Disorder
affective Disorder, Duceto to Va Ut
D C CO
Disorder, Seizure Disorder, sion, Gastroesophageal
ision, Gastroesophageal
ner did not demonstrate
as she hired an
as she hired an
as she hired an a paraprofessional and specific needs of the
the paraprofessional
upervised at the facility
ally and physically attacked
he Owner failed to respond
of the parapholessional
facility property and
rvices to customers in the
g the clients. No incident
rts were completed as a
ack of supervision. The
cility describes her job as
shuffles papers. Over a
ere 20 medication errors
clients #1 and #2. The
lications not being
the MARs, so it was not
the MARs, so it was not

Division	of Health Service Reg	<u>rulation</u>			FORM APPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
-		MHL041-736	B. WING		C 11/20/2020
NAME OF F	ROMDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	CATE 718 CODE	11/20/2020
MEDAYU	OME DECIMAND WA		BBINS AVENUE	ATE, ZIP CODE	
MERCIA	OME SERVICES, INC		TOWN, NC 2728	32	•
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	iou !
PREFIX TAG	REGULATORY OR	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE COMPLETS
V 289	Continued From pag	e 23	V 289		
	possible to determine received their medical		V 203	R 15 working in	wither 23 days
i i i i i i i i i i i i i i i i i i i	violation for serious r corrected within 23 d penalty of \$2,000.00 not corrected within 2	lays. An administrative is imposed. If the violation is 23 days, an additional y of \$500.00 per day will be y the facility is out of		She pays \$ Within the allow timespanne. Past Pharmany be Pased on 12/2	test
V 367	27G .0604 Incident R	Reporting Requirements	V 367	, , , ,	
Type Span	level II incidents, exceptive provision of billab consumer is on the princidents and level II of the whom the provider 90 days prior to the in responsible for the caservices are provided becoming aware of the besubmitted on a for Secretary. The report in person, facsimile or means. The report shinformation: (1) reporting providentification information (2) client identification (3) type of incidits (4) description of the provis	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within reident to the LME stchment area where within 72 hours of the incident. The report shall m provided by the total may be submitted via mail, or encrypted electronic reall include the following povider contact and on; ication information; ent;		Program Coordinate Prost incident reports to 875155407 as	and P

Division	of Health Service Requ	ulation			FURM APPROVED	
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
1			}		_ `	
i		MHL041-736	B. WING	<u> </u>	C 11/20/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZID CODE	1112012020	
}	TO THE STATE OF TH			: ZF CODE		
MERCY H	10ME SERVICES, INC		BBINS AVENUE TOWN, NC 27282		111	
(X4) ID		TATEMENT OF DEFICIENCIES	1D	PROVIDER'S PLAN OF CORRECTIO		
PREFIX	1	CY MUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		
			1750	DEFICIENCY)	RIMIE DATE OF	
V 367	Continued From page	2 <u>4</u>	V 367		1	
1	, and the same of		7 301)	
Ţ	cause of the incident;				ىب ا	
1	1 7 7	duals or authorities notified			-	
1	or responding.]	
9		B providers shall explain any	1			
i i		e information. The provider				
1		ited report to all required			- Verden	
1		he end of the next business				
P 2	day whenever:					
1		er has reason to believe that				
ç	information provided				1	
<u>†</u>		ng or otherwise unreliable; or				
₹ •		er obtains information	1			
1 = -		ent form that was previously				
	unavailable.					
:		3 providers shall submit,	[]			
}		LME, other information			٠.,	
		ne incident, including:				
;		cords including confidential			,]	
	information;					
÷.		other authorities; and				
;		r's response to the incident.]			
÷		3 providers shall send a copy			ĺ	
		reports to the Division of			1	
÷ ·	Mental Health, Develo	lopmental Disabilities and				
_		ervices within 72 hours of			7,7%	
, l		he incident. Category A	[[
:	providers shall send a					
	Incidents involving a c	client death to the Division of				
1	Health Service Regula	lation within 72 hours of				
r	Decoming aware or the	ne incident. In cases of				
,	Client death within sev	ven days of use of seclusion				
	Or restraint, the provio	der shall report the death				
	10300 and 104 NCAC	ired by 10A NCAC 26C			·	
:	.0300 and 10A NCAC	- 2/E .0104(8)(15).				
		3 providers shall send a				
-		LME responsible for the				
		re services are provided.				
:		ubmitted on a form provided				
1	by the Secretary via e	electronic means and shall			117	
: 						

