STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An Annual, Complaint and Follow Up Survey was completed on June 11, 2021. The complaint was substantiated (Intake #NC00176268). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations;	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 1 (7) quality assurance and quality improvement activities, including: (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by:	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 2	V 105		

Based on record review, observation and interview, the facility failed to adhere to its governing body policies regarding adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. The findings are:

Review on 05/25/21 of the facility's "blood-borne pathogens compliance policies effective date December 23, 2013" revealed:

-"Purpose: To help staff and consumers eliminate or minimize exposure to Hepatitis B, HIV (human immunodeficiency virus), other blood-borne pathogens or other potentially infectious materials. The degree of risk of acquiring pathogens is directly related to the frequency of parental exposure to blood.. This policy outlines steps to prevent exposure...

-Policy: E.D. Emmanuel Homes complies with OSHA (Occupational Safety Health Association) Blood-borne Pathogens standards...

-Universal Precaution: Be very careful when disposing of used needles to prevent needle stick injuries, used needles should not be recouped by hand. Placed used disposable syringes and needles, scapulae blades and other sharp items in puncture resistant containers for disposal...."

Review on 05/20/21 an email from Health Standards Officer with the North Carolina Department of Labor (NCDOL) OSHA regulations revealed:

- "OSHA's Bloodborne Pathogens standard (29 CFR 1910.1030) only states the following information about the design of a sharps container.

1910.1030(d)(4)(iii)(A)(1): Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are:

1910.1030(d)(4)(iii)(A)(1)(i): Closable;

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 3 1910.1030(d)(4)(iii)(A)(1)(ii): Puncture resistant; 1910.1030(d)(4)(iii)(A)(1)(iii): Leakproof on sides and bottom; and 1910.1030(d)(4)(iii)(A)(1)(iv): Labeled or color-coded in accordance with paragraph (g)(1)(i) of this standard. 1910.1030(d)(4)(iii)(A)(2): During use, containers for contaminated sharps shall be: 1910.1030(d)(4)(iii)(A)(2)(i): Easily accessible to personnel and located as close as is feasible to the immediate area where sharps are used or can be reasonably anticipated to be found (e.g., laundries); 1910.1030(d)(4)(iii)(A)(2)(ii): Maintained upright throughout use; and 1910.1030(d)(4)(iii)(A)(2)(iii): Replaced routinely and not be allowed to overfill. - It does not mention the size of the opening, but I was able to find a letter of interpretation from Federal OSHA that addressed this issue. A copy of the letter can be accessed... It basically says that the size of the opening should be determined based on the size of the item(s) being placed in the container. So this would require the employer to evaluate your situation in order to determine what size opening would be appropriate for your facility. Choosing the appropriate size opening for your containers should help control the ability for individuals to be able to reach their hand inside the container to access the sharps inside." Observation on 05/11/21 between 11:00am-11:45am revealed: - A red disposable sharps container on the floor in the kitchen. - Lid/opening for disposal on the container was large enough for a hand to reach inside	V 105		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 105	Continued From page 4 Interview on 05/11/21 staff #4 stated: - Biohazard disposable container was used for client #1's used insulin needles - Client #1 and staff used the container Interview on 05/18/21 the Standards Officer at NCDOL stated: - A person should not be able to put their hands inside of a sharp container - Persons should not be able to expose themselves to needles - The purpose of the container was to prevent exposure - "This would be citeable as a regulation violation" for NCDOL. - The specific language in the regulation utilized terms such as puncture resistant container and closeable. Interview on 05/24/21 the Chief Executive Officer (CEO)/Licensee stated: - She purchased an approved container to dispose of needles This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 105		
V 107	27G .0202 (A-E) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (a) All facilities shall have a written job description for the director and each staff position which: (1) specifies the minimum level of education, competency, work experience and other	V 107		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 107	Continued From page 5	V 107		

qualifications for the position;
(2) specifies the duties and responsibilities of the position;
(3) is signed by the staff member and the supervisor; and
(4) is retained in the staff member's file.
(b) All facilities shall ensure that the director, each staff member or any other person who provides care or services to clients on behalf of the facility:
(1) is at least 18 years of age;
(2) is able to read, write, understand and follow directions;
(3) meets the minimum level of education, competency, work experience, skills and other qualifications for the position; and
(4) has no substantiated findings of abuse or neglect listed on the North Carolina Health Care Personnel Registry.
(c) All facilities or services shall require that all applicants for employment disclose any criminal conviction. The impact of this information on a decision regarding employment shall be based upon the offense in relationship to the job for which the applicant is applying.
(d) Staff of a facility or a service shall be currently licensed, registered or certified in accordance with applicable state laws for the services provided.
(e) A file shall be maintained for each individual employed indicating the training, experience and other qualifications for the position, including verification of licensure, registration or certification.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 107	Continued From page 6 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have complete personnel records for two of seven audited paraprofessional staff (#6 and the facility driver). The findings are: Review on 04/27/21 of the facility's personnel records revealed: - No record for staff #6 - No record for the facility's driver - No evidence that staff #6 and the facility driver had a written job description was age 18 was able to read, write, understand and follow directions met minimum education had no substantiated findings of abuse or neglect on the North Carolina Health Care Personnel Registry disclosed any criminal investigation maintained file for each individual employed that indicated training and experience Interview on 04/27/21 the Training Coordinator stated: - Within the past few weeks, he had been hired by the facility - He spoke with the previous Human Resource Administrator and staff #6's personnel record may have been archived - He would have someone access staff #6's records from archive Interview on 05/11/21 the Qualified Professional	V 107		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 107	Continued From page 7 (QP) stated: - The facility driver provided transportation to and from appointments and work for clients - She thought the facility's driver's personnel record was archived This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 107		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 8 equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to have evidence of trainings for four of seven audited paraprofessional staff (#3, #5, #6 and the facility's driver). The findings are: a. Review on 04/27/21 of the facility's personnel records revealed: - No record for staff #6 - No record for the facility's driver Interview on 04/27/21 the Training Coordinator stated: - Within the past few weeks, he had been hired by the facility - He spoke with the previous Human Resource Administrator and staff #6's personnel record may have been archived - He would have someone access staff #6's records from archive Interview on 05/11/21 the Qualified Professional (QP) stated: - The facility driver provided transportation to and from appointments and work for clients - She thought the facility's driver's personnel record was archived	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 9 b. Review on 04/27/21 of staff #5's personnel record revealed: - Hired: April 5, 2021 - No evidence of training in: general organizational orientation, client rights and confidentiality, the mh/dd/sa needs of the client as specified in the treatment/habilitation plan, infectious diseases, bloodborne pathogens, cardiopulmonary resuscitation (CPR) and first aid Interview on 05/18/21 the QP stated: - Staff #5 was hired by the Former Human Resources Administrator (FHRA). - The FHRA left her position in mid April 2021 - The FHRA initiated some trainings with staff #5. She was not sure of the names or dates of the trainings - "There should be a personnel record on him." Interview on 04/23/21 the Training Coordinator stated he: - Had only worked at the agency a few weeks - Was not sure where to locate information for staff #5 - Would check with the Chief Operations Officer (COO) to obtain guidance Interview on 04/30/21 the COO stated: - Prior to 04/27/21, she was not aware staff #5 had been hired. She did not have any documentation of his trainings nor did she have a personnel record for him.	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 10	V 108		

Interview on 05/26/21 the COO stated she wanted to clarify:

- In December 2020, she was the Human Resource Administrator (HRA). She was to assume another position at the end of December. Due to personal reasons, she was out of work until March 2021. Upon her March 2021 return, she assumed her new role as COO.
- Between January-March 2021, she and most of the office staff were not available to perform duties. The Chief Executive Officer (CEO)/Licensee and the QP maintained the operation of the agency. The QP assumed the duties of the HRA that included hiring, training staff and managing the office. The person identified by the QP as the FHRA worked in the office and assisted the QP. The person identified as the FHRA would not have been credentialed to serve as the HRA. At the end of this survey, the agency did not have anyone in the position of the HRA. Duties of the HRA were shared. The Training Coordinator was new and continued to be trained by the COO.

c. Review on 04/27/21 of staff #3's personnel record revealed:

- Hired: 08/12/20
- No evidence of CPR and first aid

Interview on 04/23/21 staff #3 stated:

- She worked by herself between 11:00pm-7:00am
- Training was completed online due to (Coronavirus) COVID 19 pandemic

Interview on 04/30/21 the COO stated:

- CPR and first aid certificates should have been printed by the staff and turned into the corporate office

