STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	CORRECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
	E HOMES		SON ROAD H, NC 27610			
			n, NC 27010			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow 10/5/18. Deficiencies	up survey was completed were cited.				
		d for the following service 27G .5600A Supervised Mental Illness.				
	June 28, 2021 due to	ficiencies was amended on the Judges Final Decision 1 from a Contested Case				
V 109	27G .0203 Privileging	/Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professional (b) Qualified professionals shall de and abilities required (c) At such time as a employment system i then qualified professionals shall de (d) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal skil (6) communication s (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18)	SSIONALS privileging requirements for s or associate professionals. ionals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking, ionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; ss; lls; ikills; and ionals as specified in 10 A ionals as specified in 10 A ionals as specified in 10 A				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 1	V 109			
	MH/DD/SAS.					
	(f) The governing body for each facility shall					
		ent policies and procedures				
		individualized supervision				
		h associate professional.				
	(g) The associate pr	•				
		lified professional with the				
		r the period of time as				
		04 of this Subchapter.				
	specified in Rule .01	04 of this Subchapter.				
	This Dula is not used	an evidenced buy				
	This Rule is not met	-				
		iew, observation, and				
	interview the facility f					
		Nurse (RN) demonstrated				
		d abilities required by the				
	population served. T	The findings are:				
	A. Review on 9/6/18	of client #3's record				
	revealed:					
	- Admission date	e of 9/24/17				
		chizoaffective Disorder,				
	Bi-polar Type and So					
		dated 12/3/17 revealed the				
	following goals:					
		y Program."				
	•	9/7/18 client #3 stated:				
		d a day program, but stopped				
	about three weeks a					
	-Licensee/RN to	ld him she could not afford				
	the taxi to take him to	o his day program any				
	longer.	-				
		to the day program and				
	wanted to go back.					1

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COMP	PLETED
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES	926 EDI	SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETI DATE
V 109	Continued From page	e 2	V 109		/	
	13					
	During interview on 9	/7/18 client #3's legal				
	guardian/brother stat	-				
	-Client #3 was a	ttending a day program, but				
	Licensee/RN told him	n she could not afford				
	transportation.					
		N told him client #3 would				
	have to find a progra transportation.	m that provided				
	-	/ate pay" and options for				
	programs are limited.					
	B Poviow on 0/7/18	of client #1, #2, #3, #4, #5 &				
		no face sheet identifying				
	the following,	The face cheet facturying				
	-Admission Date					
	-Diagnoses					
	-Date of Birth					
	-Emergency con					
	-Legal Guardian	contact information				
	During interview on 9					
	Professional (QP) sta					
		the "face sheets" for the				
	clients are located.	alianta had tura na aanda and				
		clients had two records and e Licensee/RN to compile all				
		book as its difficult to find.				
	C. Observation on 9	/6/18 at 9:00 AM of the				
	pantry, refrigerator a	nd deep freezer revealed:				
		of frozen bologna, hotdogs				
	and cheese.	revealed eggs, bologna and				
	hotdogs.					
	-	aled various cans of				
		rice, macaroni and cheese,				
		se of Ramen noodles.				
	-No fresh fruits c	r fresh vegetables present.				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING	10	R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARE ONE	HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
V 109	Continued From page	e 3	V 109			
	During interview on 9	0/6/18 staff #2 stated:				
		o work two days ago as a "fill				
	in."					
	-	food, all there is to cook is				
	-	l vegetables and rice every				
	night.					
		only been getting a bowl of				
		and one bologna or peanut wich for lunch with nothing				
	else.	wen for funch with hotning				
		h fruit or vegetables here to				
	serve.					
	-The Licensee/R	N buys the same stuff every				
		had been asking for other				
		ogs and Ramen noodles.				
		n two days ago, "I have been "				
	trying to fill their bellie					
	more food to eat, the	are all so skinny, they need				
		3 are home all day as they do				
		gram and they have no				
	snacks or fruit to eat					
		acility a few months ago, and				
		with no variety, very little to				
	serve and it was all s	tarchy.				
	Observation on 9/11/	18 at 12:00 PM revealed:				
	-Client #3 had a	peanut butter and jelly				
	sandwich for lunch, r	no other side.				
	During interview on 9	0/11/18 staff #3 stated:				
	•	k on 9/8/18 as a relief.				
		ought by some frozen				
	vegetables, but no ot					
	-	hot dogs, bologna sandwich,				
	peanut butter sandwi					
		the sign in the kitchen on the "Staff only" because clients				
		food if they are hungry.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	ST CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 4	V 109			
	 #2, #3, #4, #5 and #6 The home did n The staff that w Client #2 and # programs and are hor On the weeken Only attend Doo program. There are no pl them to go on. There are no pl them to go on. There was no tr E. Review on 9/6/18 dated 8/17/18 reveal "Clonazepam 1 Clonazepam 1 anxiety." Review on 9/6/18 of medication administr "Clonazepam 1 (as needed)." No order was present Clonazepam 1 mg th Further review on 9/6 	to thave transportation. orked did not have a car. 3 did not attend day ome all day. ds, they did not go anywhere. ctor Appointments or day anned activities or outings for ransportation to use to go out. 4 of client #3's physician order ed: mg one time a day. mg, 1/2 BID (twice a day) for client #3's September 2018 ration record (MAR) revealed: mg three times a day PRN at in the record for bree times a day PRN. 5/18 of client #3's MAR				
	local Emergency Roo 9/6/18 at 6:01 PM re -"Presents at e EMS (Emergency Me sustained to his right	3 of medical records from om (ER) department dated garding client #6 revealed: emergency department via edical Services) for injury he ear on van door all abrasions/hemostatic				
	granulated blood to h					

STATE FORM

6899

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MUL 000 000	B. WING			R 10/05/2018	
		MHL092-833					
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 109	Continued From page	e 5	V 109				
	appreciable neurolog -No reported pro -Discharge back -No further interview warranted at this time Further review 9/20/1 from the Social Work revealed: -"SW (social work revealed: -"SW (social work revealed: all numbers listed wit RN (registered nurse is a good candidate for contacted [local polic officer be dispatched notify staff that patien and needs transport." -"8:29 PM [staff for regarding patient, gav states with officer pre department] will be police him home."	dromal symptoms. to his group home. vention warranted or imaging e." 8 of client #6's ER record Department at 8:27 PM ker) attempted contact with h no success. SW spoke to) who doesn't believe patient or a cab voucher. SW e department] to ask if an to patient's group home to nt is ready for d/c (discharge)					
	During interview on 9 -On 9/6/18 client day program and said from his day program -His ear was swo around it. -Contacted the L -The Licensee/R picture of the ear. -There was a littl -After observing	#6 arrived to the home from d he hit his ear on the van n. ollen with some dried blood					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		Р	
		MHL092-833	B. WING		R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD H, NC 27610			
	SUMMARY ST			PROVIDER'S PLAN O		(XE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 6	V 109			
	knocking on the door	wanting to know if anyone				
	was home because the hospital had been trying					
	to contact someone f					
		is ready to be discharged a				
	few hours ago.	, C				
	-	e at the ER by number				
		verify they were home.				
		so upset because they could				
	not get up with anyor	ne from the contact numbers				
	they were provided.					
	-"That's when I r	ealized the land line was not				
	working."					
	-The nurse said	she had been calling the				
	home and it would ju	st ring with no answer.				
	•	er then left and returned a				
	few minutes later with	h client #6 around 9:00 PM.				
	G. Review of financia	al records on 9/6/18-9/7/18				
	for clients #1, #2, #4,	#5, & #6 revealed the				
		d Special Assistance in order				
		eeds. Client #3 was a private				
		he Licensee was paid				
		r his care by his brother/legal				
	guardian.					
	Observation on 9/6/1	8 of client #2 at 9:00 AM				
	revealed the client's l	hair to be long, facial hair				
	unkept and clothes a	ppeared dirty/stained.				
	Observation on 9/6/1	8 of client #4 at 1:00 PM				
	revealed the client's l	hair was long and unkept				
		have been washed. Client				
	#4 also had long faci					
	Observation on 9/7/1	8 at 11:30 AM client #5's hair				
		s clothes looked dirty and				
	stained.	,				
	Observation on 9/7/1	8 at 11:30 AM client #6's hair				
	was long, oily and his					

STATEMENT	of Health Service Regi OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R / 05/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDI	SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 7	V 109			
		/18 at 12:00 PM of client #1's s appeared dirty/stained.				
	During interview on 9/6/18 staff #2 stated: -She came into work two days ago as a "fill in" because the full time staff was sick.					
	-Worked at the home once before a few months ago. -Client #2 smelled so bad, he was wearing dirty, soiled clothes.					
	-Immediately washed all his clothes. -Client #6 has accidents in his clothes and he had soiled clothes laying around his room that					
	needed washing. -Asked client #6	to take a shower because he				
	smelled so bad. -Realized there to use for clients to s	were no towels or washcloths shower.				
	off with after he show					
		bought him a toothbrush and o put on because all of his "				
	-Could not find a	any soap for the clients to use hpaste for them to brush their				
	teeth. -Contacted the I	Licensee/RN last night and				
	-The Licensee/F	els, washcloths and toiletries. RN stated "They will have to				
		mserves." g" because when prompted, ower, they just didn't have the				
	supplies needed to c -All the clients lo					
	cuts. -"[Client #2] told he had to save his m	me he wanted a hair cut, but honey."				
		ed me today, 'Can you take				