Division of Health Service Regulation

PRINTED: 11/23/2020

STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000		FORM API	PROVED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVE	
_	*					
<u> </u>		MHL041-736	B. WING		C 11/20/20	120
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	1 13120120	120
MERCY	OME SERVICES, INC		BINS AVENUE			
(X4) ID	SUMMADY CT	JAMEST	OWN, NC 272	82		
PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREI (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD 8F / co	(X5) DMPLETE DATE
, V 367	Continued From page	25	V 367			 -
	include summary information (1) medication (2) restrictive in the definition of a level (3) searches of (4) seizures of (5) the total numincidents that occurred (6) a statement been no reportable inclined any of the criteria	rmation as follows: errors that do not meet the or level III incident; terventions that do not meet el II or level III incident; a client or his living area; client property or property in eient; ber of level II and level III d; and indicating that there have eld during the quarter that a as set forth in Paragraphs and Subparagraphs (1)	V 307			
	1.					l
WIS .	within 72 hours as required quarterly report to the Lerrors. The findings are Finding 1: Interview on 6/10/20 with the finding 1:	vs and interviews the a level II incident was lanagement Entity (LME) lired and to send a .ME regarding medication b: th the facility Owner S) #2 left the clients at the		Program Coading Pros Grand Coading Coading Coading all und	nator 11%	20/20
11.	Review on 10/29/20 of Improvement System (I	the Incident Response RIS) revealed no incidents				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION (X3)	COMPLETED	
		MHL041-736	B. WING		C 11/20/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ODRESS, CITY, ST	ATE, ZIP CODE		
MERCY H	OME SERVICES, INC	127 ROI	BINS AVENUE			
	·		OWN, NC 2728	2		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X8) COMPLE DATE	
V 367	Continued From page	26	V 367			
	had been reported sir	nce 2018.				
	5/20/20; -On 5/20/20, client #3 aggressive with her;	was verbally and physically to do since she was not			4 p. 5 4 p. 5 250	
	Emergency Managem -When law enforceme her to call the facility (presence at the facility	nt arrived, the officer asked Owner and request her				
	informed the Owner th have been reported fo	ordinator revealed she had lat an incident report should or the incident on 5/20/20.		Program Coadenater has entued a		
	Interview on 11/2/20 w revealed: -An incident report had regarding FS #2; -"I made a note;"	not been completed		late note for modern on 5box	a	
,	-She was not able to p documentation regardi -"I don't think we do IR (cllents not being supe -"To me, that's not inci	ng the incident with FS #2; IS report on that incidents rvised);"				
.		cility) 20 minutes later (after				
	Finding 2:					
	Interview on 11/2/20 w revealed:	•				
	h Service Regulation	for the months of April				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(V2) DAT	E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
		MHL041-736	B. WING		1:	C 1/20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET,	ADDRESS, CITY, STATE	ZIP CODE		
MERCY H	OME SERVICES, INC	127 RO	BBINS AVENUE	7002		
	j		TOWN, NC 27282			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X6) COMPLETE DATE
V 367	Continued From pag	e 27	V 367		····	
	2020 - June 2020 hat LME quarterly; -She was not aware inform the LME of all This deficiency is crowd NCAC 27G .5601 So rule violation and mudays.	d not been reported to the	V 512			
ex A	10A NCAC 27D .030 HARM, ABUSE, NEC (a) Employees shall abuse, neglect and e with G.S. 122C-66. (b) Employees shall sort of abuse or negle 27C .0102 of this Cha (c) Goods or service purchased from a clie established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and mer of aggressiveness dis intervention procedur Subchapter 10A NCA (e) Any violation by a	PROTECTION FROM SLECT OR EXPLOITATION protect clients from harm, exploitation in accordance not subject a client to any ect, as defined in 10A NCAC apter. s shall not be sold to or ent except through g body policy. use only that degree of force is secure a violent and which is permitted by y. The degree of force that is upon the individual client (such as age, size intal health) and the degree esplayed by the client. Use of es shall be compliance with a compliance with an employee of Paragraphs Rule shall be grounds for				