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 108	Continued From page 11 Interview on 05/24/21 the CEO/Licensee stated: - Staff had been busy, completed several different jobs and may not have had time during the course of this survey to look for the personnel records. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 12 MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview, two of two Qualified Professionals (QP and Chief Executive Officer (CEO)/Licensee) failed to demonstrate knowledge skills and abilities required for the population served. The findings are: Review on 05/25/21 of the QP's personnel record revealed: - Hired 04/01/19 Interview on 05/24/21 the QP stated she: - Was hired as the office manager - Had been the QP for the last two years Interview on 05/24/21 the CEO/Licensee stated: - She was the owner and a "Registered Nurse" Review on 04/22/21 of client #1's record revealed: - Admitted: 01/06/14 - Diagnoses: Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity,	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 13 Hypertension, Hyperlipidemia and Incontinence Review on 04/22/21 of client #2's record revealed: - Admitted: 10/18/14 - Diagnoses: Schizoaffective Disorder, Cannabis and Alcohol Use Review on 04/22/21 of client #3's record revealed: - Admitted: 09/06/17 - Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder Review on 04/22/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity I. Example the CEO/Licensee failed to demonstrate knowledge skills and abilities required for the population served. a. Authorized clients to be unsupervised with non-facility employee Interviews between 04/23/21 and 05/05/21, clients #2, #3 and #5 all reported: - They worked for a person identified as the facility's contract maintenance man. - Sometimes, they were paid for their work either by the contract maintenance man or the CEO/Licensee - Staff from this group home, the Qualified Professional (QP), or staff at the corporate office were not with them when they worked for the	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 14 facility's contract maintenance man. Interviews on 05/10/21 and 05/12/21, the CEO/Licensee reported: - The clients did not work for the maintenance man. She contracted services with the contract maintenance man. He was not an employee. - "They helped him (contract maintenance man) out." - She was not aware when the last time clients helped out the contract maintenance man. "Its been a while." - She was not aware how often the contract maintenance man asked the clients to "help" him. - Clients also asked the contract maintenance man if he needed "help" or had work for them. - Since clients had stimulus money, they had not wanted to or requested to work/"help" out as often. - The Probation Officer of clients #2, #3 and #5 was aware they assisted the contract maintenance man. Interviews between 04/23/21 and 04/30/21, staff #4 and staff #6 stated: - Staff #4: worked the morning shift from 7:00am-3:00pm. He did not go with clients to work for the contract maintenance man. Not all the clients worked for the contracted maintenance man. He remained at the home with those clients who did not work. - Staff #6: worked the second shift from 3:00pm-11:00pm. He did not go with clients to work with the contract maintenance man. Sometimes when he arrived at 3:00pm, clients would be home from work with the contract maintenance man.	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 15 Interview on 05/11/21, the QP stated: - Since COVID, none of the clients had unsupervised time - When the clients went to work, the facility's driver transported them. b. Failed to readdress with staff medication training practices Refer to V118 example I, II (B) and III (B) that involved staff's medication training issues. Outlined in this citation included the following information: - CEO/Licensee taught medication administration classes. - The QP transcribed the incorrect dosage for Risperdal and the physician signed the medical visit sheet. - In March and April 2021 MARs, staff initials were circled for Symbicort (used to treat asthma and Chronic Obstructive Pulmonary Disease) for client #5 and Levemir for client #1 (used to treat Diabetes) - No re-training had been completed. c. The CEO/Licensee and the QP failed to investigate incident regarding alcohol that involved client #5 Interview on 04/23/21 and 05/11/21 client #5 stated: - In April 2021, he purchased some beer from the gas station - He drank 9 out of 12 beers at the office, behind the dumpster on a wooded trail - No one knew that he was drunk or had been drinking - He was taken home, went in the house then out to the back porch and passed out until	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 16 staff awoke him Interview on 05/11/21 the CEO/Licensee stated she: - Received a phone call that client #5 had possibly consumed alcohol - Instructed staff to monitor client #5 - Had not reported the incident to client #5's probation officer - Had not initiated an inquiry or investigation - Had not completed a level I incident report Interview on 05/11/21 the QP stated: - At the time of the incident she had not been at work and was unavailable - She had heard that client #5 had been intoxicated, from the CEO/Licensee a few days later - Had not completed an incident report or investigation, because client #5 denied he got drunk and she had not spoken to staff #6 - Had spoken to CEO/Licensee about the incident II. Example the QP failed to demonstrate knowledge skills and abilities required for the population a. Did not supervise paraprofessional staff regarding food log Review on 04/25/21 of client #1's food log revealed: - No method to tell how many carbohydrates he received or portion sizes of foods per meal - Some entries were initialed as reviewed by the QP	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 17 - Some days had no food entries Interview on 05/11/21 the QP stated she: - Implemented food log to monitor what client #1 ate - Food log was not completed daily - Was aware that food log was not being completed daily - Should monitor food log more to ensure entries are completed daily b. Unaware of client's diet Interview on 05/11/21 the QP stated she: - Was unsure of the amount of carbohydrate restrictions per meal - Attended the educational dietitian appointment with client #1 - Had remembered a recommendation of a restriction of "between 56-54 carbohydrates" per meal Interview on 05/20/21, client #1's Registered Dietitian stated: - Client #1 had only one visit and can receive consultation as needed. - She recommended a restriction of 45 carbohydrates per meal for client #1. c. Failed to follow up on status of CPAP (Continuous Positive Air Pressure) Refer to V291 regarding CPAP machine for client #5. Outlined in this citation included the following information: - In February 2021, client #5 was seen for a sleep lab in which he had 61 events. On 02/25/21, the QP sent an email to the PCP regarding the status of the CPAP - Between February 26-May 24, 2021 no	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 109	Continued From page 18 evidence of follow up had been resolved regarding the CPAP - Primary care physician (PCP) notes reflect on 02/19/21, contact was made with the group home of where to fax the physician's order for the CPAP. - QP was not aware of the 02/19/21 physician's order for the CPAP This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness- Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 109		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle,	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 19 there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

This Rule is not met as evidenced by:
Based on observation, record review and interview, the facility failed to ensure meals were nutritious for five of five clients (#1-#5). The findings are:

Review on 04/22/21 of client #1's record revealed:
- Admitted: 01/06/14
- Diagnoses: Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity, Hypertension, Hyperlipidemia and Incontinence
- FL2 dated 03/21/21 listed "diet: Diabetes"

Review on 04/22/21 of client #2's record revealed:
- Admitted: 10/18/14
- Diagnoses: Schizoaffective Disorder, Cannabis and Alcohol Use

Review on 04/22/21 of client #3's record revealed:
- Admitted: 09/06/17
- Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder

Review on 04/22/21 of client #4's record revealed:
- Admitted: 06/01/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 20 - Diagnoses: Anxiety, Schizoaffective, Autism Spectrum, Attention Deficit Hyperactivity Disorder, Hypertension, Hyperlipidemia and Mild Mental Retardation Review on 04/22/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity Observation on 04/22/21 between 10:30am-1:00pm revealed the facility utilized a total of three refrigerators to maintain food in the home. -Two refrigerators were side by side style (#1, #2) and one refrigerator (#3) was Top-Freezer style. -Refrigerator/Freezer #1 was located in the kitchen upstairs, Refrigerator/Freezer #2 and Refrigerator/Freezer #3 were both located in the garage. Observation on 04/27/21 between 5:00pm -6:30pm and interviews the Chief Operations Officer (COO) and staff #6 revealed the following: - Freezer #1: 2 plastic bags tied in a knot. The tied bags contained food items packaged in brown paper bag material. These opened brown paper packages of food were not labeled nor did they have expiration dates or sealed secured inside the tied plastic bags. These packages of food referenced no information regarding nutritional values of their content. The orange colored bite size food inside the brown package had ice crystals on top. Staff #6 stated he thought the food items were sweet potatoes. The COO stated	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 21 she thought the orange food items were potato tots. 2 unopened brown paper bag packages were not labeled nor dated - Refrigerator #1: 2 of the plastic bags contained food items packaged in a clear wrapping. These clear packages were labeled "Chicken fajitas strips." These strips were dated 10/13/20. It was unclear if the date was an expiration or a use by date. Staff #6 stated he was not sure how long the chicken fajitas strips had been in the refrigerator. Grape jelly with a best used by date of 12/02/20 Salad dressing with a best used by date of 02/19/21 Salad dressing with a best used by date of 03/02/21 Spaghetti sauce with a date of 07/17/18 Ground fresh turkey unopened with a use or freeze by date of 04/20/21 Eggplant with withered skin and wrinkly in appearance. Staff #6 stated he did not cook eggplant and was not familiar with whether it was good or bad for consumption - Freezer #2: 6 bags of leg quarters of chicken without an expiration date on the packaging. Staff #6 stated he was not sure how long the leg quarters were in the freezer. He started working at this home 6 months ago and the leg quarters were already in this freezer. He did not recall using the chicken in this freezer. - Refrigerator #3: (contained vegetables inclusive of tomatoes and carrots) 2 uncut onions with dark spots on the bulb Interviews between 04/22/21 and 05/03/21 staff #4, staff #6 and staff #3 stated:	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 22 - Staff prepared food for the clients during their assigned shift - Meals were prepared for clients using food from the refrigerators and freezers at the group home - Management not staff obtained food for staff to prepare for the clients Interview on 04/27/21 clients #3 and #5 stated: - Food came from the local food banks. - Management utilized a local catholic church as a resource to secure food for the group home During interview on 04/27/21 the COO stated: - She purchased food at a national chain grocery store - The items not labeled must have been given to the home by someone - The expired salad dressings and items in the refrigerator may have belonged to staff. She would have staff to remove their items - Open perishable food items should be placed in freezer bags and stored in the refrigerator or freezer. Interview on 04/29/21 staff #6 stated: - Unlabeled, not dated food items identified on 04/27/21 had been discarded Observation on 05/03/21 between 12:30pm-2:15pm revealed: - Freezer #1: Two ground Italian sausage tray packets. The outside packaging had an imprint residue where the label should have been. The trays contained no writings or markings to identify date of purchase. The sausage was brown in color. Interview on 05/03/21 client #5 stated:	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 23 - Since 04/27/21, the Qualified Professional (QP) asked him to wipe off the labels of the expiration date and place the food items in the freezer - He was concerned that he paid the Provider for room as well as board and the facility utilized the free food bank to feed him and his peers. Interview on 05/04/21 the Local County Health Department Food inspector stated the following regarding food storage and labeled/expired foods: - Items in the freezer should be secured in an air tight container approved for food. Recycled plastic bags from chain stores could cross contaminate foods with chemicals or other items. - Crystallized ice formed on food would mean the item would be frost bitten. It is a best practice to discard or use immediately depending on the food item. - When purchased and when stored, food should be labeled for identification and an expiration date should be visible. - To assure the best quality and nutrition out of the food product, the dates on the labels should be followed. B. Diagnosis of Diabetes and Food log Interview on 05/14/21 the nurse at Primary Care Physician (PCP) used by client #1 and #5 stated: - A1C's (glycated hemoglobin that measures how much sugar is attached to blood's hemoglobin protein over a 2-3 month period) above 6 were diabetic while ranges between 5.7 -6.4 were considered pre-diabetic. Review on 04/22/21 of client #5's record maintained by the group home revealed: - Doctor's visit form dated 04/13/21 noted	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 24	V 115		

"treat as diabetic. Patient is high risk for progression to diabetes."

Review on 05/19/21 of client #1's record maintained by his PCP revealed:

- 01/27/21 doctor's visit note indicates client's Type 2 diabetes was complicated by stage 3 chronic kidney disease with long term use of insulin. Glipizide 10 mg (milligrams) once daily, Levemir 35 units twice a day and Trulicity 4.5 mg once a week were all prescribed to manage diabetes prior to this visit. "Since then blood sugars have been improving, particularly in the morning. Fasting sugars are now running anywhere from 80-135 depending on the meals he eats. He still continues to have quite elevated blood pressures throughout the day including readings in the 200's before lunch and dinner. He has a food log with him today which shows breakfast is heavy on carbohydrates including toast and waffles. Very little protein. Lunch and dinner tend to be better. He is meeting with a nutritionist soon. We discussed the need for him to cut down on carbohydrates particularly at breakfast time. We will also start prandial insulin (Humalog) 5 units with each meal."
- 02/17/21 note of visit with nutritionist noted client #1 and QP were attendees. Client #1's 01/27/21 weight was 240 pounds (lbs). Between 07/28/20 and 01/21/21 weight readings ranged from 245 lbs to 237 lbs. Nutrition Recommendations of 1800 calories per day/ 45 grams of carbohydrates per meal were noted. "He lives at a group home. His knowledge of diabetes is very basic. RD (Registered Dietitian) discussed portion management as a method to improve BG (blood glucose). His caregiver knows that he can have more vegetables and protein if he is still hungry. Patient does not have good awareness of hunger cues. Nutrition Diagnosis:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 25 NB 1.1 Food, nutrition and nutrition-related knowledge deficit related to diet for diabetes regulation as evidenced by patient unfamiliarity with how foods affect blood glucose." Nutrition education topics and support material provided during this session included meal planning basics (what to eat, time of meals spaced 4-6 hours apart, portions of glucose levels), portion control using plate methods (visual cues, measuring tools or carbohydrates counting), advised consistent intake of carbohydrate spread evenly throughout the day, sample menu, meal planning assistance print and web based, hypoglycemia awareness and foot care video. - 03/03/21 doctor's visit note listed 4 medications (Glipizide, Levemir, Trulicity and Humalog) prescribed prior to this visit to manage his diabetes. "Patient has had excellent improvement after each check but remains slightly uncontrolled. He continues to adapt his diet and to take suggestions well. I suspect he will be controlled shortly. I will increase his Levemir to 40 units twice daily" and Humalog 10 units 3 times daily. - Doctor's visit note dated 03/03/21 listed A1C collected on 03/03/21 at 8.3. Previous A1C levels range and dates of collection listed 9.5 (12/29/20), 10.6 (10/22/20), 13.9 (7/28/20), 8.6 (04/15/20) and 6.8 (09/27/19) were documented. - Doctor's visit note dated 05/05/21 of specimen collected on 05/05/21 listed client #5's A1C at 8.6. Review on 04/22/21 of client #1's February -April 2021 Blood Sugar Readings conducted by the group home three times a day, listed the following readings above 300: - February-12 occurrences with values that ranged from 311-549 - March- 4 occurrences with values that	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 26	V 115		

ranged from 311-409
- April - 8 occurrences with values that ranged from 319-421

Review on 05/17/21 of the "myplate" pamphlet at the group home listed the following:
- Fruits, Vegetables, Protein, Grains and Dairy food groups listed on the plate for healthy eating
- Making healthy food choices by...
  Lots of non-starchy vegetables
  Whole-grain Foods
  Lean cuts of beef and pork
  remove skin from chicken and turkey
  Non fat or low fat dairy
  Water, unsweetened drinks
  Limit amounts of liquid oils
- "Eat a variety of foods in the right amounts"

Review on 04/25/21 of client #1's food log between March -May 14, 2021 listed example entries similar to the following: (Note: each meal separated by a comma)
-March 31-April 6
Breakfast 2 of 7 meals recorded (1 pancake/2 thin slices ham/light scramble eggs, 2 fried eggs/small cup of juice/2 sausage patties)
Lunch 5 of 7 meals recorded (2 ham sandwiches, ham & beans, ham & cheese sandwich, 2 slices of pizza, fried chicken/beans/mac and cheese)
Dinner 3 of 7 meals recorded (pulled pork/vegetables/beans, fried chicken/vegetables/mac and cheese, grilled chicken/peas and potatoes)
-April 13-18
Breakfast: 6 of 7 recorded meals (4 cereal entries, 2 meals sausage/eggs)
Lunch: 4 of 7 meals recorded (turkey