Division of Health Service Regulation STATE FORM

6899

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
	1		H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 8	V 109			
	 -These clients need to all be taken to a barber to get their hair cut, but from what they tell her, they have to pay and they didn't have the money to do so. -"These guys would shower more if they had the stuff they needed to do so, it just takes some prompting." Observation on 9/6/18 at 10:00 AM, there was no soap nor shampoo present in the home for clients #1, #2, #4, #5, #6. -Client #3 had his own products bought by his guardian/brother 					
	were brought by Lice -A pack of 60 "To inch multipurpose rea household and more -The picture on t					
	-The Licensee/R towels last night, that -These are not " -Contacted QP I the Licensee/RN bro work.	0/7/18 staff #2 stated: RN brought by a package of t appear to be "dish cloths." towels" to use for showering. ast night to let her know what ught by and that would not towels and brought them ately).				
	-The Licensee/F she was just trying to During interview on 9 Guardian stated:	RN should know better, but				
	Client #1 at an appoi	-				

STATE FORM

J1GB11

If continuation sheet 9 of 61

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	LONES	926 EDIS	SON ROAD				
ARE ONE	HOMES	RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	9	V 109				
	looked dirty. -The Licensee/RI appointment, "I was u -Client #1 used to how he looked then. -Expressed his co about how client #1 pr -Mentioned to the needed to take him fo location to take the cli where it would be che H. Observation on 9// -Kitchen floor ver crumbs) with dirty bas -Kitchen blinds w sideways on window. -Molding under kit laying under cabinets -A one foot long to under kitchen sink exp off. -Broken microwa present on kitchen co -Hallway to the up covered in black dust -Upstairs bathrood dirty, shower curtain v mildew as well and ba -Bathroom vanity missing door/drawer. -Bathroom sink fu clogged. -Toilet dirty with fe edge.	N had brought him to the pset in how he looked." to be homeless and this is concern to the Licensee/RN resented on that day. a Licensee/RN that day she is a hair cut and provided a tents to, a Barber school eaper 6/18 at 9:00 AM revealed: y dirty (dirt/dust/food seboards. ere broken and hanging itchen sink and cabinets, , not attached. by five inches wide hole posed where molding was ve and extra microwave unter. pstairs base boards were and dirt. om used by all clients was vas covered with black ath tub/shower. cabinets broken with					

STATE FORM

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES		SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI	
V 109	Continued From page	e 10	V 109				
	-Client Bedroom	s:					
	-Client #1:						
		o sheets/ just a mattress					
	covered in plastic, pil						
		ad a deep worn area in the					
	middle.	·					
	-Client #2:						
	-room had a	strong urine smell with a					
		sitting on his night stand.					
		as stained/worn with a					
	stain/worn pillow.						
		half broken and hanging					
	down the window.						
		ad an electrical outlet hanging					
	out and exposed.	5 5					
	-Client #3 and Cl	lient #4:					
	-shared a be						
	-both had w	orn/dirty bedding and					
	worn/stained pillow.	5					
		ained carpet with a strong					
	body odor smell.						
	-Client #5:						
	-bed frame v	was broken and sitting					
	sideways.	6					
		d holes in it as well as stained					
	pillow was stained/wo	orn.					
	-Hallway leading	downstairs was covered in					
	black dirt and dust.						
	-Floor in the dow	n stairs was ripped with					
	exposed base board	and uneven tile.					
		room ceiling was completely					
	ripped out with pipes	exposed over the toilet area.					
	-Smoke detector	was chirping down stairs.					
	During interview on 9	/6/18 staff #2 stated:					
	-	vork two days ago as a "fill					
	in" because the full ti						
	-Worked at the h	ome once before a few					
	months ago.						
	-	"extremely nasty", had been					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	ST CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDIS	ON ROAD				
		RALEIGH	I, NC 27610			1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 11	V 109				
	-Not anything to I can." -The house sme soiled clothes and pu -Immediately wa cleaned his room to h -Noticed the sink stopped up, the clien way for months. -Client #6 has ac had soiled clothes lay needed washing. -The bathroom s was so dirty, but didn to put up. -When she work home was "nasty." -Wanted to wash sheets/bedding, but t use. -Client #1 didn't he sleeps on the mat -The bathroom c for staff, has the ceilil -There are expos something is going to am using the bathroof Further interview on a -The Licensee/R	k in the bathroom was ts told her it had been this ccidents in his clothes and he ying around his room that shower curtain and bathtub h't have a new shower curtain and a few months ago the n all the clients they don't have a spare set to even have sheets on his bed, ttress. down stairs that is designated ng missing over the toilet. sed pipes, "I'm scared o fall out on top of me while I					
	-The facility photo- Came on shift to worked since.	n 9/7/18 staff #2 stated: ne does not work. wo days ago and it has not ong the phone had been out					
	of service.						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	ST CONNECTION	IDENTIFICATION NOWIDER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE			
	E HOMES		SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 12	V 109				
	Room (ER) for an ab -Later in the eve City Police Officer an anyone present beca discharge client #6 an anyone at the home. -Staff #2 called t was very upset becau home multiple times #6 had been ready for hours. -The city police of client #6 to the home During interview on 9 brother/legal guardian	ning between 8:30-9:00 a rived to the home asking was use the ER was ready to nd they could not get up with he nurse at the ER and she use they had been calling the with no success and client or discharge for several officers then transported					
	-Very difficult to	make contact with his icensee/RN or just ride over					
	because of transporta	ed going to day program ation issues.					
	back until he had trar up timely.	m told him he could not come nsportation that picked him hat transported client #3 to					
	and from day prograr on time.	n had issues picking him up him up late everyday and the					
	day program was ups -The facility did r						
	program.	or client #3 to attend a day ormation for the clients, not					

	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDIS	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 109	Continued From page	e 13	V 109				
	sure where its located	d.					
	-Had all emerger	ncy contacts in her phone.					
	-	all the groceries in the home.					
		es to the home daily as					
	needed.						
	-Clients told her	what they wanted to eat, and					
	they helped plan the						
		ld her they did not get					
	enough to eat.						
		dogs and bologna.					
	eat healthy."	g about what they eat, they					
		ieve the clients over me."					
		esh fruit and vegetables."					
		id vegetables are present					
	bad."	ng them because they go					
	and vegetable.	ast time purchased fresh fruit					
		o the store for them to buy					
	items they wanted.						
		o the store and around the					
	neighborhood on the						
		lients out the eat.					
		me daily, "I check the house eck on the clients daily."					
		dications several times a					
	month.						
		giving the Clonazepam per					
	the order of 8/17/18.						
		octor had sent a discontinue					
	order to the pharmac	ist.					
	-Staff #2 contact	ed her on 9/6/18 to let her					
	know client #2 had hi	t his ear on the van at the					
	day program.						
		ake a picture and text it to					
	her of the ear.						
		there was blood around it.					
		ed "really bad" so instructed					
	stall to call ENIS to the	ansport client to the ER.					

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STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED			
		MHL092-833	B. WING		R 10/05/2018				
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE					
CARE ONE HOMES 926 EDISON ROAD RALEIGH, NC 27610									
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)			
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE			
V 109	Continued From page	e 14	V 109						
	Nurse and felt he need and there was no trans staff had to call EMS. -She lived about group home, but did u #2's ear. -The clients show -They have towe -She buys soap, the clients. -Not sure they have items. -Clients do not w -The bedding is us stained or torn. -Always took the paid for the hair cuts. -Brought new tow called and said the cl -Did not pay atte towels, just saw it sais package. -The QP bought -These clients ar didn't have supplies to always believe them -"I give the client -"The home just	10-15 minutes from the not go over to check client wer everyday. els, wash cloths and toiletries. shampoo and toothpaste for ad run out of those toiletry vant to shower. new, had not seen it looking e clients to get haircuts and wels yesterday after the QP ients did not have any. ntion to the size of the d "60 towels" on the more for the clients to use. re "lying" if they say they o shower with, "the State over me." is everything they need." got this way." have everything fixed on							
	curtain in the bathroo -Bathroom sink h broken."	rs, "did not see the shower m." nad been fixed, "Its not ink, "just broke and no one							
	had told her."	had a leak, not sure when,							