Division	of Health Service Regi	ulation			FORM APPROVE
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY
ANDIDAN	OF GORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	B:	COMPLETED
i.			_		С
;		MHL041-736	B. WING		11/20/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, \$	TATE, ZIP CODE	
MERCY H	IOME SERVICES, INC	127 ROI	BBINS AVENUE	·	
		JAMEST	TOWN, NC 272	82	
(X4) ID PREFIX		FATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL	1D PREFIX	PROVIDER'S PLAN OF CORRE	
TAG		LSC IDENTIFYING INFORMATION)	TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP	
1				DEFICIENCY)	
V 512	Continued From pag	e 28	V 512		11/
1	This Rule is not met	as evidenced by:		0	aland and an
İ		ind record review the facility		Rogan has	relation 128 px
\$ 5		nts as she failed to maintain			
		sure client funds were]	a reporting h	icoq
s orr		y funds and utilized the ks without their knowledge		and new has	<i>a</i> .
'. ?		4 of 4 clients (clients #1, #2,		and you los	
	#3, and #4). The find			System of too	line
1	Finding #1: The Own	er failed to maintain financial		charts' mone	χ
	records for 2 of 4 clie	nts (clients #2 and #4).			
	Interview on 7/23/20	with client #2 revealed:		I'm has mad	O 141
i i		nt amounts of money each			*** ** *
<u> </u>	month from the Owne	er;		propose to ce	Med
	-This month (7/2020)	she had received \$55;	İ	•	1
; :	-She had never seen just took the Owner's	the bills for her copays and word for the amount she		leaupts and	70
	owed.	word for the difficult site		Keep all free	
				need an during	NLIA
:	were not available.	cords for clients #2 and #4		recade.	i i
	word not a range of,			, 555	
		and 11/3/20 with the facility		Program Good	$\sim l_{\infty}$
	Owner revealed:	counts set up for clients #2		1 9	
	and #4 therefore acco	ounting records weren't		Was be sha	න <u>ග</u>
	available;	_		1	~
		ersonal funds for clients #2		cheats the	co lab
	and #4.			and were ensi	الصد
	Finding #2: The Owner	er failed to maintain			ŀ
	adequate financial rec	cords for 2 of 4 clients		that charks	Orio
	(clients #1 and #3).			Cible to get 5	4
	Review on 6/16/20 of	the facility accounting			
	record for client #1 rev	realed:		when needed.	1 (a)
	-No credits;			to to gue the	~
1	-Withdrawals on 2/3/2	0 in the amount of \$30.00,			1
deign of the	3/3/20, 4/3/20 and 5/4	/20 in the amount of \$36.00		Money each wa	علاء
VISION OF MESI TATE FORM	Ith Service Regulation			1500 than the b	rdoor o
			5890	1F8Z17-4	If configuration about 20 - 44