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 27 sandwich/black eye peas, 2 hotdogs, 2 slices of pizza and ham/potatoes wedges) Dinner: 2 of 7 meals recorded (chicken/ rice, ribs/rice/vegetables) -May 8-24 Breakfast: 2 of 7 meals recorded (waffles/sausage, 1/2 banana/cereal/cheese toast) Lunch: 4 of 7 meals recorded (Buffet restaurant-no specific details, "hot dogs"/chips, mixed fruit/hotdog/chips, barbecue ribs) Dinner: 4 of 7 meals recorded (chicken/mixed vegetables/yams, steak/"green eye peas"/ hot dogs/mac and cheese/ green beans/mixed vegetables) Observation on 05/18/21 between 11:00am-1:00pm of foods within the home revealed: - Over 13 boxes or bags for 6 different types of cereals. Nutritional information per 1 1/2 cup cereal ranged from 40-43 grams of carbohydrates without milk Further review on 04/25/21 of client #1's food log revealed: - No method to tell how many carbohydrates he received or portion sizes of foods per meal - Some entries were initialed as reviewed by the QP - Not all entries of meals consisted of information identified in the "myplate" pamphlet (vegetables, fruit, diary, grains and protein) to provide a nutritious or balanced meal Observation of dinner meal on 04/27/21 between 5:30pm-6:30pm and 04/29/21 between 5:00pm-6:00pm, both days clients had pizza and bread sticks.	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 28 Interview on 05/20/21 client #1's RD stated: - Client #1 had only one visit and can receive consultation as needed. - During his 02/17/21 visit, client #1 did not have a food log with him that could be reviewed. Upon review of the sample log exerts above, there would be room for improvement regarding the meals. Just an overview, more variety of foods and vegetables would be helpful. As written without quantities, it would be difficult to know if client #1 met the restriction of 45 carbohydrates per meal. Client #1 would not have the "agility" to document accurately, or understand the disease and would rely on staff for assistance. As client #1 did not purchase or prepare meals and relied on staff, the sample menu, myplate and other resources provided would be helpful. - She agreed it would be difficult to determine whether the lower A1C readings were attributed to the small changes in diet or from the increase in 2 of his diabetes medications. Both the changes in medications and the carbohydrate restrictions were implemented around the same time. - For clients with consistent blood sugar levels 300 and above, long term complications of the feet (longer heal time from wounds caused by cuts, scratches to amputation), eyes (blurred vision to blindness), nerves (neuropathy, loss of feeling at various parts of the body) may be impacted. Client #1 and the Qualified Professional were shown the foot care video which highlighted the complications. - An Endocrinologist (specializes in glands, hormones and deals with metabolism) would be able to assist with the monitoring of his blood sugars and medications. Interview on 05/24/21 the QP stated:	V 115		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 115	Continued From page 29 - The RD did not modify or outline a specific carbohydrate restriction for client #1. She did more education in general. - "It was between 56-54 carbs (carbohydrates) per meal, which is recommended for all Diabetics." - Client #1's PCP initially mentioned a referral for client #1 to an Endocrinologist. The PCP decided he wanted to manage the blood sugar levels and diabetes on his own, therefore no referral was made to the Endocrinologist.. - The facility purchased plates with dividers to assist with portion control. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 115		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 30 (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record review, observation and interview, the facility failed to assure medications were administered as prescribed for two of five clients (#3 and #5), failed to ensure one of one client (#1) who self administered medications had a physician's order to do so. In addition, the facility failed to assure five of eight staff (Qualified Professional (QP), #3, #4, #6 and #7) demonstrated skills and competency with medication administration training. The findings are: I. Example regarding issues with medications for client #3 Review on 04/22/21 of client #3's record revealed:	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 31 - Admitted: 09/06/17 - Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder - Physician's order dated 10/01/20 listed Risperdal 2 mg (milligram) one tablet (tab) in the morning and Risperdal 1.5 mg (l & 1/2 tabs) at night (used for mood disorder) - 03/25/21 "Medical Visit Sheet" signed by the physician listed Risperdal 2 mg one tab twice a day - February -April 2021 MARs listed Risperdal 2 mg one tab in the morning and Risperdal 1.5 mg take l & 1/2 tabs at night Observation on 04/22/21 of client #3's medications between 10:30am-1:00pm revealed the following: - Risperdal 2 mg take one tab in the morning - Risperdal 1 mg take 1 & 1/2 tabs at night Review on 05/24/21 of the facility's records revealed Medication Administration training: - Was completed on 03/03/21 for the QP, staff #3 and staff #1 - Training consisted of abbreviations and review of sample MAR. Interview on 05/11/21 the Qualified Professional (QP) stated: - She pre-typed the medications listed on the facility's "Medical Visit Sheet" for the physicians. - Prior to 05/11/21, she was not aware of the discrepancy regarding client #3's Risperdal - The 03/05/21 Risperdal dosage and instructions were a "typo/error" on her part.	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 32 II. Example regarding issues with medications for client #5 (no physician's order for change in dosage and circles on the MAR) Review on 04/22/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Obesity - FL2 signed by a physician dated 09/29/20 listed Wellbutrin 300 mg one tab twice a day (antidepressant and smoking cessation aid) and Symbicort 80-4.5% inhale two puffs twice a day (used to treat asthma and COPD) - 01/21/21 "Medical Visit Sheet" Listed Wellbutrin 300 mg one tab twice a day signed by physician - 03/09/21 & 04/09/21 "Medical Visit Sheet" listed Wellbutrin 150 mg one tab twice a day signed by physician Review on 05/03/21 physician's order dated 04/26/21 from the pharmacy listed Wellbutrin 150 mg one tab twice a day electronically signed by physician. a. Observation on 04/22/21 of client #5's medications between 10:30am-1:00pm revealed the following: - Wellbutrin 150mg take one tab twice a day Interview on 05/11/21 the QP stated: - The prescription change for Wellbutrin must have been sent directly to the pharmacy instead of the group home - As the client's physician's orders were not on site at the facility, the direct care staff may	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 33	V 118		

not notice the changes
- Prior to medications going out to the group homes, she reviewed the MARs and the medications at the corporate office.
- Due to her schedule and end of month occurred mid week, she did not review the last two months of MARs, medications and physician's orders for accuracy.

b. Review on 04/22/21 and 04/23/21 of client #5's March-April 2021 MARs for Symbicort revealed staff's initials were circled on the following dates:
March 8:00am 3rd-5th by staff #4
10:00pm 3rd & 9th by staff #6
4th by staff #7
April 8:00am 8th-9th by staff #4
10:00pm 8th by staff #3
- No explanation why the staff's initials were circled
- At bottom of MAR the following code was noted: 1- patient refused 2- patient off site 3- med change

Interviews between 04/22/21 & 04/27/21, staff #3 and #4 stated:
- Circles on the MAR would mean client refused or medications were out
- Neither recalled why the code information located on the MAR was not utilized and/or explained on the reverse of the MAR

III. Client #1 issues with medications (initials on MAR circled, no authorization to self administer insulin medication).

Review on 04/22/21 of client #1's record revealed:
- Admitted: 01/06/14
- Diagnoses: Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 34 Hypertension , Hyperlipidemia and Incontinence - 03/03/21 doctor's visit note listed 4 medications (Glipizide, Levemir, Trulicity and Humalog) prescribed prior to this visit to manage his diabetes. "Patient has had excellent improvement after each check but remains slightly uncontrolled. He continues to adapt his diet and to take suggestions well. I suspect he will be controlled shortly. I will increase his Levemir to 40 units twice daily" and Humalog 10 units 3 times daily. - No order to self administer medication a. Interviews between 04/22/21 and 05/24/21 client #1, staff #3, staff #6 and staff #4 all stated client #1 self administered his insulin. Interview on 05/11/21 and 05/24/21 the (Chief Executive Officer) CEO/Licensee stated: - Prior to 05/11/21, she thought client #1's order to self administer medication had been archived in records maintained by the group home. As of 05/24/21, she was not able to locate a physician's order in his record - He had self administered his insulin since his admission to her group home. "He does good with it." Interview on 05/24/21 the QP stated: - After 05/11/21, she had requested a response from client #1's (Primary Care Physician) PCP of a physician's order to self administer. As of this interview, she had not received a response. b. Review on 04/22/21 of client #1's April 2021 MAR for Levemir revealed staff's initials were circled on the following dates: - April 8:00am 17th by staff #7 & 18th by staff #4	V 118		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 35 10:00pm 17th by staff #7 & 18th by staff #3 Interview on 05/11/21 the CEO/Licensee stated: - She taught medication administration to the staff as she was also a Registered Nurse. - Staff were not taught to circle initials on the MAR. - She recognized staff had worked at various agencies prior to working with her agency in which circling of initials was trained. - Codes on the MAR did not reflect what a circle of staff initials would mean - She was not aware staff had circled their initials on the MAR. - In the past, she and the QP had reviewed MARs. This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 118		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either:	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 36 (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "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)	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 37 (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),(D),(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 (AFL). This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide residential services where the primary purpose of these was the care, habilitation or rehabilitation for five of five clients (#1-#5). The findings are: A. Cross reference 10A NCAC 27G .0201 Governing Body Policies (V105). Based on record review, observation and interview, the facility failed to adhere to its governing body policies regarding adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. B. Cross reference 10A NCAC 27G .0202 Personnel Requirements (V107). Based on record review and interview, the facility failed to have complete personnel records for two of seven audited paraprofessional staff (#6 and the facility driver). C. Cross reference 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to have evidence of trainings for four of seven audited paraprofessional staff (#3, #5, #6 and the	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 38	V 289		

facility's driver).