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·		
		926 EDI	SON ROAD				
SARE ON	E HOMES	RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 15	V 109				
	pillows and mattress, -Staff cleans the -"I always fix all t -Surveyor along home again to point of -When asked to shower in this bathro -Not aware the p until two days ago. -Called the servi "its something in the This deficiency is cro NCAC 27G .5601 Su	home daily. the repairs immediately." with Licensee/RN toured the but the areas of concern. the Licensee/RN "Would you om?" She replied "No." whone had been not working ce provider multiple times,					
V 112	(V289). 27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112				
	10A NCAC 27G .020 TREATMENT/HABIL PLAN (c) The plan shall be assessment, and in p legally responsible pe of admission for clien receive services beyo (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re	5 ASSESSMENT AND ITATION OR SERVICE to developed based on the partnership with the client or erson or both, within 30 days its who are expected to ond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; eview of the plan at least on with the client or legally r both;					

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STATEMENT	Health Service Regues Health Service Regues CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ONE	HOMES		SON ROAD H, NC 27610			
()(1)10			ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG	`	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 112	Continued From page 16		V 112			
	outcome achieveme	nt: and				
		or agreement by the client or				
		a written statement by the				
	provider stating why	such consent could not be				
	obtained.					
	This Rule is not met					
		iew and interviews the facility				
	-	existing strategies for five of				
		3, #4, & #6). The findings				
	are:					
	A. Review on 9/6/18-	-9/7/18 of client #1's record				
	revealed:					
	-Admission date	of 12/14/17.				
	0	lental Retardation and				
	Personality Disorder					
		dated 1/12/18 revealed the				
	following goals.					
		nis participation in household				
		ning, meal prep, completing clean free of clutter, cleaning				
	bathroom and other					
		e times a week"				
	-	9/11/18 client #1 stated:				
		go in the kitchen, "staff only."				
	-Never helped p					
		d food to do menu planning.				
						1
		athing supplies to shower. r on his body one time a day.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
IND PLAN U	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM		
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ARE ONE	HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From pag	e 17	V 112				
	Review on 9/20/18 o (QP) note for client # -"He continues to -He will wear the redirected. -He will also weat to." -"Recommendat completion of ADL's Review on 9/20/18 o 8/17/18 revealed: -"Recommendat something productive his lunch daily." B. Review on 9/7/18 revealed: -Admission date -Diagnoses of P Mental Retardation, so of Depression. -Treatment Plan following goals: -"Bathing an hygiene. -Change an Attempted interview b	f Qualified Professional's 1 dated 6/17/18 revealed: o require reminders to bathe. a same clothing if not ar soiled clothing if allowed ions: Encourage independent daily." f client #1's QP note dated ions: Ensure that he has a to doAllow him to make of client #2's record of 6/21/15 aranoid Schizophrenia, Mild Seizure Disorder and History dated 3/1/18 revealed the nd attending personal id washing clothes." on 9/6/18 client #2 was ased on his inability to d provide information					
	6/17/18 revealed: -"Daily living act	f client #2's QP note dated ivities (bathing, grooming, sistance for safety reasons."					
	Review on 9/20/18 o 8/17/18 revealed:	f client #2's QP note dated					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
ARE ON	E HOMES		SON ROAD				
			H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 112	Continued From page	e 18	V 112				
	-"He needs help daily basis."	to keep his room clean on a					
	C. Review on 9/6/18 revealed:	of client #3's record					
	- Admission date of 9/24/17 -Diagnoses of Schizoaffective Disorder, Bi-polar Type and Social Anxiety.						
	-Treatment Plan following goals: -"Attend Day	dated 12/3/17 revealed the					
	During interview on §	During interview on 9/7/18 client #3 stated: -Had attended a Day Program, but stopped					
	about three weeks ag -Licensee/RN tol	jo. d him she could not afford					
		his program any longer. In the day program and					
	During interview on 9 guardian/brother state	ed:					
		tending a day program, but him she could not afford					
	-The Licensee/R have to find a program transportation.	N told him client #3 would n that provided					
		rate pay" and options for					
	6/17/18 revealed:	client #3's QP note dated					
	-"Recommendati activities."	ons: Engage in more group					
	8/17/18 revealed:	client #3's QP note dated					
	activities."						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED R 10/05/2018	
		MHL092-833	B. WING			
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 19	V 112			
	Substance use. -Treatment Plan following goal: -"Improve in During interview on 9 -Did not help clea -Staff prepared a Licensee/RN purchas -Not allowed in th Review on 9/20/18 of 8/17/18 revealed: -"Continue to end making his snacks or E. Review on 9/6/18-1 revealed: -Admission date -Diagnoses of So Schizoaffective Disor -Treatment Plan following goals: -"Bathe, sho soap when bathing dailyclean room dai after an incident." During interview on 9 to interview based on questions. Client #6	of 6/22/15 chizophrenia and History of dated 7/2/18 revealed the dependent living skills." /7/18 client #4 stated: an the home. Il the meals, the sed groceries. he kitchen. f client #4's QP note dated courage participation when lunch." 9/7/18 of client #6's record of 2/4/12 chizophrenia-paranoid type-				

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STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
	ROVIDER OR SUPPLIER	l	B. WING 10/05/2018 ET ADDRESS, CITY, STATE, ZIP CODE 10/05/2018				
NAME OF F	ROVIDER OR SUFFLIER		SON ROAD	, ZIF GODE			
CARE ON	E HOMES		H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 112	Continued From page	e 20	V 112				
	6/17/18 revealed: -"[Client #6] cont hygiene. He requires assistance to shower resistant most of the -He needs assist himself, complete hou -He has not beer prefers not to do this. -"Recommendati his room clean and b Review on 9/20/18 of 8/17/18 revealed: -"He has been er other hygiene items v resistant to this, but s ensure that he bathes	but staff reports he is time. cance to clean up after usehold chores etc. n engaging in meal prep, he " ons: Encourage him to keep athe." f client #6's QP note dated ncouraged to use soap and when he showers. He is staff monitor closely to					
	-Started working time live in staff. -Always cleaned -The clients did r 'Clients did not -Would ask them interest. -"I would really m could smell them." -They may show -"I used to shave done it in a while." -Did all the cooki preparing meals or sr -Client #3 stoppe	want to shower. a, but they did not show nake them shower when I er one time a week. e the clients, but had not ng, no clients helped with					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R 10/05/2018	
			A. BUILDING:			
		MHL092-833	B. WING			
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
V 112	Continued From page	e 21	V 112			
	he picked client #3 u outside and wait for h	p, he would have to sit nim.				
	-	9/11/18 Staff #3 stated: n the facility on 9/8/18 to				
	work, all clients have showered. -All clients have only taken one prompt to do so.					
	-Had no issues i -Clients have be	n getting them to bathe. en cleaning and "joyous" to				
	do so. -Doing meal prep for the clients, not aware they were to help.					
	refrigerator that said	sign in the kitchen on the "Staff only" because clients				
	should be able to get food if they are hungry. During interview on 9/26/18 the QP stated:					
	•	ame by clients would be in the				
		r he was working with clients cleaning the home.				
	-Would speak w on independent skills	ith the clients about working s, not aware the staff was not				
		t a day program, but the taxi				
	would always have to	ot frustrated because he o wait on client #3 outside. /as no cost to him.				
		ther program as the legal ted they would pay for him to				
	During interview on S stated:	9/7/18 the Licensee/RN				
	-Staff is promptir	king on their goals. ng them to do their goals,				
	"they just won't do th -Clients have inp meal prep.	em." out on the menu and help with				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 22	V 112				
	-Clients tell her v want to prepare.	what to buy and what they					
	stated: -Client #3 stopped because of transport -The day progra back until he had tran up timely. -The taxi driver the and from day program on time. -The taxi picked day program was uped -The facility did to take client #3 at the the new transportation" for program. This deficiency is crossed	m told him he could not come hsportation that picked him hat transported client #3 to m had issues picking him up him up late everyday and the					
V 113	 (a) A client record sh individual admitted to contain, but need not (1) an identification fa (A) name (last, first, r (B) client record num (C) date of birth; (D) race, gender and (E) admission date; (F) discharge date; (2) documentation of 	6 CLIENT RECORDS all be maintained for each o the facility, which shall t be limited to: ace sheet which includes: middle, maiden); ber; marital status;	V 113				

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STATEMEN	of Health Service Regun TOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 113	Continued From page 23		V 113			
	shall include the nam number of the persor sudden illness or acc and telephone number physician; (6) a signed statemen responsible person g emergency care from (7) documentation of (8) documentation of (9) if applicable: (A) documentation of diagnosis according to of Diseases (ICD-9-C (B) medication orders (C) orders and copies (D) documentation of administration errors (b) Each facility shall relative to AIDS or re only in accordance w disease laws as spect	the screening and tion or service plan; nation for each client which he, address and telephone in to be contacted in case of cident and the name, address er of the client's preferred int from the client or legally tranting permission to seek in a hospital or physician; services provided; progress toward outcomes; physical disorders to International Classification CM); s; s of lab tests; and f medication and and adverse drug reactions. ensure that information lated conditions is disclosed with the communicable cified in G.S. 130A-143.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 113	Continued From page	e 24	V 113			
	Review on 9/7/18 of c	client #1, #2, #3, #4, #5 &				
		l no face sheet identifying				
	the following,					
	-Admission Date					
	-Diagnoses					
	-Date of Birth					
	-Emergency cont					
	-Legal Guardian	contact information				
	During interview on 9	/7/18 the Qualified				
	Professional (QP) sta					
		the "face sheets" for the				
	clients are located.					
		clients had two records and				
		er to compile all information				
	into one book as its d	ifficult to find.				
	During interview on 9 stated:	/7/18 the Licensee/RN				
		ormation for the clients, not				
	sure where its located					
	-Had all emerger	ncy contacts in her phone.				
V 115	27G .0208 Client Ser	vices	V 115			
	10A NCAC 27G .0208	8 CLIENT SERVICES				
		vide activities for clients shall				
		ision is provided to ensure				
	the safety and welfare					
		ble for the ages, interests, ation needs of the clients				
	served; and					
		in planning or determining				
	activities.					
		ams designated or described				
		-hour" shall make services				
		day, every day in the year.				
	unless otherwise spe	cified in the rule.				