Division	of Health Service Reg	ulation			ronn.	APPROVED
STATEMEN AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	E Company	E CONSTRUCTION	(X3) DATE S	
				•		,
	i :	MHL041-736	B. WING			, :0/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST.	ATE, ZIP CODE		***************************************
MERCY H	OME SERVICES, INC		BBINS AVENUE			
			TOWN, NC 2728	2		
(X4) ID PREFIX TAG	. (EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETÉ DATE
V 512	Continued From pag	e 29	V 512			
	and 6/3/20 in the am	ount of \$66.00.				
	The facility Owner g -She was aware the each month for her of the bills; -She received differe -"She only gave me s it Monday (7/27);" -She typically receive Review on 6/16/20 of for client #3 revealed -No credits; -Withdrawals on 2/3/; 3/3/20 in the amount amount of \$66.00, 5/4 and 6/3/20 in the amount Finding #3: The Owner -She was aware the -She was aware the -She was aware the -The facility Owner -She was aware the -She was	f facility accounting record: 20 in the amount of \$57.00, of \$66.00, 4/3/20 in the 4/20 in the amount of \$36.00 punt of \$66.00. Ber failed to assure that		Program Coerd Will be Coll and leepen track of our o	news	
	operating funds of the	s were separate from any a facility. with the facility Owner		and legan	50-	
ora TO	revealed: -She had been informmenthly minus their curve deducted the management of t	ned to give the clients \$66.00 opays; onthly amount owed to the ed the clients with the		Reserve funds	whel whel	
	printed 3/1/20 reveale -Client #1's invoice ar -Last payment date to her total balance owe	nount was \$30.00; or client #1 was 1/20/20 and d was \$1,089.00; I signature that she had		from graty Even dent h a bonk occurrent and Simulus of let overs har	Maray	

Division of Health Service Regulation

STATE FORM

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Ĺ	Division •	of Health Service Regu	lation			FOR	WAPPROVED
Ĺ	STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE :	
			MHL041-736	B. WNG		i	C 20/2020
Ì,	NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE ZIP CODE		
:	MEDOVII	IOMO OPPIAGOS ALS		BBINS AVENUE			* 1
•	MERCTH	IOME SERVICES, INC	JAMEST	TOWN, NC 272	32		- 1 2 k - 1
	(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO) CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
一直の事情を受ける。 こうしゅう アイ・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・・	V 512	her total balance owe -Client #2's name and received \$55.00; -Client #3's name and received \$66.00; -Client #4's name and received \$45.00. No Pharmacy Statem of April 2020. Review on 6/16/20 of printed 5/4/20 reveale -Client #1's invoice an -Last payment date fo her total balance was -Client #2's invoice an -Last payment date fo her total balance owed -Client #2's name and received \$36.00; -Client #2's name and received \$55.00; -Client #3's name and received \$55.00. Review on 6/16/20 of printed 6/3/20 revealed -Client #1's invoice am -Last payment date foi her total balance was -Client #1's invoice am -Last payment date foi her total balance was -Client #1's name and	or client #2 was 1/20/20 and ad was \$495.85; disignature that she had disignature that she had disignature that he had disignature that he had disignature that he had disignature that he had disignature that he had disignature that she had disignature that she had disignature that she had disignature that she had disignature that she had disignature that she had disignature that he had d	V 512	Argam Gordina Nos Steved in With the Plant to Leceure the Determents Pouse Track Part of application to a paparad. The Divida to a Divida to a Charle to are characted. The war work of the Charles to are characted. The war work of the characted to are characted. The war work of the characted to are characted.	cynete cynete cheate was was was	
vis		her total balance owed	r client #2 was 1/20/20 and		of them copa and that the	8	
	TE FORM	4		6899	158711),,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	

Division of Health Service Regulation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	E CONSTRUCTION	(X3) DATE : COMPL	
	MHL041-736	8. WING		F	
NAME OF PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	TATE ZIP CODE	11/2	20/2020
MERCY HOME SERVICES, INC	127 ROI	BBINS AVENUE			
CHANGE CONTRACTOR	JAMES	TOWN, NC 2728	2		
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HQULO BE	(X5) COMPLETE DATE
V 512 Continued From page 31 received \$66.00; -Client #3's name and signeceived \$66.00; -Client #4's name and signeceived \$45.00. Interviews on 7/29/20 and pharmacy representative for revealed: -The pharmacy had been if the pharmacy had been if the pharmacy had been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not been if the pharmacy had not sure how murgave clients #2 and #3; -The Owner had informed had informed had informed had informed had informed had informed had informed had informed had had not been if the copay at the pharmacy. Interview on 7/23/20 with some had worked at the fact of the copay had not the fact of the pharmacy had not the amount of money that the manager/Program Coordinates and they (pharmacy some pick up the medicine because) in the medicine because had not been in the pharmacy some had not been in the pharmacy in the pharm	8/14/20 with a for clients #1 and #2 having trouble with not he facility; made on client #1 or any 2020. The staff (FS) #2 \$12 on the 3rd of client #4 a couple of eclient #4 a coupl	V 512	requoted when		21202 D1345