D. Cross reference 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109). Based on record review and interview, two of two Qualified Professionals (QP and Chief Executive Officer (CEO)/Licensee) failed to demonstrate knowledge skills and abilities required for the population served. The findings are:

E. Cross reference 10A NCAC 27G .0208 Client Services (V115). Based on observation, record review and interview, the facility failed to ensure meals were nutritious for five of five clients (#1-#5).

F. Cross reference 10A NCAC 27G .0209 Medication Requirements (V118). Based on record review, observation and interview, the facility failed to assure medications were administered as prescribed for two of five clients (#3 and #5), failed to ensure one of one client (#1) who self administered medications had a physician's order to do so. In addition, the facility failed to assure five of eight staff (Qualified Professional, #3, #4, #6 and #7) demonstrated skills and competency with medication administration training.

G. Cross reference 10A NCAC 27G .5602 Supervised Living for Adults with Mental Illness-Staff (V290). Based on record review and interview, the facility failed to implement three of five client's (#2, #3 and #5) treatment plan regarding unsupervised time in the community.

H. Cross reference 10A NCAC 27E .0107 Training on Alternatives to Restrictive Interventions (V536). Based on observation,

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 39	V 289		

record review and interview, the facility failed to assure two of seven audited paraprofessional staff (#5 and #6) were trained in Alternatives to Restrictive Interventions

I. Cross reference 10A NCAC 27F .0105 Client Funds (V542). Based on record review and interview, the facility failed to maintain adequate financial records on all transactions and provide quarterly accounting of personal fund accounts for five of five clients (#1, #2, #3, #4 and #5) whom the facility managed their funds.

J. Cross reference 10A NCAC 27G .0303 Location and Exterior Requirements (V736). Based on record review, interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner.

Review on 05/24/21 of the facility's Plan of Protection dated 05/24/21 submitted and written by the Qualified Professional (QP) and Chief Executive Officer (CEO)/Licensee revealed:

"What immediate action will the facility take to ensure the safety of the consumers in your care?

-.0201 will order the sharp object container immediately that will have a safe and secure top.

-.0202 EDEH (E.D. Emmanuel Homes) will locate the files and training for the 3 personnel identified during the survey.

-.0203 QP will document and supervise staff regarding all incidents report and review with CEO in the time frame required.

-.0208 EDEH will gather training tools and staff will obtain training residents with diabetic restrictions to adequately monitor blood sugar levels. EDEH staff will review the recommendation and/or restrictions regarding the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 40	V 289		

doctor's orders. EDEH staff will work on completing meal planning/menus that meets all residents' medical needs.

.0209 QP provided current order for 1 resident by contacting medical provider, QP obtained self-administration order for resident with diabetic needs.

.5602 QP and CEO will review the policy and procedures for unsupervised time, effectively immediately residents to will not be permitted to work outside of the grouphome.

.0107 and .0108 EDEH will locate and/or obtain trainings for CRP and restrictive intervention for the 3 personnel missing.

.0105 EDEH will update the current system to account for all residents' funds. COO (Chief Operations Officers) will monitor and track funds on monthly for all residents.

.0303 EDEH will price furniture to be replaced and clean appliance.

- Describe your plans to make sure the above happens.

QP and CEO will meet with all staff to review the survey and plan of correction for all the above areas above."

Five clients (#1-#5) with diagnoses that included Schizoaffective, Bipolar, Diabetes, COPD, Sleep Apnea and Asthma resided at the facility.

Clients #1 and #5 had diagnoses inclusive of diabetes. Food in the home was not nutritious based on storage practices in non food approved containers, no expiration dates and frost bite. Nutritious foods in all food groups were not available in the home to promote healthy eating lifestyles of the clients. Client #1 was on a diet restriction as of 02/17/21, however, paraprofessional staff were unaware. Staff

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 41 thought client #1 could not have bread or potatoes. In regards to medications, client #1 self administered his insulin medication without the authorization of a physician. The biodegradable sharp needle container had an opening which was wide enough to stick one's hand inside. This was in opposition of the OSHA guidelines. Staff transcribed the physician's orders for Risperdal incorrectly. This error resulted in discrepancies on the MAR. Staff #6 and staff #2 did not have personnel records maintained by the agency. There was no way to verify trainings inclusive of alternatives to restrictive interventions and seclusion, physical restraint and isolation time-out. Staff #3 who worked alone did not have evidence of CPR/First Aid The QP was responsible for supervision of the paraprofessionals. The food log for client #1 was created by the QP. Since February 2021, staff at the group home had not accurately completed the food log for client #1 several times a week. The CEO/Licensee authorized clients #2, #3, #5 to remain in the community with a contracted maintenance man (non facility employee) for work purposes. All three clients were not assessed to be capable of using unsupervised time safely. The facility had not maintained records of when clients were paid for work or received their April 2021 stimulus checks. During one unsupervised occasion with the contracted maintenance man, client #5 obtained alcohol, consumed 9 of 12 beers and got drunk. Client #5 had a history of substance use as well as violated terms of his probation with alcohol usage.	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 42 This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 289		
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 43 developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement three of five clients' (#2, #3 and #5) treatment plan regarding unsupervised time in the community. The findings are: Review on 04/22/21 of client #2's record revealed: - Admitted: 10/18/14 - Diagnoses: Schizoaffective Disorder, Cannabis and Alcohol Use - Treatment Plan dated 01/16/21 had no unsupervised time outside of transportation to and from his" PSR (psychosocial rehabilitation) . This was a result of an assessment tool and treatment team collaboration: "Transportation to and from his program (30 minutes with 15 minute increments)."	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 44 Review on 04/22/21 of client #3's record revealed: - Admitted: 09/06/17 - Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder - Treatment Plan dated 11/19/20 "no unsupervised time outside of transportation to and from his" PSR. This was a result of an assessment tool and treatment team collaboration. He had been placed on federal probation. Review on 04/22/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity - Treatment Plan dated 11/19/20 listed client "has no unsupervised time at the home/community." The client was identified as a "Registered Sex Offender (RSO) he should ALWAYS be monitored." He was placed on federal probation for failure to register as an offender. A. Interviews between 04/23/21 and 05/05/21, clients #2, #3 and #5 all stated: - They worked for a person identified as the facility's contract maintenance man. - Sometimes, they were paid for their work either by the contract maintenance man or the Chief Executive Officer (CEO)/ Licensee - The facility's driver sometimes transported them to and from work. - Neither staff from this group home, the Qualified Professional (QP), nor staff at the corporate office were with clients when they worked for the facility's contract maintenance	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 45 man. Interviews on 05/10/21 and 05/12/21, the CEO/Licensee stated: - The clients did not work for the maintenance man. She contracted services with the contract maintenance man. He was not an employee. - "They helped him (contract maintenance man) out." - She was not aware of the last time clients helped out the contract maintenance man. "Its been a while." - She was not aware how often the contract maintenance man asked the clients to "help" him. - Clients also asked the contract maintenance man if he needed "help" or had work for them. - Since clients had stimulus money, they had not wanted to or requested to work/"help" out as often. - The Probation Officer of clients #2, #3 and #5 was aware they assisted the contract maintenance man. Interviews between 04/23/21 and 04/30/21, staff #4 and staff #6 stated: - Staff #4: worked the morning shift from 7:00am-3:00pm. He did not go with clients to work for the contract maintenance man. Not all the clients worked for the contracted maintenance man. He remained at the home with those clients who did not work. - Staff #6: worked the second shift from 3:00pm-11:00pm. He did not go with clients to work with the contract maintenance man. Sometimes when he arrived at 3:00pm, clients would be home from work with the contract maintenance man.	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 46 Interview on 05/11/21, the QP stated: - Since (coronavirus) COVID 19, none of the clients had unsupervised time - When the clients went to work, the facility's driver transported them. B. Client #5's incident with alcohol Review on 04/23/21 of the North Carolina Incident Response Improvement System revealed: - No incident reports for the facility in 2021 for client #5 Interviews between 04/23/21 and 05/11/21, client #5 stated: - Preferred not to disclose the person who he was with because the person (later identified by the QP and CEO/Licensee as the contract maintenance man) threatened him. "He's crazy and I believe him." Client #5 would not disclose the nature of the threat. Client #5 stated the person was not a staff. - Between 04/01/21 & 04/19/21, he had received a $100 gift card of which his stimulus money had been uploaded. He was at the corporate office awaiting a ride back to the group home. The person was granted permission by the CEO/Licensee and COO (Chief Officer of Operations) to transport client #5 to the group home. - While enroute to the group home, the person stopped for gas. As the person pumped their gas, client #5 went inside the store. Client #5 purchased beer with the gift card received while at the corporate office. The person was unaware of the alcohol purchase made by client #5. Instead of the person taking client #5 to the group home, the person went back to the corporate office. Client #5 remained in the car. The person	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 47	V 290		

remained inside the corporate office for 30-45 minutes. At the corporate office, client #5 got out of the car and went down a wooded path near the dumpster at the corporate office. On the wooded pathway, he consumed 9 of the 12 beers he purchased from the store. He left the remaining 3 beers on the path. Client #5 went back in the car awaiting the person to come out of the corporate office.