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	A. BUILDING: B. WING STREET ADDRESS, CITY, STAT 926 EDISON ROAD RALEIGH, NC 27610 PREFIX TAG V 115 pus. ap d o ding cle,	TE, ZIP CODE PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	DF CORRECTION CTION SHOULD BE D THE APPROPRIATE	R 05/2018
PLIER MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FUL TORY OR LSC IDENTIFYING INFORMATIO om page 25 that serve or prepare meals for ensure that the meals are nutritio ents who have a physical handica ed, the vehicle shall be equipped daptive equipment. o or more preschool children who al assistance with boarding or ric re transported in the same vehice o one adult, other than the driver	STREET ADDRESS, CITY, STAT 926 EDISON ROAD RALEIGH, NC 27610 L DPREFIX TAG V 115 bus. ap d o ding kle,	TE, ZIP CODE PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	DF CORRECTION CTION SHOULD BE D THE APPROPRIATE	05/2018 (X5) COMPLET
MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FUL TORY OR LSC IDENTIFYING INFORMATIO om page 25 that serve or prepare meals for ensure that the meals are nutritio ents who have a physical handicated, the vehicle shall be equipped daptive equipment. o or more preschool children who al assistance with boarding or ric re transported in the same vehice o one adult, other than the driver	926 EDISON ROAD RALEIGH, NC 27610	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	COMPLET
MMARY STATEMENT OF DEFICIENCIES DEFICIENCY MUST BE PRECEDED BY FUL TORY OR LSC IDENTIFYING INFORMATIO om page 25 that serve or prepare meals for ensure that the meals are nutritio ents who have a physical handica ed, the vehicle shall be equipped daptive equipment. o or more preschool children who al assistance with boarding or ric re transported in the same vehice o one adult, other than the driver	Image: Non-appendix state Image: Non-appendix state Image: Non-appendix state V 115 Image: Non-appendix state V 115	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	COMPLET
om page 25 that serve or prepare meals for ensure that the meals are nutritio onts who have a physical handica ed, the vehicle shall be equipped daptive equipment. o or more preschool children who al assistance with boarding or ric re transported in the same vehice o one adult, other than the driver,	L PREFIX TAG V 115 ous. ap d ding kle,	(EACH CORRECTIVE AC CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	COMPLET
that serve or prepare meals for ensure that the meals are nutritio ents who have a physical handica ed, the vehicle shall be equipped daptive equipment. o or more preschool children who al assistance with boarding or ric re transported in the same vehic o one adult, other than the driver	bus. ap d d ding kle,			
ensure that the meals are nutrition ints who have a physical handicated, the vehicle shall be equipped daptive equipment. For more preschool children who al assistance with boarding or ric re transported in the same vehice one adult, other than the driver	ap d ding kle,			
not met as evidenced by: erview and observation the facilit ire nutritious meals were served e available for six of six clients (/ 5, #6). The findings are:	and			
packs of frozen bologna, hotdog	g's			
ntry revealed various cans of				
rge case of Ramen noodles.				
iew on 9/6/18 staff #2 stated: t came to work two days ago as ited on food as what to cook.	a "fill			
	erator and deep freezer revealed packs of frozen bologna, hotdog igerator revealed eggs, bologna htry revealed various cans of oxes of rice, macaroni and chees rge case of Ramen noodles. In fruits or fresh vegetables prese ew on 9/6/18 staff #2 stated: came to work two days ago as ited on food as what to cook.	erator and deep freezer revealed: packs of frozen bologna, hotdog's igerator revealed eggs, bologna and htry revealed various cans of oxes of rice, macaroni and cheese, rge case of Ramen noodles. In fruits or fresh vegetables present. ew on 9/6/18 staff #2 stated: a came to work two days ago as a "fill ited on food as what to cook.	erator and deep freezer revealed: packs of frozen bologna, hotdog's igerator revealed eggs, bologna and htry revealed various cans of oxes of rice, macaroni and cheese, rge case of Ramen noodles. In fruits or fresh vegetables present. ew on 9/6/18 staff #2 stated: is came to work two days ago as a "fill	erator and deep freezer revealed: packs of frozen bologna, hotdog's igerator revealed eggs, bologna and htry revealed various cans of oxes of rice, macaroni and cheese, rge case of Ramen noodles. In fruits or fresh vegetables present. ew on 9/6/18 staff #2 stated: it came to work two days ago as a "fill ited on food as what to cook.

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BENTI TOATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 26	V 115			
	cereal for breakfast a butter and jelly sandwelse. -There is no fresserve. -The Licensee/R week and the clients things besides hot do -Since coming in trying to fill their bellio -"These clients a more food to eat, the -Client #2 and #2 not attend a day prog snacks or fruit to eat -Worked at the f	only been getting a bowl of and one bologna or peanut wich for lunch with nothing sh fruit or vegetables here to RN buys the same stuff every had been asking for other ogs and Ramen noodles. In two days ago, "I have been es." are all so skinny, they need y are grown men." 3 are home all day as they do gram and they have no				
	-He eats a bowl sometimes a boiled e -Lunch, he eats -Dinner, he eats with rice or Raman n -No snacks or fre	0/6/18 Client #2 stated: of cereal for breakfast, egg with it. one sandwich, bologna. , hot dogs, beans, chicken oodles. esh fruits.				
	-They get one bo one bowl of oatmeal. -Lunch consist o butter sandwich, "eve chips." -Never any fresh provided. -Dinner, they are	owl of cereal for breakfast or				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
IND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 115	Continued From page	e 27	V 115				
	-The food is always the same. -Legal Guardian/Brother takes him to the grocery store for the extra food (snacks/fruit) he wants. During interview on 9/7/18 Client #3's Legal Guardian/Brother stated: -His brother has lost almost fifty pounds in the last two years while living in the home.						
	-Had complained nutritious or enough s	d about the food not being served. r weekly to the store to buy					
	because they felt so having enough good						
	home look severely u	n tell, all the guys in the under weight."					
	-Eats the same f -No one ever as	9/7/18 client #4 stated: food every day. ked them what they would					
	-Eats lunch at da	owl of cereal, nothing else. ay program during the week, vas one bologna sandwich.					
		chicken, rice, vegetable mix,					
		18 at 12:00 PM revealed: peanut butter and jelly no other side.					
	-Came in to work -Licensee/RN br	9/11/18 staff #3 stated: k on 9/8/18 as a relief. ought by some frozen					
	peanut butter sandwi	hot dogs, bologna sandwich,					

STATE FORM

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R)/05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE CON TO THE APPROPRIATE C	
V 115	Continued From pag	e 28	V 115			
		"Staff only" because clients t food if they are hungry.				
	-Started working -The Licensee/F groceries over. -Breakfast would boiled egg and toast -Lunch was a bo and jelly sandwich, "s -Dinner, chicken vegetable. -Had told the Lice	ologna, ham or peanut butter sometimes chips." a, macaroni cheese, censee/RN what the house eries, not the clients, and the				
	about the food in the fresh fruits and fresh -Came by a few and it was running lo and asked her to buy -Followed up be her she had purchas still not much food in -She had been of has reminded her of -She used to buy but it had been a long -Client #3's guar	ated: e Licensee/RN several times home and not having more vegetables. months ago and check food w, called the Licensee/RN groceries. cause the Licensee/RN told ed groceries and there was the home. cited on this in the past and that it would happen again. y fresh fruits and vegetable,				
	stated:	0/7/18 The Licensee/RN all the groceries in the home.				