,	or Health Service Regu				- A.A.
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY
1		IDENTITION TO HOMOEN.	A. BUILDING	:	COMPLETED
:					l c
<u> </u>		MHL041-736	B. WING		11/20/2020
NAME OF P	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, \$1	TATE 7/8 CODE	
1 2			BBINS AVENUE		
MERCY H	IOME SERVICES, INC		TOWN, NC 2728		1
(X4) ID	SHMMADV CT	ATEMENT OF DEFICIENCIES			
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	,,
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	BE COMPLETE DATE
1				DEFICIENCY)	
V 512	Continued From page	32	V 512		(1/2)
}	Interviews on 6/15/20	, 11/2/20 and 11/3/20 with			(A)
ĺ	the facility Owner rev			I'C was come	Q 15/40 4
).		armacy copays for clients		Pc wer coon	
ì	#3 and #4 were not a	vailable;	İ	that Dannah	
L	-Clients #3 and #4 we	ere with a different pharmacy	ŀ	1 - A MICHE	>
*	than clients #1 and #2				
i i	-She had not made a	pharmacy payment from	ļ	are mode a	12/18/2
į.	February 2020 - May	2020; ents to the pharmacy on			
		r client #1 in the amounts of		time and will	
:	\$100.00 and \$500.00	and for client #2 in the	f		
.	amount of \$200.00;			Observent in a	200h - T
Ĺ	-"I had to use that mo	ney to pay my bills;"	İ	* '	
-	-She didn't understan			Churt's book	
	accounting had to be paid;	accurate if the bills were		1,0	• \(\sigma_{i}^{(j)}\) .
		f any rule that prohibited her	1		in the second of
	from using the clients'	money for facility bills as			
	long as the client's co	pays were paid.			
				Mogram Wordin	chort
	Finding #4: The facility	y owner failed to document			
	in an appropriate man	ne client's stimulus money		trogram Gordin has ensued	
	in an appropriate man	Bei.	İ	3 9 130000	\ .
	Interviews on 7/23/20	and 7/24/20 with clients #1		that all Thin	nulus :
	and #2 revealed:		-	111 10	
	-They were aware that	t the facility Owner had		Morres left he	MC
		ress and television for their		10000 011 1M	1.~.
	bedroom;	of the cost of the items		been put in	
	purchased;	of the cost of the items		Charles accor	WT
		that the facility Owner had			
	received a \$1200.00 s	timulus check each of		PC has obtaine	ol los
	them.				
	Intentions as others	4410100	1	recupts of pur	2002exp
1	the facility Owner reve	11/2/20 and 11/3/20 with	1	100 5 0001	
		aled: nulus money for each of the		my ros era	MON
1	4 clients that resided in	the facility:]	all mones left	hasl
	-She had not notified ti	ne clients that she had		all mones at	1 90
	th Service Regulation				