- Once at the group home, client #5 entered and sat on the couch. He recalled leaving the living room and going to sit on the back porch.
- No one knew he was drunk. "I passed out. They said I can't drink on the property, so I didn't. I drunk while out in [city of corporate office 30 minutes away]."
- He was awakened by staff #2 to get his medication. The COO came over later and said to leave him (client #5) alone, "he was just drunk. He would be alright."

Interview on 04/29/21, staff #6 stated the following:

- He was on duty when client #5 came into the home "drunk." Client #5 smelled of alcohol.
- Client #5 came late from work between 7:00pm-7:30pm.
- He thought client #5 had worked with someone new that day.
- Client #5 came in and sat on the couch. He told client #5, it was his medication time and his medications were ready to be administered. When asked, client #5 responded 'yes' he had been drinking alcohol."He was staggering, he went outside."
- Client #5 was supposed to be supervised at all times. "No one can go to anywhere without staff. Nobody can go to the store by themselves."

Interview on 04/29/21, the COO stated she was:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 48 - Unaware of client #5 being drunk at the group home. - Aware client #5 had history of alcohol desires as expressed during one of his therapy sessions post COVID 19 pandemic. Interview on 05/11/21, the Qualified Professional (QP) stated: - She recalled being told days after the fact that client #5 was drunk at the group home. She did not recall a specific date but knew it was sometime in April 2021 - At the time of this occurrence, she was not accepting calls from the group home. All her calls were rerouted to the CEO/Licensee or the COO. - She spoke with client #5 "who said staff were lying." Client #5 denied he was drunk. - She did not speak with staff #6 who was on duty the night of the occurrence. - Client #5 was out with the contract maintenance man when he got drunk. She did not ask the contract maintenance man what happened because "I just keep my boundaries." - She spoke with the CEO/Licensee and the COO regarding the matter. She conducted an inquiry but did not complete an investigation that included written documentation. During interview on 05/12/21, the contract maintenance man stated: - The clients did not work for him or help him. He was an electrician. "What could the clients do to help" him? - He saw the clients at the group home "partying, eating and drinking up everything." - "Did you call to ask about [client #5] or me?" - "This interview is over" *Note: the interview lasted less than 4 minutes	V 290		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	Continued From page 49 before the contract maintenance man hung up. Contact was made with the CEO/Licensee to solicit assistance to finish the interview by 5:00pm on 05/12/21. The Licensee stated the maintenance man was a contractor not an employee. She would attempt to contact him. As of end date of this survey, no further contact was made with the contract maintenance man. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 290		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 50 progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to coordinate services with other qualified professionals responsible for treatment/habilitation of one of five clients (#5). The findings are: Review on 04/22/21 of client #5's record maintained by the facility revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity - FL-2 dated 09/29/20 listed "Obstructive Sleep Apnea (OSA)" - Doctor's visit note dated 04/13/21 "treat as Diabetic" - Treatment Plan dated 11/19/20 listed client "has no unsupervised time at the home/community." The client was identified as a "Registered Sex Offender (RSO) he should ALWAYS be monitored." He was placed on federal probation for failure to register as an offender. a. Review on 05/14/21 of client #5's record maintained by his Primary Care Physician's (PCP) revealed:	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 51 - Order dated 02/19/21 listed (Continuous Positive Air Pressure) CPAP, Mask ResMed AirFit with standard frame for OSA. - Sleep study lab conducted 02/14/21 Review on 05/24/21 of a "mychart" email correspondence from the Qualified Professional (QP) to client #5's PCP dated 02/25/21 at 12:52pm revealed: - "Visit Follow Up Question....Hello, following up regarding [client #5] sleep study. Need to know if he received an order for equipment. Thanks." Interview on 05/17/21, the sleep study technician at the Sleep Study lab attended by client #5 stated: - Client #5 would be considered "moderate" OSA. - Two separate sleep studies were conducted for client #5. - The first regular sleep study on 12/14/20 identified moderate sleep apnea. This study was conducted without a machine and he had 140 "events (stopped breathing)" over 7 hours and 7 minutes of sleep. The entire test was 8 hours and 3 minutes. - The second sleep study on 02/14/21 used a machine that required titration's (increase in oxygen) to adjust for snoring, arousals and respiratory disturbance. Client #5 had 61 events over 7 hours 10.5 minutes of sleep. The study was 8 hours and 30.5 minutes in duration. Observation on 05/11/21 between 10:00am and 11:45am of client #5's CPAP machine revealed: - CPAP machine without tubing Interview on 05/11/21 client #5 stated: - He had not used his CPAP machine in 2	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 52	V 291		

years because the mask did not work properly
- At the 02/14/21 sleep study, he was told he would receive a CPAP machine.
- As of this interview date, he had not received his CPAP nor was he aware of the status of the machine

Interview on 05/12/21 the medical technician at client #5's PCP's office stated:
- Prior to this interview, the physician's office was not aware client #5 had not received his CPAP
- On 02/19/21, a call was made to the group home regarding the CPAP. The purpose of the call was to see which supplier the group home wanted to use for the CPAP. However, the group home requested a copy of the physician's order faxed to them and they would order the CPAP.

Interview on 05/14/21 and 05/18/21, the nurse at client #5's PCP office stated:
- Client #5 was last seen on 04/13/21. The purpose of that visit was to address his AIC (glycated hemoglobin that measures how much sugar is attached to blood's hemoglobin protein over a 2-3 month period) and follow up of pre-Diabetes concerns.
- Agency was not aware he did not have CPAP. No one followed up on the status of the CPAP machine.
- Shortness of breath and tiredness are symptoms of sleep apnea.
- Failure to use CPAP could lead to impact on organs long term due to lack of continuous oxygen flow

Interviews on 05/11/21 and 05/24/21 the QP stated:
- Client #5 had not used his CPAP

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 53	V 291		

machine in over 2 years. He said the mask bothered him.

- Prior to 05/11/21, she was not aware of the status of client #5's CPAP machine.
- Client #5 went for sleep study in February 2021 and a doctor's visit in April 2021. There had been no mention of the follow up. At the April 2021 visit, no mention was made of the CPAP just the concern of his pre-Diabetes.
- She was not aware a fax had been sent to the agency for client #5's CPAP machine.
- No follow up was received from client #5's PCP regarding the CPAP
- She thought maybe the physician's order was faxed to the facility's previous fax number.
- She was aware of how important the CPAP was for client #5.
- Since 05/11/21, she had made unsuccessful attempts to contact client #5's PCP via telephone.

b. The CEO/Licensee and the QP failed to coordinate with client #5's Probation Officer

Interview on 04/23/21 and 05/11/21 client #5 stated:

- In April 2021, he purchased some beer from a gas station
- He drank 9 out of 12 beers at the office, behind the dumpster on a wooded trail
- No one knew that he was drunk or had been consumed alcohol
- He was taken home, went in the house then out to the back porch and passed out until staff awoke him for medication time
- The week of April 23, 2021, he called and told his Probation Officer of him drinking alcohol

Interview on 05/11/21 the QP stated:

- At the time of the incident she had not

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 54 been at work and was unavailable - Initially, she was called by staff #6 but before specific information was shared, she directed him to speak with the CEO/Licensee or the COO (Chief Operation Officer). - A few days later, she had heard from the CEO/Licensee that client #5 had been intoxicated - She had not spoken with anyone outside the group home management about the incident Interview on 05/11/21 the CEO/Licensee stated she: - Received a phone call from staff #6 that client #5 had consumed alcohol - Had not reported the incident to client #5's Probation Officer Interview on 05/04/21 the Probation Officer stated: - Client #5 was on federal probation and can not have unsupervised time or drink alcohol - Client #5 left a voice message and self-reported, he had been drinking alcohol - Had not talked with any staff from the Emmanuel group home about client #5's consumption of alcohol. Review on 05/24/21 of the facility's Plan of Protection amended 06/09/21 05/24/21 submitted and written by QP and Chief Executive Officer (CEO)/Licensee revealed: "- EDEH (ED Emmanuel Homes) staff did assist resident with obtaining 2 sleep studies in December 2020 and February 2021. QP did send a message to provider in February 2021 to follow up regarding sleep study outcome for resident. - What immediate action will the facility take to ensure the safety of the consumers in your care?	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 55 QP will obtain an order for CPAP from [Name of PCP practice]. QP scheduled appointment through My[agency name] chart and call and see first appointment available. EDEH staff will immediately notify Probation Officer regarding the incident allegedly involving alcohol and any other violations. - Describe your plans to make sure the above happens. QP will diligently follow through with medical provider to determine the need or an order for CPAP via mydukechart. If no follow through in that way, QP will schedule a medical appointment to follow through with CPAP. QP will immediately report Probation Officer about all incidents." Since 2013, client #5 diagnosed with Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity resided in the group home. As of April 2021, he was diagnosed as pre-diabetic. Client #5 had not used a CPAP machine in over 2 years. Sleep studies conducted in December 2020 and February 2021 reflected 140 & 61 events in which he stopped breathing. After February 2021, the QP had not followed up on the status of his CPAP machine. At the end of this survey, no CPAP had been obtained nor was the QP aware of the status of the machine. The facility's management had not notify client #5's Probation Officer of an incident that involved alcohol consumption. Alcohol usage was a violation of client #5's federal supervised probation terms. This lack of service coordination constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is not corrected within 23 days, an	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 56 additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 291		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, the Chief Executive Officer (CEO)/Licensee exploited three of five clients (#2, #3, & #5). The findings are: Interview on 05/24/21 CEO/Licensee stated:	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 57 - She was the owner and a Registered Nurse Review on 04/22/21 of client #2's record revealed: - Admitted: 10/18/14 - Diagnoses: Schizoaffective Disorder, Cannabis and Alcohol Use Review on 04/22/21 of client #3's record revealed: - Admitted: 09/06/17 - Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder Review on 04/22/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Morbid Obesity Interview on 05/03/21 client #2 stated he: - Had swept floors, cleaned toilets, other housekeeping work at CEO/Licensee's home and other properties - Would be paid twenty dollars for a three to four hours workday by CEO/Licensee - Had worked with the contract maintenance man, did not like working with the contract maintenance man - Would work long hours and vigorous work with the contract maintenance man being paid twenty dollars for an eight hour work day - Worked lifting bricks, digging holes, making dump runs and cleaning back yards - Had been asked by the contract maintenance man for gas money "a couple of	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 58	V 512		

bucks" three or four dollars when he brings them home from a job
- Hated to work with contract maintenance man, he would "yell and fuss", was told to work faster on hard labor jobs and it would "affect my mental" "I'm schizophrenic and it messes with me"
- Work hours were 8:30am-1:30pm "sometime until night time, usually"
- Had expressed that he did not want to go to work with the contract maintenance man and was told he had to go by CEO/Licensee

Interview on 05/03/21 client #3 stated he:
- Had worked for CEO/Licensee cleaning her house
- Had gotten paid twenty dollars sometimes fifteen dollars by CEO/Licensee
- Had worked with the contract maintenance man, jobs included shoveling dirt into a wheel barrow and filling holes, raked leaves
- Can't do the work due to limited movement in his arms and problems with his back
- Had paid the contract maintenance man gas money, five dollars out of pay for the day if he brings them home from a job
- Would be made to go to work by CEO/Licensee when he did not want to go

Interview on 05/03/21 client #5 stated he:
- Had done work for CEO/Licensee and the contract maintenance man
- Had been paid by CEO/Licensee fifteen or twenty dollars for work completed
- Had jobs with the contract maintenance man landscaping, plumbing, fixing gates, changed a well water pump that "was a dangerous job"
- Sometimes had gotten paid after the job

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 59 and sometimes had never gotten paid for a job - Had paid the contract maintenance man five dollars for gas Interview on 05/11/21 and 05/24/21 the CEO/Licensee stated: - She allowed the clients to do some chores/work for her personal home and some properties - She allowed clients to come to the office to empty the trash or clean the bathrooms - Clients called and asked to do work to earn money for cigarettes - She was not at the work sites but was told by the contract maintenance man on what the clients did that day - She paid clients directly, clients earned about twenty to twenty-five dollars based on the length of time they had worked - She did not have documentation that she paid the clients when they worked - She had not completed a vocational assessment tool for each job to determine how much money a client would earn each day - Had not made any of the clients go to work. Wouldn't consider what the clients have done as work - Clients have done an "exchange" for money - She doesn't understand the "big deal because the clients beg me for work" - Clients call the contract maintenance man and asked him if he had any work for them to do - Clients had put tools in a vehicle or pass tools to the contract maintenance man, some landscaping and raked leaves Interview on 04/30/21 the Chief Operation Officer (COO) stated:	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 60 - Her job duties included maintaining financial records for clients #1-#5 - She did not document when clients received money from working for the CEO/Licensee or working with the contract maintenance man Interview on 05/11/21 the Qualified Professional (QP) stated: - She kept her 'boundaries" with the contract maintenance man - She had only worked for a couple of years; CEO/Licensee had worked with contract maintenance man before she started - CEO/Licensee had scheduled the clients workdays Interview on 05/11/21 the contract maintenance man stated: - He was an electrician - He had seen "the clients partying, drinking, eating the food at the house and laying around on the ground" - The "clients can't help me, they can't do any work, what kind of work can they do?" - Clients had not worked for him *note: Contract maintenance man ended the interview by refusing to answer any more questions and hanging up the phone on the Division of Health Service Regulation (DHSR) Surveyors. Interview on 05/06/21 the DHSR Construction Supervisor stated: - An electrician should be the one to change a well pump - There would be potential for shock, snakes, mice and wasp where the pump was located - A licensed electrician would cost $50-$80	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 61	V 512		

per hour with additional cost of the pump
- The job would take less than 3 hours, when completed by licensed electrician
- Someone with limited knowledge and the electricity and water, would be potential for hazard

Interview on 05/10/21 the Local County Groundwater Protection & Wells, Manager stated:
- Activities that involved the seal on a well being broken, required a certified well contractor to perform the work
- A trained licensed plumber in breaking well seals and well disinfection would be qualified to work on a well pump
- A well pump change could be dangerous anytime there is water and electrical wires involved.

Review on 05/24/21 of the facility's Plan of Protection dated 05/24/21 submitted and written by QP and CEO/Licensee revealed:
"EDEH did not willful or intentionally cause any harm, abuse, neglect, or exploitation to the residents in the group home.
- What immediate action will the facility take to ensure the safety of the consumers in your care?
Effectively immediately, residents will not be permitted to work outside of the group home.
Residents will not be permitted to go into stores without proper staff supervision.
- Describe your plans to make sure the above happens.
QP and CEO will meet with all residents regarding the revised policy and procedures regarding work and supervised/unsupervised time.
QP and CEO will meet with all staff regarding the revised policy and procedures

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 62	V 512		

regarding resident safety and supervision requirements.

Administrative Staff/Consultant will review policy and procedures regarding resident's protection from abuse and exploitation."

Three clients with diagnoses of Schizoaffective Disorder, Cannabis and Alcohol Use, Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder, Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, and Morbid Obesity reside at the facility.

CEO/Licensee allowed clients to work for the contract maintenance man a couple of times per week. The clients would do landscaping such as raking and planting flowers, house cleaning, and shoveling and hauling dirt with a wheel barrow to fill in potholes in a driveway. Clients would work at CEO/Licensee's personal home and other properties that she owned or managed, where they completed housekeeping work and dangerous jobs such as changing a well pump. The CEO/Licensee would force the clients to go with the contract maintenance man when they did not want to go work with him. CEO/Licensee would pay clients some days when work was completed twenty dollars for work with the contract maintenance man and for work completed at her personal property. Clients had to pay the contract maintenance man gas money for transportation out of the twenty dollars they made for the day. The CEO/Licensee benefited from the work of the clients and by underpaying the clients. This constitutes a Type A1 rule violation for serious exploitation and must be corrected within 23 days. An administrative penalty of $2000.00 is imposed. If the violation is