Division of Health Service Regular STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			FLETED
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	E HOMES	926 EDI	SON ROAD			
		RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	ie 29	V 115			
	-Brouaht arocer	ies to the home daily as				
	needed.	5				
	-Clients told her	what they wanted to eat, and				
	they helped plan the	-				
	-Clients never told her they did not get					
	enough to eat.					
	-Clients liked ho	t dogs and bologna.				
	-"Clients are lyir	ng about what they eat, they				
	eat healthy."					
	-"You always be	lieve the clients over me."				
	-"I always buy fr	esh fruit and vegetables."				
	-No fresh fruit a	nd vegetables are present				
	now, "I stopped buyi bad."	ng them because they go				
	-Not sure when and vegetable.	last time purchased fresh fruit				
	B. During interviews	on 9/6/18-9/11/18 clients #1,				
	#2, #3, #4, #5 and #6					
	-The home did r	not have transportation.				
	-The staff that w	orked did not have a car.				
	-Client #2 and #	3 did not attend day				
	programs and are ho	ome all day.				
	-On the weeken	ds, they did not go anywhere.				
	-Only attend Do	ctor Appointments or day				
	program.					
		lanned activities or outings for				
	them to go on.					
	-There was no t	ransportation to use to go out.				
	During interview on 9	9/6/18 staff #2 stated:				
	•	all day everyday.				
		who go to day programs get				
	out.					
	-"I don't have a	car to take them, and if I did, I				
	wouldn't drive the cli	ents in it."				
	-The Licensee/F	RN came by to take clients to				
	doctor appointments	and not outings.				
		out with his legal				
	guardian/brother or t	ook walks around the				

STATE FORM

6899

If continuation sheet 30 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R 0/05/2018
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ONI	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY S1	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG	``	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET
V 115	Continued From page	e 30	V 115			
	neighborhood.					
	-Client #2 stayed in the home 24-7 unless he had a doctor appointment.					
	-Told the Licensee/RN she needed to					
	purchase a van for clients to go out.					
	-	0/18/18 staff #1 stated:				
		acility since 6/20/18 as live in				
		ago due to medical issues.				
	-Did not have tra	ansportation while working in				
	-Client #3 went of	out with his legal				
	guardian/brother to e	-				
	-Client #3 would					
	neighborhood.					
	-Client #5 had w	alked to the store for				
	cigarettes.					
		where on the weekends, just				
	watch television and	walk around the				
	neighborhood.	N would take them to doctor				
	appointments.					
	During interview on 9	0/7/18 the QP stated:				
	-Had told the Lic	ensee/RN for a while she				
		a van for clients to go out in				
	the community.					
		ad unsupervised time and				
	they walked to the st -Client #3 went of					
	guardian/brother wee	-				
	During interview on 9	9/7/18 the Licensee/RN				
	stated:					
		to the store for them to buy				
	items they wanted.					
		to the store and around the				
	neighborhood on the					
	-Had taken the c	lients out the eat				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			R	
		MHL092-833	B. WING		10)/05/2018	
AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ARE ON	E HOMES		SON ROAD				
			H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE	
V 115	Continued From page	e 31	V 115				
		ss referenced into: 10A pervised Living - Scope					
V 118	27G .0209 (C) Medic	ation Requirements	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. (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 (E) name or initials of drug. (5) Client requests for checks shall be record 	e drug is administered; and f person administering the or medication changes or rded and kept with the MAR opointment or consultation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R)/ 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	ACTION SHOULD BE COM TO THE APPROPRIATE D	
V 118	Continued From pag	e 32	V 118			
	audited client's (#3) r on the order of the pl #2, #3, #4, #5 & #6) a kept current. The find A. Review on 9/6/18 revealed: - Admission date -Diagnoses of S Bi-polar Type and Sc Review on 9/6/18 of dated 8/17/18 reveal -"Clonazepam 1	iew, observation and failed to ensure one of three medication was administered hysician and six of six (#1, audited clients' MAR's were dings are: of client #3's record e of 9/24/17 chizoaffective Disorder, ocial Anxiety. client #3's physician order				
	Review on 9/6/18 of MAR revealed: -"Clonazepam 1 (as needed)." No order was presen					
	Further review on 9/6 revealed it had been Clonazepam 1 mg th beside the orders for Review on 9/6/18 of staff #1 had written ir	ree times a day PRN and not Clonazepam dated 8/17/18. August 2018 MAR revealed				

Division of Health Service Regu STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
	E HOMES		SON ROAD				
-		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE CON O THE APPROPRIATE C		
V 118	Continued From page	e 33	V 118				
	Clonazepam 1 mg th -Staff #1 told her left a few days ago. -The bubble pact times a day PRN, but times because that is Observation on 9/6/1 bubble pack of Clona three times a day PR During interview on 9 -Received a new 8/17/18 from his doct -There was no o order of Clonazepam -Was concerned possibly give all the C is present on the MAI -Contacted client order because he hav much Clonazepam." -Did not send out	iving client #3 the ree times a day. to give it this way before he k present says to give it three t had just been giving it three to give it the Pharmacist stated: t a new order of Clonazepam t filled the old order on would be too much					
	-Assumed staff v per the new order of	vas giving the Clonazepam 8/17/18.					
	stated: -She is at the ho -Checks the med month.	/7/18 the Licensee/RN me daily. dications several times a giving the Clonazepam per					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		10	R / 05/2018
iame of Pf	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ACTION SHOULD BE CO TO THE APPROPRIATE	
V 118	Continued From page	e 34	V 118			
	order to the pharmac	ist.				
	 B. During interview and observation on 9/6/18 at 10:00 AM of staff #2 filling in MAR's with her initials, staff #2 stated: -"I 'm sorry, I just had a crazy morning and did not get a chance to initial clients' MAR's this morning." -Had not slept well the night before and was "out of it this morning." -Usually initials the MAR after giving clients their medications. 					
	revealed: -Admission date	ental Retardation and				
		client #1's physician order aminophen 600 mg, PRN				
		8 at 10:30 of client #1's taminophen was not present.				
	staff #2 walked into k medications were ke	rview on 9/6/18 at 10:30 AM itchen area where pt and surveyor was working m local pharmacy. Staff #2				
	driveway outside and her car.	N had pulled into the called her to come out to N handed her a bag of some				
	over the counter med "sneak" them into the surveyor could see th	dications and told her to medication cabinet before ney medications were not				
	there. -"I didn't know w	hat to do, so I just walked in				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
						R	
		MHL092-833	B. WING		10	/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD				
	1	RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORREC (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOID REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPR DEFICIENCY)					
V 118	Continued From page	e 35	V 118				
	with them, I am not tr	ying to hide anything."					
	2	ss referenced into: 10A pervised Living - Scope					
V 289	27G .5601 Supervise	d Living - Scope	V 289				
	provides residential s home environment w these services is the rehabilitation of indivi illness, a developmer or a substance abuse supervision when in t (b) A supervised livin the facility serves eith (1) one or more (2) two or more (1) one or supervised licensed to serve a sp designated below: (1) "A" designal serves adults whose illness but may also h (2) "B" designal serves minors whose developmental disabil diagnoses; (3) "C" designal serves adults whose developmental disabil diagnoses;	duals who have a mental ntal disability or disabilities, e disorder, and who require the residence. ng facility shall be licensed if ner: e minor clients; or e adult clients. ts shall not reside in the living facility shall be poecific population as tion means a facility which primary diagnosis is mental nave other diagnoses; tion means a facility which e primary diagnosis is a lity but may also have other ation means a facility which primary diagnosis is a lity but may also have other					

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL092-833	B. WING		10	R 10/05/2018	
IAME OF PF	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
ARE ONE	HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
V 289	Continued From page	36	V 289				
	other diagnoses; (5) "E" designal serves adults whose p substance abuse dep other diagnoses; or (6) "F" designal private residence, wh three adult clients who mental illness but may disabilities, or three a clients whose primary developmental disabil other disabilities who family provides the se exempt from the follow .0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NCAC 27 27G .0208 (b),(e); 10, non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fac	endency but may also have tion means a facility in a ich serves no more than ose primary diagnoses is y also have other dult clients or three minor diagnoses is lities but may also have live with a family and the ervice. This facility shall be wing rules: 10A NCAC 27G),(5)(A)&(B); (6); (7) ; (8); (11); (13); (15); (16); AC 27G .0202(a),(d),(g)(1) 203; 10A NCAC 27G .0205 G .0207 (b),(c); 10A NCAC A NCAC 27G .0209[(c)(1) - ications only] (d)(2),(4); (e) and 10A NCAC 27G .0304 ility shall also be known as g or assisted family living					
	interview, the facility f services in a home er	ailed to provide residential avironment and supervision 1, #2, #3, #4, #5, and #6).					
	A. Cross Reference	104 NCAC 27C 0202					