STATE FORM

Division	of Health Service Regu	lation			FORM APPROVED
STATEMENT	OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL041-736	B. WING		C 11/20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, ST	ATE ZIP CODE	
MERCY H	OME SERVICES, INC	127 ROE	BINS AVENUE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOLL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	LD BE COMPLETE
V 512	received stimulus more She had used the \$1 each client received to new mattress and a to-She thought it was his stimulus money to pureeded; -She had been informed to company that new mattress for the She thought that the having their own televious to be discharged hadn't considered who mattresses and televious would be discharged hadn't put down an records or receipts); -"Some of this money will just buy cigarettes. Due to the lack of door possible to determine balance of each client. Review on 11/4/20 of completed by the Officondinator on 11/4/2-"What immediate act ensure the safety of the considerations to correct the the safety of the consideration of the QP and will wort to ensure the safety of ACCOUNTING/APPR-Program Coordinator being used and balanters.	ney for them; 1200.00 stimulus money that to purchase them each a elevision for the room; er responsibility to utilize the rchase items that the clients and in April 2020 by the pest she needed to purchase all facility; clients would each enjoy vision in their rooms; to think that any of the clients from the facility so she at would happen to the sions she purchased if the ed. bything on that (accounting the facility is the money, they the with it." cumentation, it was not the credits, debits or the ts account. the Plan of Protection ce Manager/Program to revealed: ion will the facility take to the consumers in your care? Is have taken immediate above issues and to ensure umers in our care. Program exping in to take over duties of with Director (the Owner)	V 512	Deen Placachi Chunt's Dr accounts. A Were spended. Chunt's tha	tours for 128/20 tone. 2e went mentors of Mathersons's yout yout yout
ivision of Hea TATE FORM	ith Service Regulation		6699	are reflected	not
			0003	1F6Z11	If continuation sheet 34 of 40.

PC ensured charts did not pay for mathematics.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A BUILDING: _ MHL041-736 **B. WING** 11/20/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE MERCY HOME SERVICES, INC. JAMESTOWN, NC 27282 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) Continued From page 34 V 512 V 512 double checks on pharmacy balances with the Director/Owner and pharmacies monthly. Program Coordinator has contacted both pharmacies that the home uses and has obtained balances on all accounts. Program Coordinator has set up an account [online account at pharmacy] in order to be able to access accounts and pay the accounts monthly in a timely fashion. Program Coordinator will review the accounts monthly and prompt Director to pay on time. Unfortunately [other pharmacy used], does not have an online program at this time. However, Program Coordinator will Inquire about invoices and prompt Director to pay the bill monthly in a timely fashion. Provisions are being made to payout the current accounts so the new process can take place next month. Program Coordinator will be working with Director with client personal accounts. Accounts will be open on all clients to ensure that funds are managed appropriately. All clients currently have a checking account except one. An account will be open for this person." -"Describe your plans to make sure the above happens. A description of Mercy Homes Plans is listed above in each section. In summary, Program Coordinator will be assuming immediate QP duties and will retrain QP on such duties. If

with a developmental disability. Their diagnoses Division of Health Service Regulation

a timely fashion."

current QP is unable to complete the duties assigned to her, QP will be removed from her position and Program Coordinator will complete

Coordinator to ensure all problems are corrected and that all clients are safe. She will provide Program Coordinator with information requested so that items, payments, etc. can be completed in

This facility provides supervised living to 4 adults

duties until a new QP is hired. Current Director/Owner will work with Program

STATE FORM

Division (of Health Service Regu	ulation				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE :	
			A. BUILDING.			
		MHL041-738	B. WNG			C 20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
MCBAVII	OME CEDIAGES ING		BBINS AVENUE			
MERCIN	OME SERVICES, INC	JAMES ⁻	TOWN, NC 27282			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI		COMPLETE DATE
·				DEFICIENCY)		
V 512	Continued From page	e 35	V 512	-		
	include Intellectual D	evelopmental Disability,				
•		jor Depressive Disorder,	1			
	Schizophrenia, Schiz	toaffective Disorder, ry Disorder, Seizure Disorder,				
	Constination, Hyperte	ension, Gastroesophageal				
	Reflux Disease and a	a history of Cocaine				
	Dependence. The Ov					
		or clients and used their				
;		y her business expenses. d why there needed to be	ļ			
•		records for each client as				
,		expenses were paid. In				
,	addition, the Owner e	exploited the clients by				
	receiving and spending	ng each of their \$1,200.00				
Ý.		out their input or knowledge. ner, she used the stimulus				
-		ne clients a television and a				
	mattress for their bed	frooms. The Owner thought				
		le the clients what she				
	thought they needed	rather than give the clients them purchase cigarettes				1
,	with it. The clients we	eren't aware that the Owner				
i		ent their stimulus checks.				
	()					
	This deficiency consti	itutes a Type A1 rule exploitation and must be				
nyor .		ays. An administrative				"
JA International		is imposed. If the violation is				1 4
	not corrected within 2	23 days, an additional				
· .	administrative penalty	y of \$500.00 per day will be				
;	imposed for each day					
	compliance beyond the	ie zolu day.				
V 738	27G .0303(d) Pest Co	ontrol	V 738			
	10A NCAC 27G .030	3 LOCATION AND				
7	EXTERIOR REQUIR	EMENTS				
9	(d) Buildings shall be rodents	kept free from insects and				
. 1	CORPOR		1 1			,

Division of Health Service Regulation

	of Health Service Req	ulation			FOR	RM APPROVED
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
:		MHL041-736	B. WING	- 1	1,	C i/ 20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		720/2020
MERCY H	OME SERVICES, INC		BBINS AVENUE			
<u>;</u>	ČI BANASOV C		TOWN, NC 27282	······································		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 738	Continued From pag	e 36	V 738			Rep V
	This Rule is not met Based on record revi facility was not kept the findings are:	as evidenced by: ews and interviews, the fee from insects. The				: Z*
	revealed: -She was not aware of	were bed bugs or roaches				
	-"Every year, I spray	on my house every year;" ar around October (2019)."				
	revealed: -A service agreement the treatment of bed by	facility pest control records dated 4/29/20 that included bugs for the facility and informed to purchase				a'''
	mattress and box spri advised to wash all lir pillows should be run other clothes cleaned	ing zip lock coversOwner nens, toss and regular through heat dry cycleall				
	\$300.00 for pest; -A check balance reco 8/22/19 for \$500.00 fo	ord for check #1700 dated or pest services;				
	10/23/19 for \$300.00 (st control company dated				
	Interview on 8/20/20 w control company revea He had no record of to h Service Regulation	vith the Owner of the pest aled: reating the facility;				

Division	of Health Service Reg	ulstian				RM APPROVED
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	000 1111 2121 2 0			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
			A. BUILDING:		COM	FLETED
		1	1		-	С
		MHL041-736	B. WNG		11	/20/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
				, EF CODE		
MERCYH	OME SERVICES, INC		IBINS AVENUE 'OWN, NC 27282			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	···			
PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION		(X5) COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE
· /				DEFICIENCY)		
″ V 738	Continued From pag	e 37	V 738			
5	l r					
		ct with the Owner to treat the				
	appointment;	ever been contacted for an				
	-He had treated the s	niotes feeillik.				
	-i ie nau treateu tile t	sister facility.				
•	Interview on 6/25/20	with former staff (FS) #2				
1	revealed:	with former stall (FS) #2				
1	'' '''	the facility from 4/24/20 -				
	5/20/20 and had obs	erved bed bugs and roaches;				
	-She had talked with	the Owner and was	1			
		ility had recently been				
75.44 -	treated;	, ,,				-
/ · · ·	.The Owner informed	I her that the insects were a				,
	result of boxes of do	nations that the facility				
\$:	received from a chur					
S	1.1					
:		with staff #1 revealed:				
*	She had share and a	he facility since 5/26/20;				
•	not seen any bed but	paches in the facility but had				
	-She had been inform	ned by one of the clients that				
<u>;</u>	they had hed buge h	ut was unable to remember				
:	which client;	at was unable to remember				
·		ed any bed bug bites on the	1			
	clients;	od any occubag bites on the				
i İylir		e Owner that there were				1
176 177	roaches in the facility		1			1
	informed her that she	was going to take care of it.				.1
,		The going to take ball of it.				
}	Interview on 7/23/20	with the Qualified				
	Professional (QP) rev					
}		aware by different staff that				
	there were bed bugs	and roaches in the facility;				
	-"There's nothing I ca	in do about itI don't do that				
	kind of stuff;"					
	-She had talked with	the Owner about the				
	complaints of insects	and was informed by the				
		going to take care of it;				
		rovide an estimated time				1
	period for complaints	or her discussion with the				

STATEMENT OF DEPICIONESS (XY) PROVIDER OR SUPPLIES MILDING: MIL	AND PLAN OF CORRECTION WHILD 41-738 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, N. C. 27322 OVE 10 GRACH OBSTORISMS AVENUE JAMESTOWN, N. C. 27322 PROVIDER IN AN OF CORRECTION RECALATORY OR LSC IDENTIFYING INFORMATION, PRETEX TAG CONTINUED From page 38 Owner. Interviews on 11/2/20 and 11/3/20 with the facility Owner revealed: -The pest control company had treated the facility, but she was not able to provide documentation; -She had not contacted the pest control company sither she learned of the allegation of roaches and bed bugs in the facility, -I'l know there are no bed bugs in that house (facility): -I'n new seen no roaches.'' Review on 11/4/20 of a Plan of Protection completed by the Office Manager/Program Coordinator (CMIPC) dated 11/4/20 revealed: -What Immediate action will the facility take to ensure the safety of the consumers in our care. Program Coordinator (CMIPC) will be stepping in to take cover the dultes of the CP and will work with Director (Cowner) to ensure the safety of the consumers. Program Coordinator (CMIPC) has called local externminators to inspect the home and to syray. An appointment has been set Arn inspection has been scheduled for 11/5/2020 at 10,000 to 10,	Division	of Health Service Regu	lation			FORM APPROV	/EU	
MHL041-738 STREET ADDRESS, CITY, STATE, ZP CODE STREET ADDRESS, CITY, STATE, ZP CODE MERCY HOME SERVICES, INC SUMMARY STATEMENT OF DEPTICIENCIES PREETY SAMESTOWN, NC 2722 MARESTOWN, NC 2722 MARESTOWN, NC 2722 MARESTOWN, NC 2722 MARESTOWN, NC 2722 MARESTOWN, NC 2722 DPROMDERS PLAN OF CORRECTION GRACH CORRECTIVE ACTION SHOULD BE REPERY SAMESTOWN, NC 2722 DPROMDERS PLAN OF CORRECTION GRACH CORRECTIVE ACTION SHOULD BE CONSERTE FRENCE COT ON THE APPROPRIATE DEPTICIENCY V738 Owner. Interviews on 11/2/20 and 11/3/20 with the facility Owner revealed: -The pest control company had treated the facility, but she was not able to provide documentation: -She had not contacted the pest control company after she learned of the allegation of roaches and bed bugs in the facility; -I know there are no bed bugs in that house (facility): -The ver seen no roaches.* Review on 11/4/20 of a Plan of Protection completed by the Office Manager/Program Coordinator (OM/PC) dated 11/4/20 revealed: -What Immediate action will the facility take to ensure the safety of the consumers in our care? Macry Home Services have taken immediate actions to correct the above issues and to ensure the duties of the QP and will work with Director (Owner) to ensure the safety of the consumers. Program Coordinator (OM/PC) has called local externimators to inspect the home and to spray. An appointment has been set. An inspection has been secholded for 11/3/2020 at 10am. -Describe your plans to make sure the above happens. A description of Mercy Homes Plans is listed above in each section. In summer, Program Coordinator (OM/PC) will be assuming immediate QP duties and will retain QP on such duties, if current QP is unable to complete the duties sessigned to her, QP will be removed from her position and Program Coordinator (OM/PC) will complete duties until a new QP is birred.	MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET ADDRESS, CITY, STATE, ZIP CODE 127 ROBBINS AVENUE JAMESTOWN, NC 27282 AMESTOWN, NC 2728	,			1			COMPLETED	
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED C 11/20/2020	
·	MHL041-738						
NAME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
MERCY	IOME SERVICES, INC	127 ROI	BBINS AVENUE FOWN, NC 27282				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES					
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