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 63 not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 512		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually). (f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 64 Paragraph (g) of this Rule. (g) Staff shall demonstrate competence in the following core areas: (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements:	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 65 (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program. (3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule. (5) Acceptable instructor training programs shall include but are not limited to presentation of: (A) understanding the adult learner; (B) methods for teaching content of the course; (C) methods for evaluating trainee performance; and (D) documentation procedures. (6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. (7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8) Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 66 (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. (2) The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2) Coaches shall teach at least three times the course which is being coached. (3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (l) Documentation shall be the same preparation as for trainers. This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to assure two of seven audited paraprofessional staff (#5 and #6) were trained in Alternatives to Restrictive Interventions. The findings are: a. Review on 04/27/21 of the facility's personnel records revealed: - No record for staff #6, therefore no evidence of training on alternatives to restrictive interventions b. Review on 04/27/21 of staff #5's personnel record revealed:	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 67 - Hired: April 5, 2021 - No evidence of training on alternatives to restrictive interventions Interview on 04/27/21 the Training Coordinator stated: - Within the past few weeks, he had been hired by the facility - He spoke with the Chief Operations Officer (COO) who used to serve as the Human Resource Administrator (HRA). The COO informed him that staff #6's personnel record may have been archived. He would have someone access staff #6's records from archive - Staff #5's date of hire proceeded the date the Training Coordinator was hired. He was not sure if the trainings for client #5 had been completed or where to locate the certificates. He could not locate a personnel record for staff #5 that contained information except his hire date. Note: As of the end of this survey, no personnel record had been received for staff #6. Interview on 05/18/21 the Qualified Professional (QP) stated: - Staff #5 was hired by the Former Human Resources Administrator (FHRA). - The FHRA left her position in mid April 2021 - The FHRA initiated some trainings with staff #5. She was not sure of the names or dates of the trainings - "There should be a personnel record on him." Interview on 05/26/21 the COO stated she wanted to clarify: - In December 2020, she was the Human Resource Administrator (HRA). She was to assume another position at the end of December.	V 536		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 536	Continued From page 68 Due to personal reasons, she was out of work until March 2021. Upon her March 2021 return, she assumed her new role as COO. - Between January-March 2021, she and most of the office staff were not available to perform duties. The Chief Executive Officer (CEO)/Licensee and the QP maintained the operation of the agency. The QP assumed the duties of the HRA that included hiring, training and managing the office. The person identified by the QP as the FHRA worked in the office and assisted the QP. The person identified as the FHRA would not have been credentialed to serve as the HRA. At the end of this survey, the agency did not have anyone in the position of the HRA. Duties of the HRA were shared. The Training Coordinator was new and continued to be trained by the COO. Interview on 05/24/21 the CEO/Licensee stated: - Staff had been busy, completed several different jobs and may not have had time during the course of this survey to look for the personnel records. This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 536		
V 542	27F .0105(a-c) Client Rights - Client's Personal Funds 10A NCAC 27F .0105 CLIENT'S PERSONAL FUNDS (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days.	V 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	Continued From page 69 (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility. This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: (1) assure to the client the right to deposit and withdraw money; (2) regulate the receipt and distribution of funds in a personal fund account; (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to maintain adequate financial records on all transactions and provide quarterly accounting of personal fund accounts for five of five clients (#1, #2, #3, #4 and #5) whom the facility	V 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	Continued From page 70 managed their funds. The findings are: Review on 04/22/21 & 04/30/21 of client #1's record revealed: - Admitted: 01/06/14 - Diagnoses: Schizophrenia, Diabetes, Stage 3 Chronic Kidney Disease, Obesity, Hypertension, Hyperlipidemia and Incontinence - January -April 2021 financial records reflected no documentation of $1400.00 stimulus money issued in March/April 2021 Review on 04/22/21 & 04/30/21 of client #2's record revealed: - Admitted: 10/18/14 - Diagnoses: Schizoaffective Disorder, Cannabis and Alcohol Use - January -April 2021 financial records reflected no documentation of $1400.00 stimulus money issued in March/April 2021 or documentation of payments for working for Chief Executive Officer (CEO)/ Licensee Review on 04/22/21 & 04/30/21 of client #3's record revealed: - Admitted: 09/06/17 - Diagnoses: Bipolar, Polysubstance Use, Hepatitis B, Diabetes, Bilateral Neck Pain and Antisocial Personality Disorder - January -April 2021 financial records reflected no documentation of $1400.00 stimulus money issued in March/April 2021 or documentation of payments for working for CEO/Licensee Review on 04/22/21 & 04/30/21 of client #4's record revealed: - Admitted: 06/01/14 - Diagnoses: Anxiety, Schizoaffective, Autism Spectrum, Attention Deficit Hyperactivity	V 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	Continued From page 71 Disorder, Hypertension, Hyperlipidemia and Mild Mental Retardation - January -April 2021 financial records reflected no documentation of $1400.00 stimulus money issued in March/April 2021 Review on 04/22/21 & 04/30/21 of client #5's record revealed: - Admitted: 02/20/13 - Diagnoses: Manic Schizophrenia, Hepatitis A, Chronic Obstructive Pulmonary Disease, Neuropathy, Asthma, Polysubstance Use and Obesity - January -April 2021 financial records reflected no documentation of $1400.00 stimulus money issued in March/April 2021 or documentation of payments for working for CEO/Licensee Interviews between 04/22/21 and 05/11/21 clients #2, #3 and #5 stated the following in regards to money paid for working: - 2-3 times a week, they worked by cleaning the homes, doing work at the homes. - They were paid or anticipated being paid $20.00 per day. - Sometimes they were paid by the CEO/Licensee or the contract maintenance man. Interview on 04/30/21 the Chief Operation Officer (COO) stated: - Her job duties included maintaining financial records for clients #1-#5 - She had been out for a few months for personal reasons - Due to her absence, she had not maintained the clients' financial records - She did not document when clients received money from working.	V 542		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 542	Continued From page 72 Interview on 05/24/21 the CEO/Licensee stated: - She did not have documentation that she paid the clients when they worked - The COO handled the book keeping and stimulus checks This deficiency constitutes a re-cited deficiency. This deficiency is cross referenced into 10A NCAC 27G. 5601 Supervised Living for Adults with Mental Illness-Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 542		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on record review, interview and observation, the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Review on 04/22/21 of the facility's sanitation report dated 11/20/20 revealed the following: - "Dining room chairs dirty and couch in living room has tears." - "Stain on downstairs bathroom floor....states it is a spill from hair dye and they	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 73 are working to remove it." - "Rusty HVAC (heating, ventilation and air conditioning) vents covers in upstairs bedroom." Observation and tour of the facility on 04/22/21 between 1:00pm-2:30pm revealed the following: A. Client #1's bedroom - Electrical outlet protruding from the wall. Outlet was not secure - Television on the floor B. Downstairs bathroom used by clients #1 and #4 - Floor had dark stains C. Upstairs unoccupied client bedroom with fire escape - Water stains on the ceiling and corner of the bedroom - Fire escape pieces of wood loose, warped, spindle in the hand rail loose. D. Upstairs bathroom shared by clients #2, #3, #5 - Tile around the commode broken - HVAC vent on ceiling rusted - Cabinet door replaced but not painted E. Bedroom shared by client #3 and client #5 - Client #3: bed mattress shorter than box spring by an estimated more than 5 inches - Client #5: bed leaning forward. Bedframe broken. Foot board leaning toward bed. Covering of box spring on mattress torn exposing wood - Storage closet in the room- doors not able to close completely F. Kitchen - Side by side style refrigerator-Brown	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 74 spots and dirt on outside of the refrigerator around ice dispenser. Door handles were dirty, both with short streaks of brown stains located near the ice dispenser. Patches of brown stains were around the ice dispenser. - When pressure applied, the seat for 3 of 5 dining chairs separated from the metal frame G. Living room - Leather love seat and leather couch both torn with tears on the arm rest area and cushion. Inside stuffing material exposed on both pieces of furniture Observation on 04/27/21 between 5:30pm-6:00pm of the garage area revealed: - Ice and water dispenser on side by side style refrigerator had black and brown residue on the grate and doorway. Observation on 05/11/21 between 12:00pm-12:45pm of the facility's kitchen revealed: - Rotten boards that had been repainted in cabinet located under the sink. Hole large enough for rodent noted behind plumbing - Door to pull out kitchen drawer broken. When knob pulled to open, drawer door separated from frame. Screws noted on doors as previous attempts to repair. Interview on 04/22/21 the Qualified Professional stated: - Was not sure why the stains were on the ceiling areas. She was not aware of any leaks. - She was not aware the fire escape had warped boards on the hand railing. - In regards to the couches, she had been looking for living room furnishings.	V 736		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-654	A. BUILDING: _____ B. WING _____	R 06/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
THE EMMANUEL HOME IV	303 AQUA MARINE LANE KNIGHTDALE, NC 27545

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	Continued From page 75 Interview on 05/24/21 the Chief Executive Officer (CEO)/Licensee stated: - Some of the deficiencies cited by DHSR (Division of Health Service Regulation) would "soon not be relevant and not matter one day." - "What does the cushions and couch have to do with client's care?" This deficiency is cross referenced into 10A NCAC 27G .5601 Supervised Living for Adults with Mental Illness -Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.	V 736		