STATE FORM

J1GB11

If continuation sheet 37 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING	10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From page	e 37	V 289			
	review, observation, failed to ensure the L (RN) demonstrated k required by the popu B. Cross Reference ASSESSMENT AND TREATMENT/HABIL PLAN (Tag 112). Bar interviews the facility	ND ASSOCIATE Tag 109). Based on record and interview the facility iccensee/Registered Nurse mowledge, skills and abilities lation served.				
	CLIENT SERVICES interview and observ ensure nutritious mea	10A NCAC 27G .0208 (Tag 115). Based on ation the facility failed to als were served and ble for six of six clients (#1,				
	MEDICATION REQU Based on record revi interview the facility f audited client (#3) mo on the order of the pl	10A NCAC 27G .0209 JIREMENTS (Tag 118). www.observation and failed to ensure one of three edication was administered hysician and six of six (#1, audited clients MAR's were				
	OPERATIONS (Tag	10A NCAC 27G .5603 291). Based on record review ility failed to coordinate x clients (#6).				
	HEALTH, HYGIENE	10A NCAC 27F .0103 AND GROOMING (Tag 540). n and interview the facility				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	S. SOULOHON	BERTHIORHOR HOWBEN.	A. BUILDING:	A. BUILDING:		
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 289	Continued From pag	e 38	V 289			
	failed to ensure the right to dignity and h care in the provision of personal health, and grooming care for six of six client (# #4, #5 & #6).					
	LOCATION AND EX (Tag 736). Based on and interview the fac home was maintaine	10A NCAC 27G .0303 TERIOR REQUIREMENTS a record review, observation ility failed to ensure the d in a safe, clean, attractive kept free from offensive odor #3, #4, #5, #6).				
	FACILITY DESIGN A Based on record revi	10A NCAC 27G .0304 ND EQUIPMENT Tag (744). iew and interview the facility ntained with equipment to clients.				
	completed by the Qu dated 9/26/18 reveal -"The facility QP to reflect clients curre goals/efforts. The Q Administrators imme nutritious foods are p have input into menu Administrator will ens are available for clien develop a checklist to repairs. Any needed immediately. The facility weekly inspections w	will revise all treatment plans ent participation in treatment P will meet with the diately to ensure that purchased and that clients				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
IND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
		926 EDIS	SON ROAD			
ARE ON	EHOMES	RALEIG	H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI	D THE APPROPRIATE	COMPLET DATE
V 289	Continued From page	e 39	V 289			
	a strong urine and bo	dy odor, the floors, bedding,				
		dirty/stained, the client				
		ogged and inoperable along				
		oated in black mildew. The				
	home needed multiple	e repairs throughout as a				
	result from a leak almost a year ago. Interviews					
	with all clients and staff #2 revealed the home					
	had been this way for many months. There were					
	no towels, washcloth	s or hygiene products to				
	even bathe with. Sev	veral clients stated they had				
	not showered in weel	ks due to absence of				
		were brushing their teeth in				
		. All clients looked unkempt				
		othes and were wearing				
		day program. Although				
		present, goals/strategies				
		d in the care of the clients.				
		as informed of the lack of				
		surveyor, she purchased				
	"multipurpose" towels	-				
		of average washcloth) and ould use that as a towel to				
		esent and served in the				
	,	nd high in carbohydrates and				
	sodium, offering no f					
	-	t correctly followed resulting				
		the wrong dose of his				
	-	of coordination of services				
		eing sent to Emergency				
		"ear abrasion" and left				
	-	after discharge due to not				
	-	ontact with group home staff				
	-	he home not working. There				
		n the home resulting in client				
	#3 having to leave his	s day program, client #2 and				
		e seven days a week with no				
	•	d no actives for all clients on				
		see/RN failed to exhibit				
	competency when en	suring these clients needs				
	were met.					1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:				
		MHL092-833	B. WING		R 10/05/2018	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
ARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE COMPLET	
V 291	27G .5603 Supervise	ed Living - Operations	V 291			
	six clients when the of developmental disabion June 15, 2001, art than six clients at that provide services at n licensed capacity. (b) Service Coordination maintained between qualified professionation treatment/habilitation (c) Participation of th Responsible Person. provided the opportu- relationship with her means as visits to the the facility. Reports a annually to the paren- legally responsible per Reports may be in w conference and shall progress toward mee (d) Program Activities needs and the treatm Activities shall be dea- inclusion. Choices m or legal system is inv safety issues become	ity shall serve no more than clients have mental illness or ilities. Any facility licensed of providing services to more at time, may continue to o more than the facility's ation. Coordination shall be the facility operator and the ls who are responsible for or case management. he Family or Legally Each client shall be nity to maintain an ongoing or his family through such e facility and visits outside shall be submitted at least at of a minor resident, or the erson of an adult resident. riting or take the form of a focus on the client's eting individual goals. s. Each client shall have based on her/his choices, hent/habilitation plan. signed to foster community hay be limited when the court olved or when health or e a primary concern.				
		ew and interview the facility ervices for one of six clients				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING.		
		MHL092-833	B. WING	10	R)/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 291	Continued From page	e 41	V 291			
	Review on 9/6/18-9/7 revealed: -Admission date -Diagnoses of So Schizoaffective Disor Review on 9/20/18 of Emergency Room (E at 6:01 PM revealed" -"Presents at e EMS (Emergency Me sustained to his right -Patient has sma granulated blood to h No signs of sk appreciable neurolog -No reported pro -Discharge back -No further interview warranted at this time Further review 9/20/1 from Social Work De revealed: -"SW (social wor all numbers listed wit RN (registered nurse is a good candidate f contacted [local polic officer be dispatched notify staff that patier and needs transport. -"8:29 PM [staff regarding patient, ga states with officer pre department] will be p him home."	 7/18 of client #6's record of 2/4/12 chizophrenia-paranoid type- der. f medical record from local R) department dated 9/6/18 emergency department via edical Services) for injury he ear on van door all abrasions/hemostatic his right auricle kull fracture, facial trauma, no ic deficit. bdromal symptoms. to his group home. vention warranted or imaging e." 18 of client #6's ER record partment at 8:27 PM tker) attempted contact with h no success. SW spoke to) who doesn't believe patient or a cab voucher. SW e department] to ask if an to patient's group home to nt is ready for d/c (discharge) 				

STATEMENT	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION			
and plan c	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	PLETED	
		MHL092-833	B. WING	B. WING		R 10/05/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
	E HOMES	926 EDI	SON ROAD				
		RALEIG	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE	
V 291	Continued From pag	e 42	V 291				
	During interview on 9/7/18 staff #2 stated:						
	•	t #6 arrived to the home from					
		d he hit his ear on the van					
	from his day program						
		ollen with some dried blood					
	around it.						
	-Contacted the I	_icensee/RN.					
	-The Licensee/F	RN asked her to send a					
	picture of the ear.						
	-There was a litt	le blood around the ear,					
	-After observing	the picture, the Licensee/RN					
	instructed her to call	EMS and send him to the					
	ER.						
	-Later that even	ing a police officer was					
	knocking on the door wanting to know if anyone						
		nospital had been trying to					
		m the group home because					
	ago.	o be discharged a few hours					
		e at the ER by number					
		verify they were home.					
		so upset because they could					
		ne from the contact numbers					
	they were provided.						
		realized the land line was not					
	working."	aba had been active the					
		she had been calling the					
		ist ring with no answer. er then left and returned a					
		h client #6 around 9:00 PM.					
	ISW ITHITULES IALEI WIL						
	During interview on 9	9/26/18 The Qualified					
	Professional stated:						
		vare client #6 went to the					
	hospital with an ear a						
	•	RN is RN and usually checks					
	the clients with that k	-					
		taff #2 would have called					
	-	the Licensee/RN would have					
	told her to call EMS i		1			1	

