AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA  IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	COMPI		
	MHL059-054				06/0	7/2021
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00.0	
			COURT STI			
QUALITY	ADULT CARE	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	.D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	on 6/7/21. The com was substantiated a unsubstantiated. A deficiency was cit This facility is licens category: 10A NCA	plaint survey was competed plaint Intake # NC00176970 and Intake # NC00177173 was red.  sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 115 27G .0208 Client Services		V 115				
	(a) Facilities that proassure that: (1) space and supe the safety and welfa (2) activities are sui and treatment/habil served; and (3) clients participat activities. (h) Facilities or progin these Rules as "2 available 24 hours a unless otherwise sp (c) Facilities that se clients shall ensure (d) When clients whare transported, the with secure adaptive (e) When two or morequire special assi in a vehicle are transported and the secure adaptive (e) when two or morequire special assi in a vehicle are transported.	table for the ages, interests, itation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services a day, every day in the year. Decified in the rule.  The or prepare meals for that the meals are nutritious. The have a physical handicap to vehicle shall be equipped to equipment.  The ore preschool children who stance with boarding or riding asported in the same vehicle, adult, other than the driver, to				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED		
			A. BUILDING:				
		MHL059-054	B. WING		06/0	7/2021	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
QUALITY	ADULT CARE		COURT STI	REET			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
V 115	Continued From pa	age 1	V 115				
	Based on records robservations the fawere nutritious for 4#2, #4, #5 and #6).  Review on 6/3/21 of Admission date: 60 of Diagnoses: Major remission), Attention Disorder (ADHD) problems, Sexual Admission Assessory of Treatment Plan: 3 Goals: Client#2 will him into doing thing Goal: With verbal ecomplete his chore distracted until cho Goal: Client#2 will not to the return from the Further review of Council Weight is not doc There is no Physicia weight.  No admission (6/20) of No documented with 10/29/20.  No Weight documented with 10/29/20.	of Client #2's record revealed: 6/24/13 Depression(currently in on Deficit Hyperactivity redominately inattentive Abuse as a child victim, setardation sment: 6/17/12 6/6/21 Inot allow others to influence gs he knows he shouldn't do encouragement Client #2 will sproperly and not become res are completed. Walk unaccompanied by staff the store within an allotted time client #2's record revealed: umented in the group home. In an order to conduct a monthly 1/24/23) weight is documented. P2/18/19 weight from 2/26/20 through the ented at the following Family seemed at the following Family					
	- On 2/21/19 Client weighed 135 lbs. of No documented v 10/29/20 . - No Weight docum Nurse Practitioner v 4/29/21 and 1/26/2	#2 weighed 132 lbs. and then n 12/18/19 veight from 2/26/20 through nented at the following Family (FNP) appointments as of					

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED
			B. WING			
MHL059-054 B. WING					06/0	7/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
QUALITY	ADULT CARE		COURT STE	REET		
			NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 2	V 115			
		oleted weights for Client #2 on and 5/30/21 at 130.5 lbs.				
	- "[Deceased Staff 3	with Client #2 reveals: B] was a good cook. She he (deceased Staff #3) died				
	<ul> <li>(4/30/21) you know.</li> <li>It was light eating before [Deceased Staff #3] passed.</li> <li>Lunches for school were sorta of ok. Now we get plenty, too much. Well its ok now. Maybe before it wasn't as much, sometimes hungry. But</li> </ul>					
	its better now much	better."				
	of Client #2 reveale					
	-Client #2 was casually well dressed and clean, hair and beard appeared trim and short Client #2 is of slim build					
	Review on 6/3/21 of Client #4's record revealed: - Admission date: 7/31/19					
	seizure 2018), flat for femur malalignmen	r I disorder, seizures (last eet Pes Planus, left patella t, allergic Rhinitis, ADHD and				
	- Admission Assess dated 1/17/19, to id - Treatment Plan da					
	Goals: daily chores	of house and keeping his neluding the bathroom after				
	Goals: use skills to	vent anger in non-aggressive sist with reminders of using				
	Further review of C	lient #4's record revealed: there is no documented				
	- Next weight docur	mented is 12/18/19 167 lbs. visit on 5/2/21 reported great				

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 3 of 9

Division of Health Service Regulation						
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	LAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		MUI 050 054	B. WING		06/0	7/2024
		MHL059-054			<u> </u> U6/U	7/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		180 EAST	COURT STI	REET		
QUALITY	ADULT CARE		NC 28752			
0/4) ID	CLIMMA DV CTA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	NI	()(5)
(X4) ID PREFIX		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
\/ 115	Continued From pa	ge 3	V 115			
V 113	Continued From pa	ge 3	V 113			
	concern for Client#					
	- The Director requ	iests a doctor's appointment				
	with labs for 5/10/2	1.				
	- Weight was 151 lb	os. on 5/10/21				
	- The Director then	documents Client#4's weight				
	on the following day	/s:				
	- 5/13/21 153 lbs.					
	- 5/23/21 156 lbs.					
	- 5/30/21 159 lbs. - 6/2/21 159 lbs. FNP visit on 4/30/2020 170 lbs.					
	Interview on 6/2/21 with Client #4 revealed: -" I really eat good, seconds and snacks and					
		w ( Client #4 refers to 'now' as				
	after 5/9/21).					
		no, not enough to eat, [Former				
		but [Deceased Staff #3] was				
	a good cook. Never	r really ate a lot then (prior to				
	5/8/21), it wasn't fill	ing me up, I guess. Didn't get				
		guess. I was sorta hungry a				
		nds. Now I'm though.				
		er] was sad she saw me				
		a lot of weight, said I lost forty				
	of Client #4 revealed:					
		build and approximately six				
	foot tall.					
	Paview on 6/2/21 a	f Client #5's record revealed:				
	- Admission date: 2					
		rranzo re disorder, asthma, Moderate				
		omental Disabilities (IDD)				
	- Admission Assess					
	- Treatment Plan da					
		ily chore with a minimum of				
	prompting	tive way to yent his frustration				
	Goal: lind construct	tive way to vent his frustration				

STATE FORM 6899 If continuation sheet 4 of 9 9PDF11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL059-054	B. WING		06/0	7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
OHALITY ADULT CARE			COURT STI NC 28752	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	without threatening Further review of C - No documented a - No weight docum FL-2 1/26/21 - The Director obta the following dates: 5/31/21 136.7 lbs.  Interview on 6/3/21 - "Yes, the Guardia me at the day progupset. I guess I wa though. We eat god - I'm never hungry - yes, the lunches a - [Deceased Staff # (staff 4/30/21). She a lot. She was a go was not a good cod seconds then (prior  Observations on 6 - He was well dress ball cap He appeared aler questions. He did r - Client #5 was obs small frame and sh compare his size to  Review on 6/3/21 o - Admission date: 7 - Diagnoses: Mode Anxiety Disorder, C - Admission Asses - Treatment Plan: G Goal: Client#6 will i group home every	a or yelling.  Elient #5's record revealed: Idmission weight on Client#5 Idmission weight on Client #5 on Idmission in Client #5 revealed: Idmission in Client #6 on Idmissi	V 115			

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 5 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	
				06/0	7/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
QUALITY ADULT CARE		COURT STE	REET		
	MARION,				
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDEN	BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION  (EACH CORRECTIVE ACTION SHOULD  CROSS-REFERENCED TO THE APPROPERTY)	D BE	(X5) COMPLETE DATE
through his frustration Goal: Facilitate with Clier independence by directin finish his chores or start I Goal: Independently walk (since covid this is no lon limited in hours and then clients, no longer walking option) Client #6 loves music an special activities and at h Further review of record i - There was no admission 7/25/15 - Doctor visit on 11/5/19 7 Doctor office visits: - 1/6/2020 80.5lbs 2/5/2020 77.6 lbs 8/26/2020 80 lbs No weight documented - The Director obtained w the following dates: - 5/13/21 78.7 lbs 5/30/21 79.2 lbs.  Interview on 6/3/2 with Cl - "I get good lunches, mo - Maybe before with the staff#2) and [Deceased S low, but things are really  Observations on 6/3/21 a of Client #6 revealed: - Client#6 has a small fra documented weight it is of Client#6's normal appear  Interview on 6/4/21 with t #4 and #5 revealed: - " I first visited [Client #4	ng Client#5 to start and his chores k to store and return nger a goal, the store is a closed and for safety of ng to the store is an and plays his guitar for nis day program revealed: on weight on Client #6 on 79.6 lbs.  I on FL-2 dated 1/6/21 weight for Client #6 on cher staff (Former Staff#3] well food was nice now (after 5/9/21)."  at approximately 5:00PM ame and with no difficult to tell what rance is.	V 115			

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 6 of 9

MHL059-054    MHL059-054   B. WING	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
NAME OF PROVIDER OR SUPPLIER  QUALITY ADULT CARE    180 EAST COURT STREET   MARION, NC 28752	MHL059-054		B. WING		06/0	7/2021	
QUALITY ADULT CARE    MARION, NC 28752   MARION, NC	NAME OF I			L		1 00/0	772021
CALIFIC ADDITIONS   CONTINUED NOT CONTINUE	NAIVIL OI I	FINOVIDEIX OIX SOFFEIEIX					
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V115  Continued From page 6  day program on the third of May (5/3/21) - I popped in on the twenty-eight of April (4/28/21) and got pretty much the runaround from [Former Staff#2] I was in shock it seemed, they (clients) looked so thin and shaggy - They (clients) are not big guys as it is, they were very thin I thought [Former Staff#2] was very difficult to deal with as a hole as well. Very evasive when asked questions about their care and meals I asked for weight on [Client#4] and there was none. But you could see he had lost weight though the last several months The day program staff also said the lunches for all the clients were and have been sparse at best. [Client#4] was telling me he is hungry a lot and there isn't really a lot of food at house [Client#5] said he never got enough to eat, and there was never seconds for anyone. "  Interview on 6/3/21 with the Day Program Director revealed: - Covid shut us down in March of last year(3/2020) Then in June (6/2020) is when [Client#4] came back. He could hardly keep his pants pulled up The lunches we often saw were a sandwich and a little bag of popcorn. These are young men and need more calories then what they were getting. He (Client#4) was noticeably thinner Also noticed the lunches were bare minimal for	QUALITY	ADULT CARE			XLL I		
day program on the third of May (5/3/21) - I popped in on the twenty-eight of April (4/28/21) and got pretty much the runaround from [Former Staff#2] . I was in shock it seemed, they (clients) looked so thin and shaggy - They (clients) are not big guys as it is, they were very thin I thought [Former Staff#2] was very difficult to deal with as a hole as well. Very evasive when asked questions about their care and meals I asked for weight on [Client#4] and there was none. But you could see he had lost weight though the last several months The day program staff also said the lunches for all the clients were and have been sparse at best. [Client#4] was telling me he is hungry a lot and there isn't really a lot of food at house [Client#5] said he never got enough to eat, and there was never seconds for anyone. "  Interview on 6/3/21 with the Day Program Director revealed: - Covid shut us down in March of last year(3/ 2020) Then in June (6/2020) is when [Client#4] came back. He could hardly keep his pants pulled up The lunches we often saw were a sandwich and a little bag of popcom. These are young men and need more calories then what they were getting. He (Client#4) was noticeably thinner Also noticed the lunches were bare minimal for	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
they could fill it with water here.  - We often gave extra out to the guys (Clients from Quality Adult Care - The Day Program Director could not remember who started back first and what month).  - We saw that their lunches were minimal and	V 115	day program on the - I popped in on the (4/28/21) and got popped in state of the (4/28/21) and got popped in state of the intervent of the int	e third of May (5/3/21) It twenty-eight of April I retty much the runaround from leemed, they (clients) looked I not big guys as it is, they were I was very difficult to deal with I were evasive when asked I ser care and meals. I on [Client#4] and there was I see he had lost weight I weral months. I staff also said the lunches for I and have been sparse at best. I g me he is hungry a lot and I ot of food at house. I never got enough to eat, and I conds for anyone. I with the Day Program Director I with the Day Program Director I in March of last year(3/I) I came I client#4] came I client#4] came I client#4] came I client#4] came I client where a sandwich and I conticeably thinner. I cunches were a sandwich and I conticeably thinner. I cunches were bare minimal for I led water, or just a bottle and I water here. I can out to the guys (Clients I care - The Day Program I remember who started back I h).	V 115			

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 7 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
MHL059-054			B. WING		06/0	7/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
QUALIT	Y ADULT CARE		COURT STI	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	- [Client#4] and and their lunch on trans program.  - We saw the weigh residing in Quality A- I never approached about the guys nee often said they were linterview on 6/3/21.  - Clients returned to through August (6/2- There was a lot of shutdown). No famoutings, no rides to activity,  - When covid hit the activity so to watch them a lot.  - All the clients made and a bag of chips filled it here or coulce. I cooked meals. [I tired and it was very (4/30/21). It was all and it was very (4/30/21). It was all and the meal planning #4, #5, #6, #7, and went and bought with the meal that night.  Interview on 6/4/21.  Interview on 6/4/21.  Interview on 6/4/21.	other client would often eat it on the way here to the oft loss in all of them(Clients adult Care). It do the staff at the group home ding more food and that they en hungry."  with Former Staff#2 revealed: The day program June 2021 through 8/2021) It stress those months (Covid illy visits, no day program, no the store, very little physical weight gain I tried not to feed the their doctors appointments. It person or through tele-med. It danything about their weight and everyone got a sandwich and a water bottle, either they dill it in the day program. Deceased Staff #3] was getting y different prior to her death so very stressful. It didn't follow a street we needed to make	V 115			

Division of Health Service Regulation

STATE FORM 9PDF11 If continuation sheet 8 of 9

AND DIAN DE CODDECTION IDENTIFICATION NUMBED:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL059-054	B. WING		06/0	7/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
QUALIT	ADULT CARE		COURT STI	REET		
(X4) ID PREFIX TAG	4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL AG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					
V 115	- "I started taking over responsibilities. The attention through or (Client #4's family neight of May (5/8/21). I had weight taken forward weight is tamonthly or daily I fired the remaining staff and I'm hiring an	ver a lot of the group home e weight loss had come to my ne of the family members nember) who visited on the l). on all the clients. And going ken on all clients either and staff and hired two new a new Qualified Professional. It the stress may have been in my take over. But yes, I'm sue, and clients may have the staff didn't reach out to me support.	V 115			

Division of Health Service Regulation STATE FORM