Division of Health Service Regulation STATE FORM

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STATEMENT	of Health Service Regure OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD				
			H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 291	Continued From page	e 43	V 291				
	stated: -Staff #2 contact know client #2 had hi day program. -Told staff #2 to the her of the ear. -Staff #2 told her -The picture look staff to call EMS to tra- The Licensee/R Nurse and felt he new and there was no trans staff had to call EMS. -Lived about 10- home, and did not go ear. This deficiency is cro	0/5/18 the Licensee/RN ed her on 9/6/18 to let her t his ear on the van at the take a picture and text it to there was blood around it. ted "really bad" so instructed ansport client to the ER. N stated she is a Registered eded to be seen at the ER hsportation at the facility, so 15 minutes from the group over to check client #2's ss referenced into: 10A pervised Living - Scope					
V 540	Grooming 10A NCAC 27F .0103 AND GROOMING (a) Each client shall dignity, privacy and h of personal health, hy Such rights shall inclu- to the:	be assured the right to numane care in the provision giene and grooming care. ude, but need not be limited for a shower or tub bath	V 540				
	(2) opportunity(3) opportunitybarber or a beautician	to shave at least daily; to obtain the services of a					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY S1		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 540	Continued From pag	e 44	V 540			
	paper and soap for each client and other					
	individual personal h	ygiene articles for each				
	0	other articles include but are				
	•	ste, toothbrush, sanitary				
	utensil.	naving cream and shaving				
	(b) Bathtubs or showers and toilets which ensure					
	individual privacy shall be available.					
		lavatory and bath facilities				
	equipped for use by a impairment shall be a	a client with a mobility				
	This Rule is not met	-				
		n and interview the facility				
		ight to dignity and humane of personal health, hygiene				
		or six of six clients (#1, #2,				
	#3, #4, #5 & #6). Th					
		6/18-9/7/18 of clients #1, #2,				
		the Licensee/RN recieved				
		n order to mmet the clients				
		a private pay resident, which 1500.00 a month for his care				
	by his brother/legal g					
		8 of Client #2 at 9:00 AM				
		to be long, face hair unkept				
	and clothes appeared	a airty/stained.				
		8 of client #4 at 1:00 PM				
		hair was long and unkept				
	and did not appeared Client #4 also had fa	t to have been washed. cial long facial hair.				
	Observation on 9/7/1	8 at 11:30 AM client #5's hair				
		g, his clothes looked dirty and				
	stained.	, , , , , , , , , , , , , , , , , , ,				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	FORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	FLETED
		MHL092-833	B. WING		10	R) /05/2018
NAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ONE		926 EDI	SON ROAD			
	TIOMES	RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V 540	Continued From pag	e 45	V 540			
		8 at 11:30 AM client #6's hair s clothes appeared dirty.				
	Observation on 9/11, was long, clothes ap	/18 at 12:00 PM of client #1's peared dirty/stained.				
	During interview on 9/6/18 staff #2 stated: -She came into work two days ago as a "fill in" because the full time staff was sick.					
	months ago.	nome once before a few ed so bad, he was wearing				
	dirty, soiled clothes. -Immediately wa	ashed all his clothes. ccidents in his clothes and he				
		ying around his room that				
	smelled so bad.	to take a shower because he was no towels or washcloths				
	to use for clients to s					
		bought him a toothbrush and				
	clothes were so bad.	o put on because all of his " any soap for the clients to use				
	for a shower, or tootl teeth.	npaste for them to brush their				
	asked her about tow	Licensee/RN last night and els, washcloths and toiletries. RN stated "They will have to				
	buy those things the	-				
	the clients would sho supplies needed to c	ower, they just didn't have the lo so.				
		bok dirty, and need hair cuts. me he wanted a hair cut, but				

Division of Health Service Regulation STATE FORM

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
		BENTH IOATION NOMBER.	A. BUILDING:				
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 540	Continued From page	e 46	V 540				
	me to get a haircut, I -These clients no barber to get their ha her, they have to pay money to do so. -"These guys wo the stuff they needed prompting." Observation on 9/6/1 soap nor shampoo pu #1, #2, #4, #5, #6. -Client #3 had hi guardian/brother. During interview on 9 -Showers a few -Sometimes use -Couldn't buy so -Would like a hai long time.	eed to all be taken to a ir cut, but from what they tell and they didn't have the puld shower more if they had to do so, it just takes some 8 at 10:00 AM, there was no resent in the home for clients is own products bought by his					
	-Had been living -Showers a few -Has his own two brought to the home -Buys his own so and shaving supplies -Never known th toiletries. -His roommate (towel or washcloth -Not sure when h -"My brother take	o towels and washcloth he with him. oap, shampoo, toothpaste					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BERTH IONTON NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		10	R / 05/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
	E HOMES	926 EDIS	SON ROAD			
		RALEIGI	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From pag	e 47	V 540			
	-"I cant rememb -Did not have to -Would like to ta the stuff needed to d -"I will sit on the with my washcloth a -Would use was himself down. -Would do this ta days. -"I have bought shampoo before, I da -Had asked the past, she said the cli -Would like to ga Licensee/RN said wa don't have the mone During interview on S -Took a shower -Had been buyin toothpaste and razor -When he would Licensee/RN and sh your own stuff with y -Had not had a Licensee/RN took th to pay for it. -Gets hair cut th take them for free. -Staff #1 would started to smell. -Client #6 alway	edge of bathtub and wash off nd water." hcloth and water to wipe ype of bathing every few my own soap, toothpaste and on't have any now." Licensee/RN for soap in the ents had to buy it. et a hair cut, but the e would have to pay for it, "I y." 9/7/18 client #5 stated: a few times a week. ng his own shampoo, soap, rs. I run out, he had asked the e told him to "Yall should buy our own money." haircut in a while, if the em, they (clients) would have rrough the day program, they tell them to shower if they				
	clothes and not show -Client #6 did no every two to three w	ot take a shower but one time				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			R	
		MHL092-833	B. WING		10	/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	D THE APPROPRIATE	COMPLET DATE	
V 540	Continued From page	e 48	V 540				
	clients didn't have on	e.					
	Attempted interview on 9/7/18 client #6: -Unable to interview due to diagnoses.						
	During interview on 9/11/18 client #1 stated: -Been living in the group home for a year. -Had not been able to shower much, "Didn't						
	have towels and was	hcloths." vould splash water on face					
		hair cut was prior to coming					
	-No one had eve haircut.	r offered to take him for					
	-Not asked anyo cut, "I don't have any	ne to take him to get a hair money to go."					
	Day Program stated:	/7/18 Staff at client #5 & #6					
	clothes on.	f6 come in with "dirty looking" s has a smell of urine and					
	body odor.	e is making him wear clean					
	clothes and shower. -Client #5 and #6	5's hair is long and oily					
	looking. -Staff had indicat when he gets on the	ted that client #6 smells van in the mornings.					
	During interview on 9	·					
	Brother/Legal Guardia -Took his brother	an stated: · weekly shopping for					
		tell him he needed shampoo,					
	-	the clients were responsible					
	for them." -Client #3 is priva	ate pay, "I pay 1,500 dollars a					

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
		MHL092-833	B. WING		R 10/05/2018	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
		926 EDI	SON ROAD			
ARE ON	E HOMES	RALEIG	H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 540	Continued From page	e 49	V 540			
	what it is they do for h -Often worried at	there, and I am not sure him." bout the other clients there y to buy their "basic needs"				
	-Since arriving in work, all clients have -All clients have o so.	only taken one prompt to do				
	During interview on 9. -Clients did not w -Would ask them -"I would really m could smell them." -They may show -"I used to shave done it in a while."	n getting them to bath. /18/18 staff #1 stated: /ant to shower. , but they did show interest. nake them shower when I er one time a week. the clients, but had not e Licensee/RN taking clients				
	Guardian stated: -Had issues a few Client #1 at an appoir -Client #1's hair w looked dirty. -The Licensee/Rl appointment, "I was u -Client #1 used to how he looked. -Expressed his c about how client #1 p -Mentioned to the	was long and his clothes N had brought him to an upset in how he looked." o be homeless and this is oncern to the Licensee/RN resented on that day. e Licensee/RN that day she				
		or a hair cut and provided a ients to, a Barber school eaper.				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BOILDING.	A. BUILDING:		R	
		MHL092-833	B. WING		10	0/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID	SUMMARY ST			PROVIDER'S PLAN (OF CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET	
V 540	Continued From page	9 50	V 540				
	supplies to bath, "I ju: -Not aware the L buying the toiletries for mentioned this to her -Staff #1 told her bathe. -Client #6 soiled difficult to get him to R -Will contact the purchase supplies, "It this afternoon." Observation on 9/7/19 were brought by Lice -A pack of 60 "Te inch multipurpose res household and more. -The picture on t	ated: lients did not have the st assumed they did." icensee/RN had not been or them, no one had ' he couldn't get the clients to his pants often, and is oathe. Licensee/RN immediately to f not I will buy them myself 8 at 9:00 AM of towels that nsee/RN on 9/6/18 revealed: erry Towels 14 inch by 17 staurant, automotive,					
	towels last night, that -These are not "t -Contacted QP la the Licensee/RN brow work. -The QP bought over "asap" (immedia	N brought by a package of appear to be "dish cloths." owels" to use for showering. ast night to let her know what ught by and that would not towels and brought them itely). N should know better, but					
		/7/18 the Licensee/RN					

ND PLAN U	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/C ID PLAN OF CORRECTION IDENTIFICATION NUMBE		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			R	
		MHL092-833	B. WING		10	10/05/2018	
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
ARE ONE	HOMES		SON ROAD				
			H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 540	Continued From page	e 51	V 540				
	-They have towels, wash clothes and						
	toiletries.						
	-Buys soap, sha them.	mpoo and toothpaste for					
		ad run out of those toiletry					
	items.						
	-Clients do not w	vant to shower.					
	-The bedding is	new, had not seen it looking					
	stained or torn.						
	-	ome everyday to check on					
	the clients and what i	they need. I clients to get haircuts and					
	paid for the hair cuts.	-					
	•	wels yesterday after the QP					
		lients did not have any.					
		ntion to the size of the					
	towels, just saw it sai	id "60 towels" on the					
	package.						
		more for the clients to use. re "lying" if they say they					
		to shower with, "the state					
	always believe them						
		ts everything they need."					
	This deficiency is cro	ss referenced into: 10A					
	NCAC 27G .5601 Su	pervised Living - Scope					
	(V289).						
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736				
	10A NCAC 27G .030	3 LOCATION AND					
	EXTERIOR REQUIR						
	(c) Each facility and i						
		clean, attractive and orderly					
		kept free from offensive					
	odor.						
	Ith Service Regulation						

	OF DEFICIENCIES	Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
		MHL092-833	B. WING		R 10/05/2018	
	ROVIDER OR SUPPLIER	l	ADDRESS, CITY, STATE			100/2010
	NOWIDER ON SOLVEILER		SON ROAD			
ARE ON	E HOMES		H, NC 27610			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 736	Continued From page	9 52	V 736			
	This Rule is not met	•				
	Based on record revie	ew, observation and alled to ensure the home				
		safe, clean, attractive and				
	orderly manner kept f	ree from offensive odor for				
	six of six clients' (#1, findings are:	#2, #3, #4, #5, #6). The				
		8 at 9:00 AM revealed: ry dirty (dirt/dust/food				
	crumbs) with dirty baseboards. -Kitchen blinds were broken and hanging					
	sideways on window. -Molding under k laying under cabinets	itchen sink and cabinets,				
	-A one foot long	by five inches wide hole posed where molding was				
		ive and extra microwave				
	present on kitchen co	ounter.				
	-Hallway to the u covered in black dust	pstairs base boards were				
		om used by all clients was				
		was covered with black				
	•	ath tub/shower. / cabinets broken with				
	missing door/drawer.	-11-4				
	-Bathroom walls	dirty. ent cover leaning against the				
	was beside toilet.	ayamat ure				
	-Bathroom sink f	ull of water, appeared to be				
	-Toilet dirty with f edge.	eces and urine around the				
	urine.	dirty/wet and smelled of				
	-Client #1's bed I	had no sheets/ just a				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:			В	
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 53	V 736				
	-Client #1's math the middle. -Client #3 had w worn/stained pillow. -Client #2's room with a urine soaked p stand. -Client #2's bedo stain/worn pillow. -Client #2's bedo hanging down the win -Client #2's bedo hanging out and expo -Client #5's bedo sideways. -Client #5's bedo stained pillow was sta -Hallway leading black dirt and dust. -Floor in the dow exposed base board -Downstairs bath ripped out with pipes -Client #3 and # carpet with a strong b -Clients #3 and # bedding. -Smoke detector During interview on S -She came into v in" because the full ti -Worked at the h months ago. -The home was trying to get it straigh	oom had an electrical outlet osed. frame was broken and sitting ding had holes in it as well as ained/worn. g downstairs was covered in wn stairs was ripped with and uneven tile. froom ceiling was completely exposed over the toilet area. 4's bedroom had dirty stained body odor smell. #4 both had stained/worn fr was chirping down stairs.					

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J1GB11

If continuation sheet 54 of 61

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pag	e 54	V 736			
	-The house smelled so bad, client #2 had soiled clothes and pull ups all over his room.					
	-	ashed all his clothes and				
	cleaned his room to l					
		k in the bathroom was				
		ts told her it had been this				
	way for months.					
	•	ccidents in his clothes and he				
		ying around his room that				
	needed washing.	ying around his room that				
		shower curtain and bathtub				
		n't have a new shower curtain				
	to put up.					
		ed a few months ago the				
	home was "nasty."	lou a low monate age are				
	-Wanted to wash	all the clients				
	sheets/bedding, but they don't have a spare set to use.					
		even have sheets on his bed,				
	he sleeps on the mat					
	-	down stairs that is designated				
		ng missing over the toilet.				
		sed pipes, "I'm scared				
		o fall out on top of me while I				
	am using the bathroo					
	Further interview on	9/7/18 staff #2 stated:				
	-The Licensee/R	RN came by last night and "I				
		up stairs and show her the				
	bathroom, but she re	•				
	During interview on 9	0/6/18 client #3 stated:				
	-	sink has been stopped up for				
	a few months.					
	-Sometimes the	water goes down, but if you				
	turn it on, it fills back	up.				
	-Someone came	e by a few months ago to				
	check it, but its still b	roke.				
	-The house look	s "bad."				
	-Staff is suppose	ed to clean, but he (staff #1)				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R 10/05/2018	
		MHL092-833				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	E HOMES		SON ROAD H, NC 27610			
0(1)15				PROVIDER'S PLAN O		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	\$ 55	V 736			
	never does. -No one has asked him to clean the house. -Some clients brush their teeth and wash their hands in the bathtub.					
	-"Supposed to clo -Staff didn't clear	e home a few years. ean, but not anymore." n or ask them to clean. s stopped up, been that way				
	-Since the sink is teeth in my trash can to spill on the floor." -The bathroom is curtain is "nasty," bee -Downstairs had	s stopped up, "I brush my in my room, I'm careful not a "mess," the shower en there for a long time. a leak a few months ago,				
	they had not fixed it y	et.				
	months, brushed his t -Downstairs had they pulled up the car ceiling. -No one came ba	ned the house. n been broken for at least six teeth in the bathtub. a leak about a year ago, rpet and ripped out the				
	staff saw it.	smells because of other				
	-The sink in the k year ago. -Washes his han the bathtub faucet.	/11/18 client #1 stated: pathroom broke almost a ds and brushes teeth with ad sheets in a while, "I don't				

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STATEMENT	of Health Service Regun FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		BENTH IOATION NOMBER.	A. BUILDING:			
		MHL092-833	B. WING		R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 736	Continued From pag	e 56	V 736			
	Legal Guardian state -Goes by the ho -Brother has bee -The home alwa -Client #3 told hi the staff didn't clean. During interview on S -Started working time live in staff. -Always cleaned -The clients did -The sink had iss starting there.	me several times a month. en there for two years. ys has an "odor" in it. im the home was "dirty" and 0/19/18 staff #1 stated: j in the home 6/20/18 as full I daily when at work.				
	-The sink was fix back up again. -This new staff (home as well as the -Had not checke -There was a lea was repaired, then th sure when that happe	ated: nome had got this bad. ked, not aware it had stopped staff #1) had not care for the previous staff. ed client rooms in a while. ak twice down stairs where it here was another leak, not				
	stated: -"The home just -Had planned to "Saturday" (9/8/18). -Visited the hom house when I am her -The house is al	got this way." have everything fixed on e everyday, "I check the re."				

Division of Health Service Regulation STATE FORM

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STATEMEN	of Health Service Regu FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
		MHL092-833	B. WING		10	R 10/05/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 736	curtain in the bathroo		V 736				
	had told her." -The down stairs	ink, "just broke and no one had a leak, not sure when,					
	pillows and mattress, -Staff cleans the -"I always fix all f -Surveyor along home again to point o -When asked to	ng with the clients bedding, its fine." home daily. the repairs immediately." with Licensee/RN toured the but the areas of concern. the Licensee/RN "Would you					
	This deficiency is cro	om?" She replied "No." ss referenced into: 10A pervised Living - Scope					
V 744	27G .0304(b) Safety		V 744				
	EQUIPMENT (b) Safety: Each facil constructed and equi	4 FACILITY DESIGN AND ity shall be designed, pped in a manner that safety of clients, staff and					
	was failed to be main	as evidenced by: ew and interview the facility tained with equipment to clients. The finidngs are:					
	Room) medical recor	f client #6 ER (Emergency d revealed: orker) attempted will all					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833			R 10/05/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	EHOMES		SON ROAD			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 744	Continued From page	e 58	V 744			
	numbers listed with no success. SW spoke to RN (Registered Nurse) who doesnt beleive patient is a good candidate for a cab voucher. SW contacted (City Police Department) to ask that an officer be dispatched to patient's group home to notify staff that patient is ready for discharge and needs transport."					
	-The facility phot -Came on shift to worked since. -Not sure how lo of service. -On 9/6/18 client Room (ER) for an ab -Later in the eve City Police Officer and anyone present beca discharge client #6 a anyone at the home. -Staff #2 called to was very upset beca home multiple times #6 had been ready for hours.	ning between 8:30-9:00 a rived to the home asking was use the ER was ready to nd they could not get up with he nurse at the ER and she use they had been calling the with no success and client or discharge for several				
	-The house phor months. -Not sure if anyo knew it had been out During interview on 9 brother/legal guardia)/7/18 client #3's				

STATE FORM

STATEMENT	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY
		MHL092-833	B. WING		10	R / 05/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 744	Continued From page	e 59	V 744			
	brother, had to call Li to speak to client #3.	icensee/RN or just ride over				
	-The phone line months.	9/11/18 client #1 stated: had been out for a few e able to call his brother, but				
	During interview on 9 -The phone line)/11/18 staff #3 stated: is not working.				
	guardian stated: -He had not been his client in the home -Client #1 would to one worker's phon -If he needed to	0/18/18 client #1's legal n able to make contact with e. always call him from his one e to make contact with him. speak to client or relay d call the Licensee/RN.				
	-He had started 6/20/18. -The phone was used his personal cel and for clients to use	een out about two weeks				
	stated: -Not aware the p until two days ago.	9/7/18 the Licensee/RN whone had been not working ce provider multiple times, wires."				
		ss referenced into: 10A pervised Living - Scope				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-833		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		B. WING		10	10/05/2018	
NAME OF PRO	OVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE		
CARE ONE	HOMES		SON ROAD H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE