Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMP	LETED
		MHL092-833	B. WING			R 24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
CARE ON	E HOMES		ON ROAD I, NC 27610			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A follow up survey was Deficiencies were cite	as completed 4/24/19. ed.				
	-	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 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	(g) Employee training provided and, at a mit following: (1) general organization (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subclamember shall be avaitimes when a client is member shall be trainincluding seizure mar	tion shall be documented. g programs shall be nimum, shall consist of the tional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation ous diseases and s. ed under 10a NCAC 27G hapter, at least one staff illable in the facility at all s present. That staff ned in basic first aid nagement, currently trained				
	trained in the Heimlic	nonary resuscitation and h maneuver or other first aid nose provided by Red Cross, ussociation or their				

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

(X6) DATE TITLE

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PLAN OF CORRECTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			-		R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
			ON ROAD		
CARE ON	E HOMES	RALEIGH	I, 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 OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 108	equivalence for reliev (i) The governing boo implement policies an reporting, investigatin	ing airway obstruction.	V 108		
	clients.	socios of polosimor and			
	This Rule is not met as evidenced by: Based on interview and record review the facility failed to ensure one of one current Qualified Professional (QP) was trained to meet the needs of the clients. The findings are:				
	Review on 4/15/19 of revealed a hire date of				
	current QP stated: -Started working 2019.	as QP the middle of March by the Director over the			
	Nurse (RN) -When speaking	th the Licensee/Registered with the Director, he made it arge company with multiple			
	-Then a few days her at her primary pla handed her the job de -No other informa	s later the Licensee/RN met ce of employment and escription to sign. ation was provided regarding			
	similar to what she did	ientation, just basically			

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STATE FORM 6899 CC7I11 If continuation sheet 2 of 56

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			7 501251110.		
		MHL092-833	B. WING		R 04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
0405.011	- 1101450	926 EDIS	ON ROAD		
CARE ONE HOMES RALEIGH			, 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 108	Continued From page	2	V 108		
	The OP provide	d the Licensee/RN with her			
		on or training on specific			
	client needs.	on or training on specific			
		ntioned to her the facility			
		uspension of Admission and			
	• •	ny specific duties outside of			
	the normal QP duties				
		Plan of Correction (POC)			
	from previous survey,	` ,			
	-Went to the home one time a week, never				
	went past the living ro	oom and kitchen.			
	-Had been workii	ng on building rapport with			
		w how the home operates			
	and meeting with staf				
		d her to do weekly checks			
		to check for repairs (per			
	POC from 10/5/18 su	• /			
		y repairman supposed to be			
	coming back to do rep	pairs. ne home, noticed a large tree			
		rd, away from the home and			
	looked "unappealing."				
		o the Licensee/RN and she			
		a hard time finding someone			
	-	or one hundred dollars.			
	-On first visit to the	ne home, asked to see client			
		atment plans were current			
	- The Licensee/R	RN told her not to worry about			
	them, they had been	completed by the former QP			
	before she left.				
		t to home and checked			
	around the client roor				
	-Noticed client # ²	1's mattress was sunken in			
	the middle.				
		hat bother him sleeping on			
	that, he said, "yes, it I to it."	hurts my back, but I'm used			
	-Now will check t is so sad how she slip	he home for more repairs, "It os out on client care."			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE	
CARE ON	F HOMES	926 EDIS	ON ROAD		
	L HOMEO	RALEIGH	, 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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 108	Continued From page	3	V 108		
	2/18/19 revealed: -"Weekly inspect	Plan of Correction received ions are conducted by the pared with the Director			
	-She had not bee don't think she was at -She had met wit their records. -She never ment	had been coming by weekly. en doing home inspections, "I			
	Licensee/RN stated: -Hired a new QP -Interviewed her and expectations. -No Orientation of the QP prior to workin -She was a QP for was capable of doing -Did not tell her a told her something was they had been cited or -Told her about th never showed it to he -Did not go into or violation or citations.	and went over QP job duties or training was provided for ng with the clients. or other programs, felt she the job. about status of last survey, "I as going on with the state, on stuff." the Plan of Correction, but or. letail about the Type A			
V 109			V 109		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING			R / 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD , NC 27610			
	OUR MAD DV OT				FOTION	
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
	qualified professionals (b) Qualified professionals professionals shall de and abilities required (c) At such time as a employment system is then qualified profess professionals shall de (d) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awarenes (3) analytical skills; (4) decision-making; (5) interpersonal skill (6) communication s (7) clinical skills.	emonstrate knowledge, skills by the population served. competency-based is established by rulemaking, ionals and associate emonstrate competence. I be demonstrated by including: dge; ss;				
	NCAC 27G .0104 (18 met the requirements employment system in MH/DD/SAS. (f) The governing boo develop and impleme for the initiation of an plan upon hiring each (g) The associate pro-	of the competency-based of the State Plan for each facility shall not policies and procedures individualized supervision associate professional. In the State Plan for fessional with the state period of time as the State Plan for the State Plan for each field professional with the state period of time as the State Plan for each field plan for the State Plan for each field plan for each field plan for the State Plan for each field plan field plan for each field plan for each field plan for each field plan fie				

Division of Health Service Regulation

STATE FORM 6899 CC7I11 If continuation sheet 5 of 56

Division of Health Service Regulation

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
						R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	E, ZIP CODE		
		926 EDIS	ON ROAD			
CARE ON	E HOMES		I, NC 27610			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 5	V 109			
	Registered Nurse (RI	ailed to ensure the Licensee N) demonstrated knowledge, uired by the population are:				
		of Qualified Professional d a hire date of 3/15/19.				
	Current (QP) stated:	/15/19 and 4/16/19 The as QP the middle of March				
	2019.	by the Director, and				
	interviewed over the place Licensee/RN.	phone, then spoke with the				
		with the Director, he made it arge company with multiple				
	-Then a few days	s later the Licensee/RN met of employment and handed				
	her the job description -No other information	n to sign. ation provided regarding any				
	other job dutiesThe job descript	ion was basic QP job duties,				
		d for other homes. rientation, just basically start				
		th her trainings, no				
		on specific client needs.				
		ntioned to her the facility				
		tive penalties or any specific				
	duties outside of the perform.	iornial QP duties to				
	·	Plan of Correction (POC)				
	from previous survey					
		ne one time a week, never				
	went past the living ro	oom and kitchen to look for				
	repairs.	on just huilding research with				
		on just building rapport with w how the home operates				

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STATE FORM 6899 CC7I11 If continuation sheet 6 of 56

Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:	A. BUILDING:		PLETED
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
			SON ROAD			
CARE ON	E HOMES		H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 109	Continued From page	e 6	V 109			
	and meeting with staf	f.				
	-No one ever tolo	d her to do weekly checks				
		to check for repairs (per				
	POC from 10/5/18 su	3,				
		y repairman supposed to be				
	coming back to do re					
		he home, noticed a large tree rd, away from the home,				
	and looked "unappea					
		to the Licensee/RN and she				
		a hard time finding someone				
	_	or one hundred dollars.				
	-On first visit to tl	he home, asked to see client				
		atment plans were current.				
		N told her not to worry about				
	-	completed by the former QP				
	before she left.	t to home and checked				
	around the client roor					
		1's mattress was sunken in				
	the middle.					
	-Asked him did th	nat bother him sleeping on				
	that and he said, "yes	s, it hurts my back, but I'm				
	used to it."					
		the home for more repairs, "It				
	is so sad how she slip	os out on client care."				
	Review on 4/10/19 of 2/18/19 revealed:	Plan of Correction received				
	_, ,	ions are conducted by the				
		nared with the Director				
	biweekly."					
	During interview on 4	/9/19 Staff #1 stated:				
	. •	had been coming by weekly.				
		en doing home inspections, "I				
	don't think she was a					
		th the clients and looked at				
	their records.					
	-She never ment	ioned to her anything about				

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SUI ND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLET					
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMP	LETED
						R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
0455 011	E 110ME0	926 EDIS	ON ROAD			
CARE ON	E HOMES	RALEIGH	, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 109	Continued From page	e 7	V 109			
	previous survey, not	sure if the Licensee/RN did.				
		/10/19 and 4/17/19 the				
	Licensee/RN stated: -Hired a new QP	in March 2010				
		and went over QP job duties				
	and expectations.	and went over at job duties				
	· · · · · · · · · · · · · · · · · · ·	or training was provided for				
	the QP prior to workir					
	-She was a QP for other programs, felt she was capable of doing the job.					
		about status of last survey, "I				
	they had been cited o	as going on with the state,				
	1	he POC, but never showed it				
	to her.	ne i ee, sat never enewed it				
	-Did not go into d	detail about the Type A				
	violation or citations.					
		er know what was going on in				
	the home and report	it to her.				
	B. During interview or stated:	n 4/9/19 and 4/10/19 Staff #1				
		N came by everyday.				
	-The Director car	me by every few months, he				
	lived in another state.					
		had gotten better, but had				
	left.	gain since the former QP				
	-The former QP	would stay on the				
	Licensee/RN to get for					
		ensee/RN would only listen				
		had cited them before.				
	and vegetables, but r	N was bringing fresh fruits				
	_	gs lots of food over weekly				
	so we supplement wi					
		ing the food to make sure				
	the clients had enoug					
		church where they received				

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STATE FORM 6899 CC7I11 If continuation sheet 8 of 56

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE COMP		SURVEY		
			A. BUILDING: _			_
		MHL092-833	B. WING		I	R / 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIDEN ON GOL LEEN		ON ROAD			
CARE ON	E HOMES		H, NC 27610			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF CORR	ECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 109	Continued From page	e 8	V 109			
	donated food from dif	ferent grocery stores once it				
	expires or about to ex	-				
	-He would bring t	fresh fruit, vegetables, deli				
	meats, breads and sv	veets.				
	-"The guys love i	t, because they get a variety				
	they did not have before					
		own money to buy food for				
	clients if they went ou					
		eir money together to buy				
		ise they did not have any to				
	make sandwiches.	also buy other clients food if				
		e they did not have money				
	to do so.	they did not have money				
		N did not give them money				
		they are just supposed to eat				
	what is at the home.	, ,				
	-Had discussed t	the food issues with the new				
	QP and how things w	ere "slacking off" again.				
		Director in the past with				
		ust respond with, "take this				
	up with my mother (Li	icensee/RN)."				
	Further interview on 4	1/16/19 Staff #1 stated:				
		the client's dinner last night				
	at local fast food resta	_				
		nall packs of meat and the				
	clients wanted somet	•				
		N had not brought groceries				
	in three weeks.					
		N told her she had been sick				
	and unable to get to t	-				
		icensee/RN to give her				
		I do the grocery shopping,				
	but she would not allo					
		night about the situation and				
	she said she would sp	peak to Licensee/RN. rom the Director in a month.				
	-i iau iiui iiealu ii	on the Director III a Month.				
	During interview on 4	/15/19 the Former QP				

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		(X3) DATE SURVEY				
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL092-833	B. WING		04/24/20	19
NAME OF D	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIR CODE	•	
NAME OF T	NOVIDEN ON 301 1 EIEN	926 EDISO	, ,	II.E, ZII GODE		
CARE ON	E HOMES	RALEIGH,				
	CLIMMA DV CT	·		PROVIDERIC DI ANI OF CORRECTION		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE	BE CO	(X5) MPLETE DATE
IAG			IAG	DEFICIENCY)		
V 109	Continued From page	9	V 109			
	stated:					
		t with the home on 3/15/19.				
		nplained to her about				
		oney to buy the clients food.				
		he Licensee/RN and Director				
	-	g nutritional foods and				
	keeping food in the ho					
		been an issue with the				
		ed multiple times over the				
	yearsThought she had gotten better, but staff #1					
		the Licensee/RN was not				
	being consistent with					
		ensee/RN multiple times she				
	-	nds for clients to at least go				
	out to eat on occasion					
		ever bought them food while				
	them.	e community to eat with				
		N used to always tell her,				
	"You're breaking me," situation.	when discussing the food				
	During interview on 4	/15/10 the Current OD				
	stated:	/15/19 the Current QP				
	_	as QP for the home the				
	middle of March 2019					
		home a few times to meet				
	with the clients and st					
		nplained to her about the				
		e stated she was paying for				
	food out of her pocke	τ. ell her the Licensee/RN				
		ets" for the clients to eat for				
	lunch, with nothing el					
		ill not fill grown men."				
		<u> </u>				
	Further interview on 4 stated:	1/16/19 the Current QP				
		ne last night and staff #1 was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL092-833	B. WING		04/24/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		926 EDISC	N ROAD			
CARE ON	E HOMES		NC 27610			
(V4) ID	SLIMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLE	
V 109	Continued From page	e 10	V 109			
	somplaining shout for	ad again				
	complaining about for	od again. / she (Licensee/RN) slips out				
		ning needs to be done."				
	on cheni care, somen	iling fleeds to be doffe.				
	During interview on 4	/10/19 and 4/17/19 The				
	Licensee/RN stated:	710,10 and 1,17,10 me				
	· ·	od for the home several times				
	a month.					
	-Came by the ho	me daily to check on clients.				
		et her know what she needed				
	from the store and sh	e would bring it by.				
	-Staff #1 spends	her money on the clients				
		take them out, "I can't stop				
	her from buying them					
		er volunteered to bring the				
	food to clients becaus	,				
	because the clients no					
		ying the other clients food				
	so."	roceries, "It's his right to do				
		t #3] how to spend his				
	money."	t #0] flow to spend file				
	_	nts money to eat with on the				
		at out in the community or				
	activities, "They get fu					
	-Had met the clie	ents out several times on the				
	weekends and "I will	throw my own money with				
	theirs to eat lunch."					
		66.00 dollars a month, after				
	she took out their med	dication co-pays, they get				
	the leftover.					
		different amounts of				
	allowance each week					
		ate pay, his brother gives him				
	money, so he had mo					
		t get any allowance because				
	she used his money t	· -				
		get between five to ten				
	out in the community.	ey could use that to eat with				

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DIVISION	n nealth Service Negu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		TED
					R	
		MHL092-833	B. WING		1	4/2019
		WITE032-000			04/2-	4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		926 EDISC	ON ROAD			
CARE ON	E HOMES	RALEIGH.	NC 27610			
()(1) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	J	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	s 11	V 109			
V 100	Continued i form page	5 II	100			
		pay for their food when they				
	go out, I am already s	spending money out of my				
	own pocket in this ho	me."				
	-"From now on, t	hey can just pack a lunch to				
	take with them when	they go in the community."				
	C. During interview or	n 4/9/19 and 4/10/19 Staff				
	#1 stated:					
	-The Licensee/R	N brought her old vehicle				
	over for them to use.					
	-Took client #2 a	nd #3 to their day program				
	five days a week.					
	-There is not extr	ra money for the clients to do				
	activities on the week	ends.				
	 Tried to find acti 	vities for them to do for free,				
	but had to use her ow	n money to put gas in the				
	car and buy their food					
		so excited when she would				
		ing them out, they would				
		ean and dressed to go."				
		lew Years Eve downtown				
	and paid for it so they	v could have a good night				
	out.					
	•	t guys and need to get out of				
	this house."					
		to the Licensee/RN about				
	•	out and for more gas, she				
	said they had their ov					
		N came every weekend and				
	would take the car an					
	-She would put o	nly fifteen dollars a week in				
	the car.					
		I not last to take the clients to				
		uch less getting out in the				
	community.					
		he Director via text on				
		amount of gas that the				
		ting in the car, he did not				
	respond, "but thinks h	ne spoke to the				
	Licensee/RN".					

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	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PLAN OF CORRECTION IDENTIFICATION NUMBER:			X3) DATE SURVEY COMPLETED		
AND FLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		FLETED
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			SON ROAD			
CARE ON	E HOMES	RALEIGI	H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLETE DATE
V 109	Continued From page	e 12	V 109			
	-Her husband tol	d her she needed to stop				
		on the clients and doing				
		RN should be doing, "You				
	need to make her acc					
		N last put gas in the car on				
		(4/6/19 or 4/7/19) and the				
	car is on empty, still h	nave the rest of the week to				
	take clients to day pro	ogram.				
	Observation on 4/9/19	9 (Tuesday) at 11:30 AM of				
		icle revealed the gas needle				
		ed, the gas light was on.				
	During interview on 4. Former QP stated:	/10/19 and 4/15/19 the				
	-Wrote the Plan	of Correction dated 10/5/18,				
	and asked the Directo	or to review before				
	submitting it.					
		the Licensee/RN that it was				
		rovide money for activities				
		clients could go out in the				
	community.	ith alianta triad to make a				
	schedule of activities.	ith clients, tried to make a				
		se her own money to pay for				
	them.	ise her own money to pay for				
		N would not provide extra				
		tside of their day program or				
	on weekends.	71 3				
	-Resigned after v	vorking a few years at this				
		tly "beating a dead horse."				
		N refused to follow her				
	recommendations and	S .				
		vocate, and this was no				
	longer my role at this	facility."				
	Review on 4/10/19 of	Plan of Correction received				
	2/18/19 revealed:	_				
		d staff (staff #1) has				
	_	ule of activities for the				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE. ZIP CODE	
		926 EDISO	, ,	,	
CARE ON	E HOMES	RALEIGH,			
0/10/15	SLIMMADV ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	Al OVE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 13	V 109		
		s activities in the home and			
	During interview on 4 Current QP stated:.	1/10/19 and 4/15/19 the			
	-Staff #1 had con	nplained to her on all her			
	_	noney for gas and activities			
	· ·	ending her own money to			
	take the clients out.	discuss this with the			
	-Had planned to discuss this with the Licensee/RN because she needed to make sure				
		as to take them on outings			
	and activities.	ac to take them on cutings			
	During interview on 4, Licensee/RN stated:	/10/19 and 4/17/19 The			
		schedule of activities.			
	-Staff #1 took the	em out to things on her own. If free activities to attend on			
	the weekends.				
	-Did not give mor funds for that."	ney for activities, "They get			
	_	eir allowance they receive to			
	go on activities it they	want to. different amounts of			
	allowance each week				
		6.00 dollars a month,after			
		dication co-pays, they get			
	the leftover.				
		ate pay, his brother gives him			
	money, so he had mo				
		t get any allowance because			
	she used his money t	•			
		get between five to ten ey could use that to go out			
	in the community.	ey could use that to go out			
		pay for their food when they			
		spending money out of my			
	own pocket in this ho				
		een- twenty dollars worth of			

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DIVISION	n Health Service Negu	iation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1 ` '		(X3) DATE S	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
					_	
			D WING		R	
		MHL092-833	B. WING		04/2	4/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
IVAIVIL OI II	TO VIDER OR GOLT EIER			(i, 2, ii) 00bL		
CARE ON	E HOMES	926 EDIS				
		RALEIGH	, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	^	(X5)
PRÉFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	. 11	V 109			
V 109	Continued From page	÷ 14	V 109			
	gas in the car a week					
	•	ekend and took the car for				
	gas.					
	•	ixty dollars a month on gas,				
	"That is enough, Rale					
	•	•				
		at much gas to get around				
	where they need to g					
	•	her old vehicle, a 2006				
	Honda Pilot.					
	-Aware staff #1 had to take clients to day					
	program five days a v					
	-Aware staff #1 is	s putting extra money in the				
	gas, "she did that on	her own."				
	-					
	D. Observation on 4/9	9/19 at 9:30 AM revealed				
	the following,	.,				
	•	iture cushions stained,				
	•	ng coming out in multiple				
	places.	ig coming out in maniple				
	•	hady adar and musky ald				
		body odor and musky old				
	_	ing room furniture while				
	standing beside it.					
		rusted, dented and coming				
	out of vent slot.					
		d rails had missing post and				
	detached from house	and rocking back and forth				
	at the touch.					
	-Client #1 and #6	6's bedroom had a chirping				
		outlet coming out of wall with				
	exposed wires.	-				
	•	S's nightstands broken with				
		aced in them, there was no				
		nightstand drawer and it was				
	hanging out.	nginotana arawoi ana it was				
		roop dooply augker in the				
		ress deeply sunken in the				
	middle.					
		ig fan light had no light bulbs				
		a nightstand that was				
	broken, this was his o	only source of light in the				

Division of Health Service Regulation

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DIVISION	n nealth Service Negu	ialion				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
						,
		MUU 000 020	B. WING		F	
		MHL092-833	5		04/2	24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
		926 EDISC	N ROAD			
CARE ON	E HOMES		NC 27610			
	OLUMANA DV OT			PROVIDEDIO DI ANI OF CORRECTIO		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	T	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
V 109	Cantinual Francisco	. 45	V 109			
V 109	Continued From page	9 15	V 109			
	room.					
	-Client bathroom	vanity light fixture had two				
		and bulbs, only one working				
		covers were sitting on the				
	sink.	3				
	-Carpet in client	#3 and #4's bedroom				
	T	ty and had a strong smell of				
	body odor.	ty and had a careing emen er				
		had missing post and were				
	loose.	That missing post and were				
	-Mailbox in the front yard was propped up by					
		and pieces of cut up wood.				
		and pieces of cut up wood.				
	During interview on 4	/9/19 and 4/10/19 staff #1				
	stated:	70/10 dild 4/10/10 Stall #1				
		N fixed most repairs from				
	last survey.	iv fixed filost repairs from				
	,	made sure she stayed on				
		get the repairs done.				
		N only fixed the stuff				
		r QP and "state" would be				
		I QP and state would be				
	coming back out.	ts of repairs to be				
		is of repairs to be				
	completed.	uum to use on the carpet.				
		<u>.</u>				
		aner did not work, and had				
	not since she started	working nere last				
	September 2018.					
		use a broom to sweep their				
	floor.					
		ensee/RN about the repairs,				
		neone coming to fix them.				
		would do bi-weekly				
	I	ssed needed repairs with				
	the Licensee/RN and					
	· · · · · · · · · · · · · · · · · · ·	did the initial repairs, but he				
		at was a few months ago.				
		N is aware of the broken				
	porch rails, vent in kit	chen, mailbox and furniture.				

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-When the repairman was doing the repairs,

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
		926 EDISC	ON ROAD		
CARE ONE HOMES RALEIGH			NC 27610		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 109	Continued From page	e 16	V 109		
	he did what they initia	ally asked, then they kept			
		nis list and would not pay			
	_	d come back to work here."			
		had been by a few times, but			
		valk through of the home.			
		new she needed to do			
	checks.				
	-The Director car	ne to the facility after last			
		shape of things" and could			
	not believe how bad the home had gotten.				
		ed in another state, "Texas, I			
	think."				
		North Carolina every three			
	_	by and speak to the clients			
	for a few minutes.				
	During interview on 4, stated:	/10/19 the Former QP			
	-Ended her empl	oyment on 3/15/19.			
	-Wrote the Plan	of Correction the Director			
		al hearing, he was to review			
	it and make changes				
	_	weekly inspection and sent			
	this to the Director in	uld call the next day to			
		all things were fixed per her			
	request.	all tilligs were fixed per fier			
		ny request for repairs in			
	January 2019.	, I			
		N and Director's focus was			
	on making sure the o	riginal items that were cited			
	in previous survey we	ere completed.			
		ng the mailbox as it had been			
	broken for almost two				
		I to the Licensee/RN and			
		s about the living room			
		d, stained, sunken in and			
	· · · · · · · · · · · · · · · · · · ·	place in the home for the			
	clients.	D: (: 11: 1			
	⊢ -⊵xpressed to the	e Director in multiple	1		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION		E SURVEY PLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		ILLILD
						R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE ZIP CODE		
TO WILL OF T	NOVIDEN ON GOLF EIEN		ON ROAD	12, 211 0002		
CARE ON	E HOMES		I, NC 27610			
240.15	CUMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	2/5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 17	V 109			
	respond.	ssues and he would not N stated there was nothing				
	wrong with the furnitu	re, that it was not damaged,				
	and it was very sentin					
		e Licensee/RN ever or cleaning the carpet.				
		or cleaning the carpet. bken dressers or porch rails,				
	never looked out back					
		repairman to do the list of				
	repairs that were cited					
		repairs was in March 2019.				
	-Not aware they had more repairs for him to					
	do, had not heard if s	he had contacted him to				
	come back since he le	eft.				
	-	man agreed to do the				
	repairs, he submitted	an estimate and they				
	agreed on payment.					
	-As he finished th					
		N) kept adding more things				
		ıld not pay him until those				
	things were complete					
		ing off paying him." iid and told her he would				
	, , , ,	censee/RN and Director				
	again.	Jones Syrth Valla Birester				
	_	/10/19 the Repairman hired				
	by Licensee/RN state					
	· ·	Licensee/RN and Director a				
	few months ago to fix	repairs. stimate and contract of				
	agreed price.	umate and contract of				
		oom sink, bathroom ceiling,				
		doors, new floor in the				
		from leak), hung new blinds				
	and painted the inside					
	I	all work was completed he				
		the house because the				
		ostly green (the house is				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
7.11.2.1.2.11.1	5. GGT. 1.20 T. GT.		A. BUILDING:		00	
		MIII 000 000	B. WING		R	
		MHL092-833	B. WING		04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISOI				
		RALEIGH, I	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 109	Continued From page	e 18	V 109			
	white siding), but due with them and getting and not return for more and personal and not return for more things on for him. The Director tole you until you finish all agreed repair kept putting off paying. Had to ask multi would "nick pick" his was too m for work, I didn't need no efform the heleft to come back to me and personal and person	to the difficulty in working paid, he decided to cut ties re work. In the initial agreed items, ment, but they kept adding in to fix. If him, "We are not paying the repairs." If were completed and they ghim. If ple times to get paid, they work to try not pay him for it. If the work that bad." If home had called him since to do repairs, "I think it was got paid and left, that I				
	Current QP stated: -Went to the hom went past the living rown of an coming back to do repended of the coming across the yallooked "unappealing." -Mentioned this to said she was having a to come cut it down for a come cut it dow	y repairman supposed to be pairs. ne home, noticed a large tree rd, away from the home, but of the Licensee/RN and she hard time finding someone or one hundred dollars. t to home and checked				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED	
ANDILAN	OF CONTECTION	IDENTIFICATION NOMBER.	A. BUILDING:		0000	
						R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	F ZIP CODE		
NAME OF T	NOVIDEN ON OUT LIEN		ON ROAD	L, Zii OODL		
CARE ON	E HOMES		I, 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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109	Continued From page	e 19	V 109			
	client care."					
	4/17/19 the Licensee, -Had completed the previous surveyHired a repairma -The former QP v and letting them knov -Did not have the had asked her for the were her own she cre them to her"I come by the h things through the ho a week." -Did not show the correction, but told he -Not aware if she checks, she had not r about themThe QP knew sh the home, "that is par -Aware of the kitch hand rails needing re -Last communicates	all repairs that were cited in an to complete them. was doing the weekly checks of repairs. e forms the former QP used, m and she told her they eated and would not give some every day and check use at least one to two times e current QP the plan of er to do weekly checks. e had done the weekly mentioned anything to her the was to check everything in the of her job." chen vent and back porch				
	work with other client					
		e would call her when his				
	work lightened up.	WHOT THE				
		ight in client #5's room is not				
	_	lbs with square base and				
		find those type to fit it.				
		d the home stores in a very				
	long time for them, "I					
		k rail being loose last week,				
	told the yard guy to fix ahead of her before h	x it, but he had five people ne would come back.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X			(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	ILLILD	
						R	
		MHL092-833	B. WING		04	1/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE			
NAIVIL OF T	NOVIDEN ON SOIT EIEN			, ZII CODE			
CARE ON	E HOMES		SON ROAD H, NC 27610				
	I		H, NC 27010				
(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 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 109	Continued From page	e 20	V 109				
	-The mail box, "h	nas been giving me a					
	headache," been bro						
	-"I guess I need	to get a new one, not sure					
	where to get one."						
	-The furniture is	fine, "not aware of any					
	problems with it."						
	_	ed the Licensee/RN the "dry					
	rotted" area where th out.	e inside filling was coming					
		rought this furniture over a					
	year ago from her ho						
	-Staff #1 told her	she knew someone who					
	was going to donate	furniture to them, so had not					
	planned to buy any n	ew furniture for the home.					
	-Wanted to remo	ve client #3's carpet, but he					
		out, "That's his right to have					
	the carpet remain in I						
		he wanted his carpet					
		"he is lying, he lies about					
		God will deal with him in the					
	end."						
		e vacuum not working					
	#6's room being brok	awers in client #1, #2 and					
	_	showed the Licensee/RN the					
		ey were "off track" and she					
	attempted to fix them						
	•	ere too small for the					
		ot belong to that piece of					
	furniture.						
	-The Licensee/R	N walked into client #2's					
	room and switched o	ut the drawers to see if they					
	were a better fit.						
		N pulled out the broken					
		hich had no bottom and said					
		it was closed (it was the					
	bottom drawer in the	-					
	opened the bottom w						
		N dug around client #6's					
	other drawer and fou	nd the bottom piece to the					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7. BOILBING			D
		MHL092-833	B. WING	<u>-</u>	04	R / 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			ON ROAD			
CARE ON	E HOMES	RALEIGH	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 OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 109	Continued From page	e 21	V 109			
v 109	drawer. -The drawer was corners, she stated "he fixed back." -"I have spent so repairs, I have done as E. During interview of stated: -Had mentioned money to take them of said they had their money to take them of said they had their money. -The Licensee/R would take the car and she would put of the car. -That amount did clients to their day profine the community. -Had contacted to 3/20/19 regarding the Licensee/RN was put respond, but thinks here. -The Licensee/R Saturday or Sunday car is on empty, still here clients to day profine the facility vehion empty, when crant During interview on 4. Licensee/RN stated: -Gave the facility Honda Pilot. -Usually puts fifting sin the car a week grant sin the car and the	dere is the bottom, this can amuch money in these all I can." In 4/9/19 and 4/1019 staff #1 Ito the Licensee/RN about out and for more gas, she oney to use. N came every weekend and id put gas in it. only fifteen dollars a week in amount of gas that the ting in the car, he did not expose to the Licensee/RN. N last put gas in the car on (4/6/19 or 4/7/19) and the nave the rest of the week to orgam. 9 (Tuesday) at 11:30 AM of itcle revealed the gas needle ked, the gas light was on. 1/10/19 and 4/17/19 The other old vehicle, a 2006 even-twenty dollars worth of	V 109			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7.1.2 . 2.1.		.52.11.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.11.01.0	A. BUILDING: _			
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	1 0 112 1120 10	
		926 EDISO	, ,	, 2 3332		
CARE ON	E HOMES	RALEIGH,				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 109	Continued From page	e 22	V 109			
	-Spends about s "That is enough, Rale -It did not take th where they need to g -Aware staff #1 h program five days a w -Aware she is pu "she did that on her of Review on 4/15/19 of Fuel Economy websit -2006 Honda Pile miles per gallon in cit -Average gas pri gallon. Review 4/15/19 of Go -The facility addr program is 7.5 miles w miles a day for drop of Calculations of staff #	ixty dollars a month on gas, eigh is a small city." hat much gas to get around oo. had to take clients to day week. htting extra money in the gas, own." FU.S Department of Energy, the revealed the following, of averages between 17-18 by and open road. he ces on 4/15/19 is \$2.60 a coogle Maps revealed: he sess to client #2 and #3's day one way, which equals 30 off and pick up.				
	#3's day program five days a week is 150 miles. Fifteen dollars of gas puts 5.76 gallons of gas in the facility vehicle at 17-18 miles a gallon equals approximately 98 miles.					
	Populations, Size and -Population of 46 -40th largest city	y of Raleigh's Website d Square Mileage revealed: 68, 990. in the United Sates. 8 square miles in land				
	stated: -These citations -The clients cont -The Surveyor is	inue to lie about things.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING		R
		MHL092-833	B. WING		04/24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES		SON ROAD		
		RALEIGI	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	Continued From page	23	V 109		
	surveyor. -"I fixed everythin -Would not comp (POP). -Surveyor advise with her Qualified Pro with in developing a F surveyor later in the d -The Licensee/RI their money on food a to do so. -Denied any clier food. -Surveyor left the continued to express -No POP was rec	ng you asked me to." lete a Plan of Protection d the Licensee/RN to get fessional (QP) to consult POP and email it to the			
	4/23/19.	no response to email or			
	This deficiency is cros	tutes a recited deficiency. ss referenced into: 10A pervised Living - Scope			
V 112	27G .0205 (C-D) Assessment/Treatment		V 112		
	TREATMENT/HABILI PLAN (c) The plan shall be assessment, and in page 1.5 cm.	TATION OR SERVICE developed based on the artnership with the client or both, within 30 days			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			71. 201221110.		R	
		MHL092-833	B. WING		04/24/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO RALEIGH,				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 112	of admission for client receive services beyon (d) The plan shall incomplete (e) achieved by provision projected date of achieved by provision projected date of achieved (a) strategies; (b) a schedule for reannually in consultation responsible person of (b) basis for evaluation outcome achievement (e) written consent of responsible party, or a service of the provision of the pr	ts who are expected to and 30 days. clude: that are anticipated to be a of the service and a devement; eview of the plan at least on with the client or legally both; on or assessment of	V 112			
	failed to implement st	as evidenced by: ew and interviews the facility rategies for two of four is' treatment plans. The				
	Personality DisorderTreatment Plan	of 12/15/17. ntal Retardation and				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
			5 11/11/0			R
		MHL092-833	B. WING		04	1/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		926 EDIS	SON ROAD			
CARE ON	E HOMES	RALEIG	H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 112	Continued From page	e 25	V 112			
	revealed:					
		his supervised time in the				
	_	pate in activities of choice,				
		nmunity, attend social				
		e in preferred activities, etc."				
		rage [client #1] to select				
		ce and facilitate participation				
	as needed.					
	During interview on 4/10/19 client #1 stated:					
	-"Been depressed a lot lately."					
	-Didn't go anywh	nere on the weekends, except				
	grocery store when n					
		activities, "Seems like to me				
	_	ered Nurse (RN)] won't				
	spend money on stuf					
	_	o out on weekends, "but				
		o go, they did not have the				
	money."					
		use her own money to put laces and she would buy				
	their food.	naces and she would buy				
	tileli lood.					
	During interview on 4 stated:	/10/19 client #1's Guardian				
		perience depression.				
		be more active and out on				
		ard independent living.				
		t #1 is capable of that, but				
	this is what he wants					
	-Saw client #1 or	nce every two to three				
	months and he alway	s wants to get out into the				
	community.					
		olved in a Senior program				
		eals on Wheels five days a				
	week for a few hours					
		xpressed wanting to get a job				
	to make money and o					
		omplained to him he did not				
	go anywhere other th	an meals on wheels, nothing	1			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
			P WING		R
		MHL092-833	B. WING		04/24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CAREON	E HOMES	926 EDISO	N ROAD		
CARE ONE HOMES RALEIGH		RALEIGH,	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	26	V 112		
	on the weekends but -Not aware of accoutside of their day por B. Review on 4/9/19	stay at the home. tivities planned for the clients rograms.			
	revealed: -Admission date -Diagnoses of Ar	of 12/7/15. exiety and Severe			
	Depression.	micty and covere			
	-Treatment Plan	dated 12/1/18.			
	Plan revealed: -"Goal-[Client #3] at least twice monthly home or program for -Residential Sup following interventions activities he enjoys. Soptions to choose froiclient to participate in of a year. Staff will as and support him as no necessary support to or school"	port Staff will provide the s: Will assist client in finding Staff will provide client with m as well as encourage activities during the course ccompany client to activities eededStaff will provide gain access to community			
	needed supplies/food -His brother took store a few times a m -Staff #1 had to p much" if they went to -The Licensee/R go do activities or out -Client #3 stated clients food on the we eat along with staff #	Inly went to the store for . him out to eat and to the onth. but gas in the car "right the store on the weekend. N did not provide money to to eat. he would help pay for other eekends if they went out to			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE Co			E SURVEY PLETED
711012111	or correction.	IBENTI 19, WENT NOMBER	A. BUILDING:		00	
			B. WING			R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CARE ON	E HOMES	926 EDIS	SON ROAD			
CARE ON	E HOWES	RALEIGI	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) COMPLETE DATE
V 112	Continued From page	e 27	V 112			
	-He gets extreme weekendHe will tell her h had no where to go"I will take them gas and activities." -The Licensee/R activities, gas or food -The client's did use for activitiesClient #1 only ga few hours a week a every other week throprogram he is enrolle -Client #3's brothmonth to take him ou -Client #3 would the weekends to pay they would go outAware they have community, but the L the resources to do s During interview on 4 Professional stated: -No longer worki 3/15/19When worked w	about his depression. ely bored sitting around all e feels depressed when he out when I have money for N did not provide money for when they were out. not have the extra money to be out to Meals on Wheels and to a coffee house event bugh the Senior Citizen d in. her came by a few times a t to eat and do his errands. often use his own money on for other clients to eat when e goals to go out in the icensee/RN did not provide o. /10/19 the Former Qualified ing at the facility effective				
	own money to pay for would not provide exto outside of their day provide actions and their treatment plan.					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL092-833	B. WING		04	R 4 24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
		926 EDIS	SON ROAD			
CARE ON	E HOMES		H, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLETE DATE
V 112	Continued From page	e 28	V 112			
	-The Licensee/R recommendations an	vocate, and this was no				
	Current QP stated: -Started working	1/10/19 and 4/15/19 the as QP the middle of March				
	2019. -On first visit to the home, she asked to see the client records to make sure all the Treatment					
	Plans were up to date	e and the Licensee/RN told				
	her not to worry abou	t Treatment Plans because				
	the Former QP had m	nade sure they were				
	completed before she					
		e client goals at this time.				
		e a mess" and planned on				
		oon to organize them.				
		nplained to her on all her				
		money for gas and activities				
	take the clients out.	ending her own money to				
		discuss this with the				
		e she needed to make sure				
		as to take them on outings				
	and activities.	9				
	During interview on 4 stated:	/10/19 The Licensee/RN				
		ra money for activities				
	outside of their day p					
		goals for activities, "They				
	have funds they recei					
	_	66.00 dollars a month and				
		ir medication co-pay, they				
	get that money weekl	=				
		t get any money after his				
	co-pays because she purchase his cigarette	used his leftover money to es for him.				

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STATE FORM 6899 CC7I11 If continuation sheet 29 of 56

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. BOILDING.		R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STATE	E, ZIP CODE	
CARE ON	E HOMES	926 EDIS	ON ROAD		
OAKE OK	L HOMES	RALEIGH	I, 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 OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 112	Continued From page	29	V 112		
	him money for allowa -"Its not my responsionThey can go find inStaff #1 took the help if she paid for the wanted to do that." This deficiency constitution.	ate pay and his brother gave nce. consibility to pay for activities." If free activities to participate am out on weekends, "I can't eir food or activities, she tutes a recited deficiency. as referenced into: 10A coervised Living - Scope			
V 115	27G .0208 Client Ser	vices	V 115		
	(a) Facilities that provassure that: (1) space and supervithe safety and welfard (2) activities are suita and treatment/habilitaserved; and (3) clients participate activities. (h) Facilities or prograin these Rules as "24 available 24 hours a cunless otherwise special control of the served; and when clients who are transported, the with secure adaptive (e) When two or more require special assistin a vehicle are transported and the secure adaptive in a vehicle are transported.	ble for the ages, interests, ation needs of the clients in planning or determining ams designated or described -hour" shall make services day, every day in the year. cified in the rule. e or prepare meals for nat the meals are nutritious. have a physical handicap ehicle shall be equipped			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING: COMPL	
					R
		MHL092-833	B. WING		04/24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
OADE ON	F 110MF0	926 EDIS	ON ROAD		
CARE ON	E HOMES	RALEIGH	, NC 27610		
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD	
PREFIX TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	
V 115	Continued From page	: 30	V 115		
	assist in supervision of	of the children.			
	acciot iii capoi ticioii t				
	This Rule is not met				
		nd observation the facility			
		ous meals were served and			
		ole for six of six clients (#1,			
	#2, #3, #4, #5, #6). T	he findings are:			
	A. During interview or	n 4/9/19 client #3 stated:			
		egistered Nurse (RN) started			
		the home since last survey,			
	but still not enough.	•			
		o to the store and buy items			
	for them several times	s a month.			
	-The Licensee/RI	N brought groceries by one			
	time a month.				
		ad to pull their money			
		e" to go to store to buy			
		and milk so they could			
	have cereal about a n				
	-	d for the home to have			
	sandwiches several ti months.	mes over the last SIX			
		ere on the weekends, he or			
		od for everyone because the			
		provide money for going out.			
		r brings food he gets			
		so they can have more food.			
	•	good with what she has to			
	work with."	,			
		neck bones and rice" for			
		hat, no other options to eat."			
		n money to use, the			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		MHL092-833	B. WING		R 04/24/2019
NAME OF D			DRESS, CITY, STA	TE ZID CODE	1 04/24/2013
NAME OF P	ROVIDER OR SUPPLIER	926 EDISC	, ,	NE, ZIP CODE	
CARE ON	E HOMES		NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 115	Continued From page	31	V 115		
	Licensee/RN did not phim, "I am private pay	orovide an allowance for ."			
	_	/10/19 client #1 stated: ue to the store many times on food for them.			
		r brought groceries to the			
	-The Licensee/RI	/10/19 Client #2 stated: N brings "a little bit of food at			
	a time." -Had run out of bread, milk and cereal and staff #1 would go to the store and use her money				
	to buy more.	io otoro ana abo noi mono,			
	-	/10/19 client #4 stated: en cooking a lot better than			
	-Staff #1 had to be a month because the	ouy extra food several times y would run out of bread.			
	have to buy their own -The Licensee/R	on the weekends, they would food or staff #1 would buy. N had not given them money			
		r brings food over a few uit, deli meat, vegetables			
		N would bring food one time			
	a month.				
	-Staff #1's brothe stuff to make sandwice				
	they run out.	ight food lots of time when			
	but brought groceries -The food didn't a				
		o pull their money together a			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
						R
		MHL092-833	B. WING		04	/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATI	E, ZIP CODE		
		926 EDIS	ON ROAD			
CARE ON	E HOMES		I, NC 27610			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	·	PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 115	Continued From page	e 32	V 115			
	month ago to buy bre	ad to make sandwiches.				
	-Had to go out with when they were out of a staff #1 had bout she had the money." -Staff #1's family the church donations it." -Would like to go don't have the money	brought groceries by from they work with, "a bunch of out to eat sometimes, "but I				
	During interview on 4/9/19 and 4/10/19 Staff #1 stated: -The Licensee/RN came by everydayThe Director came by every few months, he lived in another state. -The food supply had gotten better, but had seemed to "fall off" again since the former QP left.					
	because "The State" -The Licensee/R and vegetables, but n -"My brother brin so we supplement wit -He started bring the clients had enoug -He worked at a donated food from dif expires or about to ex -He would bring to meats, breads and sv -"The guys love i they did not have before	pod in the home. Pensee/RN would only listen had cited them before. N was bringing fresh fruits not in a few weeks. gs lots of food over weekly th that." ing the food to make sure th to eat. church where they received ferent grocery stores once it kpire. fresh fruit, vegetables, deliveets. t, because they get a variety ore."				
	-Been using her clients if they went ou	own money to buy food for it.				

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STATE FORM 6899 CC7I11 If continuation sheet 33 of 56

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JIP CODE 22 EDISION ROAD RALEIGH, NC 27610 SUMMARY STATEMENT OF CERTICENSES (ASOLIDATION OF ALL IDENTIFYING INFORMATION) PRETTY (ASOLIDATION OF ALL IDENTIFYING INFORMATION) V 115 Continued From page 33 -They did pull their money together to buy bread and milk because they did not have any to make sandwichesClient #3 would also buy other clients food if they went out because they did not have money to do doThe Licensee/RN did not give them money to go ut to eat with, they are just supposed to eat what is at the homeHad discussed the food issues with the new OP and how things were "slacking off" againHad texted the Director in the past with concerns, he would just respond with, "take this up with my mother (Licensee/RN)." Further interview on 4/16/19 Staff #1 stated: -She had to buy the men dinner last night at local fast food restaurantOnly had two small packs of meat and the clients wanted something differentThe Licensee/RN told her she had been sick and unable to get to the grocery storeHad asked the Licensee/RN to give her money and she could do the grocery shopping, but she would one allow itTold the OP last night about the situation and she said she would speak to Licensee/RNHad not heard from the Director in a monthDuring interview on 4/15/19 the Former OP stated: -Left employment with the home on 3/15/19, -Staff #1 had complained to her about spending her own money to buy the clients foodHad stayed not the Licensee/RN and Director for years about buying nutritional foods and		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER CARE ONE HOMES SIRELET ADDRESS. CITY. STATE, ZIP CODE 926 EDISON ROAD RALEIGH, NC 27610 PROVIDERS 8 AM OF CARESCRIP (DASH DEPRICIA) PRECILATORY OR LSC IDENTIFYING INFORMATION) V115 Continued From page 33 -They did pull their money together to buy bread and milk because they did not have any to make sandwiches. -Client #3 would also buy other clients food if they went out because they did not have money to go out to eat with, they are just supposed to eat what is at the home. -Had discussed the food issues with the new QP and how things were "slacking off" againHad texted the Director in the past with concerns, he would just respond with, "take this up with my mother (Licensee/RN)." Further interview on 4/16/19 Staff #1 stated: -She had to buy the men dinner last night at local fast food restaurantOnly had two small packs of meat and the clients wanted something differentThe Licensee/RN told her she had been sick and unable to get to the grocery storeHad asked the Licensee/RN to give her money and she could do the grocery shopping, but she would not allow itTold the QP last night about the situation and she said she would speak to Licensee/RNHad not heard from the Director in a month. During interview on 4/15/19 the Former QP stated: -Left employment with the home on 3/15/19Staff #1 had complained to her about spending her own money to buy the clients foodHad stayed on the Licensee/RN and Director -Had stayed on the Licensee/RN and Director				A. BUILDING: _		_
CARE ONE HOMES SUMMARY STATEMENT OF DEFICIENCIES FREETR SUMMARY STATEMENT OF DEFICIENCIES TAG PREPIX TAG PROVIDER'S PLAN OF CORRECTION PREPIX TAG PROVIDER'S PLAN OF CORRECTION PREPIX TAG PROVIDER'S PLAN OF CORRECTION PROVIDE			MHL092-833	B. WING		
CARE ONE HOMES CANADA CA	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION PREPIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG REGULATORY OR LSC IDENTIFYIA TAG	CARE ON	E HOMES				
-They did pull their money together to buy bread and milk because they did not have any to make sandwiches. -Client #3 would also buy other clients food if they went out because they did not have money to do do. -The Licensee/RN did not give them money to go out to eat with, they are just supposed to eat what is at the home. -Had discussed the food issues with the new QP and how things were "slacking off" again. -Had texted the Director in the past with concerns, he would just respond with, "take this up with my mother (Licensee/RN)." Further interview on 4/16/19 Staff #1 stated: -She had to buy the men dinner last night at local fast food restaurant. -Only had two small packs of meat and the clients wanted something different. -The Licensee/RN had not brought groceries in three weeks. -The Licensee/RN had not brought groceries in three weeks. -The Licensee/RN told her she had been sick and unable to get to the grocery store. -Had asked the Licensee/RN to give her money and she could do the grocery shopping, but she would not allow it. -Told the QP last night about the situation and she said she would speak to Licensee/RN. -Had not heard from the Director in a month. During interview on 4/15/19 the Former QP stated: -Left employment with the home on 3/15/19. -Staff #1 had complained to her about spending her own money to buy the clients food. -Had stayed on the Licensee/RN and Director	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE COMPLETE
keeping food in the home.	V 115	-They did pull the bread and milk becaumake sandwichesClient #3 would they went out becaus to do doThe Licensee/R to go out to eat with, to go out to go ou	eir money together to buy use they did not have any to also buy other clients food if the they did not have money. N did not give them money they are just supposed to eat the food issues with the new the ere "slacking off" again. Director in the past with ust respond with, "take this idensee/RN)." 1/16/19 Staff #1 stated: the men dinner last night at the licensee/RN to give her do the grocery store. Licensee/RN to give her do the grocery shopping, ow it. night about the situation and break to Licensee/RN. Tom the Director in a month. 1/15/19 the Former QP It with the home on 3/15/19. Inplained to her about the Licensee/RN and Director go nutritional foods and	V 115		

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		MHL092-833	B. WING		R 04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CARE ON	E HOMES	926 EDISC	N ROAD		
CARE ON	E HOWES	RALEIGH,	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 115	Continued From page	e 34	V 115		
V 113	home, it had been cityears. -Thought she had was complaining that being consistent with -Had told the Liceneeded to provide fur out to eat on occasion -Not aware she cout or met them in the them. -The Licensee/R "You're breaking me," situation.	d gotten better, but staff #1 the Licensee/RN was not getting enough food. ensee/RN multiple times she nds for clients to at least go n. ever bought them food while e community to eat with N used to always tell her, when discussing the food	V 113		
	stated: -Started working middle of March 2019 -Had been to the with the clients and si -Staff #1 had cor food in the home, she food out of her pocke -Staff #1 would to would buy "Hot Pocke lunch and nothing els -"Hot Pocket will	home a few times to meet taff. Inplained to her about the estated she was paying for t. It. It. It. It. It. It. It.			
	stated: -Went to the hom complaining about for -"It is so sad how on client care, sometl During interview on 4 Licensee/RN stated:	A/16/19 the Current QP ne last night and staff #1 was od again. y she (Licnesee/RN) slips out ning needs to be done." /10/19 and 4/17/19 The od for the home several times			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SUR COMPLETI	
ANDIEAN	O CONTROLLON	BENTI IOATION NOMBER.	A. BUILDING: _		JOWN LET	
		MHL092-833	B. WING		R	2040
		MITEU92-033			04/24/	2019
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO				
		RALEIGH,	NC 2/610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF THE APPROPRIED CONTROL OF T	BE	(X5) COMPLETE DATE
V 115	Continued From page	: 35	V 115			
v 119	-Came by the hor-Staff #1 would leftom the store and she-Staff #1 spends when she chooses to -"I can't stop her wants." -Staff #1's brothefood to clients because because the clients ne-If client #3 is buy when out and extra ground so." -"I can't tell [clien money." -Did not give clier weekends if they wen activities, "They get further weekends and "I will theirs to eat lunch." -The clients get coallowance each weekends out their meeting the leftover. -Client #3 is privation on the used his money to the other guys godollars a week and thout in the community. -"I can't afford to	me daily to check on clients. In the know what she needed would bring it by. her money on the clients take them out. If on buying them food if she work of the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the wanted to, not weeded it. If ying the other clients food roceries, "It's his right to do to the wanted to, not weeded it. If ying the other clients food the wanted to, not weeded it. If ying the wanted we have wanted to, not weeded it. If ying the wanted we he wanted to, not we he wan	V 113			
	own pocket in this hor -"From now on, the	pending money out of my me." hey can just pack a lunch to they go in the community."				

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AND DLAN OF COPPECTION INTERPRETATION NUMBER	(X3) DATE SURVEY COMPLETED	
A. BUILDING:		
MHL092-833 B. WING Q4/24	1/2019	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE		
CARE ONE HOMES 926 EDISON ROAD RALEIGH, NC 27610		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 115 B. During interview on 4/9/19 client #3 stated:		

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STATEMENT	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDIS	ON ROAD			
OAIL OIL	L HOMEO	RALEIGH	, 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 OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 115	Continued From page	e 37	V 115			
	days a week. -Don't go out on did not have money to all they did go out and back. -Had seen staff # worth of gas in the caweek and weekend. -No activities are -Staff #1 will try to and she will use her compared to a day portion of the paid for everything. -Staff #1 tried to	t, they would go to the store t1 put ten to fifteen dollars r several times during the planned for them. o find stuff for them to do, own money for them to go. 10/19 client #4 stated: ere on the weekends. rogram five days a week. rrands and go to the store,				
	-Licensee/RN ga -Don't really go a when they get paid. -Attends a day poon Sundays, just wate -Had seen staff # times so they could g -Never had any a aware of." -Staff #1 will take money sometimes so	ve them her old car to use. Inywhere except to the store rogram six days a week, and ch television. If put gas in the car lots of to to the store or get food. In activities planned, "that I am them out and spend her they can get out of house. In activities planted."				
	_	at the home now, but it				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE	
CARE ON	E HOMES	926 EDIS	ON ROAD		
CARE ON	E HOMES	RALEIGH	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 115	Continued From page	: 38	V 115		
V 115	-Staff #1 had to pgo to the storeAttends a day prother activitiesWould like to go somethingStaff #1 tried to money to do so. During interview on 4 stated: -Client #1 did expHe would like to Saw client #1 or months and he alway communityClient #1 is invowhere he went on Me week for a few hoursClient #1 had expClient #1 had expClient #1 had composed for a few hoursClient #1 had composed for anywhere other than the weekends but so the weekends but onto the weekends but outside of their day produced for the stated:	out gas in the car for them to rogram six days a week, no out sometimes to eat or do take them out when she had 10/19 client #1's Guardian berience depression. be more active. Ince every two to three is wants to get out into the lived in a Senior program hals on Wheels five days a repressed wanting to get a job het out of the house. Implained to him he did not han meals on wheels, nothing stay at the home. It in the clients for the clients for the clients for the clients for the day and 4/10/19 Staff #1	V 115		
	over for them to useTook client #2 are five days a week.	N brought her old vehicle and #3 to their day program a money for the clients to do			
	but had to use her ow car and buy their food -The clients get s	vities for them to do for free, vn money to put gas in the			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
			A. BUILDING:		
		MHL092-833	B. WING		R 04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	
0485.01	E 110ME0	926 EDIS	ON ROAD		
CARE ON	E HOMES	RALEIGH	I, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 115	Continued From page	e 39	V 115		
	"take pride and get cl	ean and dressed to go."			
		lew Years Eve downtown,			
	paid for it so they cou	lld have a good night out.			
	_	t guys and need to get out of			
	this house."				
		to the Licensee/RN about			
	•	out and for more gas, she			
	said they had their me	oney to use. N came every weekend took			
	the car and put gas ir				
		only fifteen dollars a week in			
	the car.	,			
	-That amount did	I not last to take the clients to			
	their day program, mu community.	uch less getting out in the			
	-Had contacted t	he Director via text on			
	3/20/19 regarding the	amount of gas that the			
		ting in the car, he did not			
		e spoke to the Licensee/RN.			
		N last put gas in the car on			
		(4/6/19 or 4/7/19) and the			
	take clients to day pro	nave the rest of the week to ogram.			
	Observation on 4/9/1	9 (Tuesday) at 11:30 AM of			
	, ,	icle revealed the gas needle			
	on empty, when cran	ked, the gas light was on.			
	During interview on 4 Former QP stated:	/10/19 and 4/15/19 the			
		of Correction dated 10/5/18,			
	and asked the Directo	•			
	submitting it.				
		the Licensee/RN that it was			
	_	rovide money for activities			
		clients could go out in the			
	community.				
		ith clients, tried to make a			
	schedule of activities, own money to pay for	, but staff #1 would use her r them.			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	, ,	E SURVEY PLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _	A. BUILDING:		33	
						R	
		MHL092-833	B. WING		04	/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
0455.00		926 EDIS	ON ROAD				
CARE ON	E HOMES	RALEIGH	I, NC 27610				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLÉTE DATE	
V 115	Continued From page	÷ 40	V 115				
		N would not provide extra					
	on weekends.	tside of their day program or					
		vorking a few years at this					
		tly "beating a dead horse." N refused to follow her					
	recommendations and						
		vocate, and this was no					
	longer my role at this						
	Review on 4/10/19 of 2/18/19 revealed:	Plan of Correction received					
		d staff (staff #1) has					
		ule of activities for the					
	clients, which include community."	s activities in the home and					
	During interview on 4 Current QP stated:	I/10/19 and 4/1519 the					
		nplained to her on all her					
	_	money for gas and activities					
	take the clients out.	ending her own money to					
		discuss this with the eshe needed to make sure					
		as to take them on outings					
	and activities.	C					
		/10/19 and 4/17/19 The					
	Licensee/RN stated:	schedule of activities.					
		em out to things on her own.					
		free activities to attend on					
	the weekends.						
	-Did not give mor funds for that."	ney for activities, "They get					
		eir allowance they receive to					
	go on activities it they						
	 I hev get their \$6 	66.00 dollars a month, after				1	

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
					R
		MHL092-833	B. WING		04/24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE	
OADE ON	- UOM-O	926 EDIS	ON ROAD		
CARE ON	E HOMES	RALEIGH	I, NC 27610		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	
17.0		,	IAG	DEFICIENCY)	
V 115	Continued From page	<u> </u>	V 115		
	the leftover	dication co-pays, they get			
		different amounts of			
	allowance each week				
		ate pay, his brother gives him			
	money, so he had mo				
		t get any allowance because			
	she used his money t				
		get between five to ten			
		ey could use that to go out			
	in the community.				
		pay for their food when they			
		spending money out of my			
	own pocket in this ho				
	gas in the car a week	een- twenty dollars worth of			
	•	eekend and took the car for			
	gas.	solicina and took the oar for			
	•	ixty dollars a month on gas,			
	"That is enough, Rale				
	-It did not take th	nat much gas to get around			
	where they need to g	0.			
	- ·	her old vehicle, a 2006			
	Honda Pilot.				
		nad to take clients to day			
	program five days a v				
	-Aware she is pu	itting extra money in the gas,			
	Sile did that on her d	ovvii.			
	This deficiency const	itutes a recited deficiency.			
	This deficiency is cro-	ss referenced into: 10A			
		pervised Living - Scope			
	(V289).				
V 289	27G .5601 Supervise	d Living - Scope	V 289		
	101 110 10 10 10 10 10 10 10 10 10 10 10	4 00005			
	10A NCAC 27G .560				
	(a) Supervised living	is a 24-hour facility which			

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STATE FORM 6899 CC7I11 If continuation sheet 42 of 56

DIVISION	n Health Service Regu	ı	1		1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	IED
					R	
		MHI 002 922	B. WING			
		MHL092-833			04/24	1/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,				
	OLIMANDY OT	·		DDOVIDEDIO SI ANI OF CORRECTION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V/ 200	0	. 10	V 289			
V 289	Continued From page	9 42	V 209			
	provides residential s	ervices to individuals in a				
		nere the primary purpose of				
	these services is the	* * * *				
		duals who have a mental				
		ital disability or disabilities,				
		disorder, and who require				
	supervision when in the					
	•	g facility shall be licensed if				
	the facility serves eith					
	-	e minor clients; or				
	• •	adult clients.				
	` '	s shall not reside in the				
		s shall hot reside in the				
	same facility.	living facility shall be				
	(c) Each supervised					
	licensed to serve a sp	decilic population as				
	designated below:	£:				
		tion means a facility which				
	-	primary diagnosis is mental				
	illness but may also h					
		tion means a facility which				
		primary diagnosis is a				
	-	lity but may also have other				
	diagnoses;					
		tion means a facility which				
	serves adults whose					
	-	lity but may also have other				
	diagnoses;					
		tion means a facility which				
	serves minors whose					
	substance abuse dep	endency but may also have				
	other diagnoses;					
	(5) "E" designa	tion means a facility which				
	serves adults whose	primary diagnosis is				
		endency but may also have				
	other diagnoses; or					
		tion means a facility in a				
		ich serves no more than				
		ose primary diagnoses is				
	mental illness but ma					

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STATEMENT	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES		ON ROAD			
	T		H, NC 27610		T	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 289	clients whose primary developmental disabi other disabilities who family provides the se exempt from the follor. 0201 (a)(1),(2),(3),(4 (A),(B),(E),(F),(G),(H) (18) and (b); 10A NCAC 27G .0 (a),(b); 10A NCAC 27G .0208 (b),(e); 10 non-prescription med (1)(A),(D),(E);(f);(g); a (b)(2),(d)(4). This fact	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	V 289			
	services in a home er for six of six clients (#The findings are: Cross Reference 10/COMPETENCIES OF PROFESSIONALS A PROFESSIONALS (Treview, observation, a failed to ensure the L	n, record review and railed to provide residential environment and supervision £1, #2, #3, #4, #5, and #6). A NCAC 27G .0203 F QUALIFIED ND ASSOCIATE Tag 109) Based on record and interview the facility icensee/Registered Nurse nowledge, skills and abilities ation served.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
					R	
		MHL092-833	B. WING		04/24/201	19
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
0455 0::	E LIONEO	926 EDISO	N ROAD			
CARE ON	E HUMES	RALEIGH,	NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COM	MPLETE DATE
V 289	Continued From page	2 44	V 289			
	TREATMENT/HABILI PLAN (Tag 112) Base interviews the facility strategies for two of fortreatment plans.	TATION OR SERVICE ed on record review and failed to implement our audited (#1, #3) clients				
	SERVICES (Tag 115) observation the facilit meals were served ar	A NCAC 27G .0208 CLIENT Based on interview and y failed to ensure nutritious nd activities were available £1, #2, #3, #4, #5, #6).				
	(Tag 736) Based on or record review the faci	NCAC 27G .0303 ERIOR REQUIREMENTS observation, interview and lity failed to maintain the ctive manner free from				
	stated: -These citations a -The clients conti -The Surveyor is	inue to lie about things.				
	surveyor. -"I fixed everythin -Would not comp (POP). -Surveyor advise with her Qualified Pro with in developing a F later in the day. -The Licensee/RI their money on food a to do so.	ng you asked me to." Idete a Plan of Protection Id the Licensee/RN to get Infessional (QP) to consult POP and email it to surveyor N stated client's can spend and activities, "It's their right"				
	-Surveyor left the	e facility as the Licensee/RN her anger at surveyor.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 20.25		R	
		MHL092-833	B. WING		04/24/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO				
		RALEIGH,	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 OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 289	Continued From page	÷ 45	V 289			
	-No POP was red	ceived on this date.				
		the Licensee/RN on 4/22/19 submitted by 5:00 PM on				
	As of 4/23/19 at 5:00 POP was received.	PM, no response to email or				
	access to community Licensee/RN failing to pay for activities. Lice provide gas for transp dollars for gas a mone ensure clients were a as outlined in their tre supplement by purcha funds. Clients' treatme participating in comm and shopping were no	zophrenia were denied activities due to o coordinate, schedule and ensee/RN also failed to oortation, providing only sixty th for the facility vehicle. To ble to attend day programs atment plans, staff had to asing gas with personal ent plans and strategies of unity activities, social events ot able to be implemented by				
	families provided food money as Licensee/R adequate quantities of the home were not co replacement, mulitple fixtures, furniture with exposed filling, a brok- repairs needed within The Licensee/RN faild for ensuring clients no transportation were m from Staff #1 and the Professional. The Lice coordinate and ensuring	of food. Needed repairs in simpleted including carpet broken nightstands, light torn upholstery and sen porch post and other and outside of the home. The sed to accept responsibility seeds for food, activities and set despite multiple requests former Qualified sensee/RN did not se correction of previously failed to inform the current				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED			
ANDILAN	O CONTROLL	IDENTIFICATION NOMBER.	A. BUILDING: _			
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
CARE ON	E HOMES	926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,	NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	46	V 736			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	review the facility faile	as evidenced by: , interview and record ed to maintain the home in a er free from offensive odor.				
	following, -Living room furn ripped with inside fillir placesStrong smell of b smell coming from livi standing beside it.	at 9:30 AM revealed the diture cushions stained, ag coming out in multiple body odor and musky old ang room furniture while distributed, dented and coming				
	-Back porch hand detached from house at the touchClient #1 and #6 smoke detector and o exposed wiresClient #1 and #6 match drawers placed	ottom to client #1's				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						R	
		MHL092-833	B. WING		04	1/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CARE ON	FUOMES	926 EDIS	ON ROAD				
CARE ON	E HOMES	RALEIGI	H, NC 27610				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY 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) COMPLETE DATE	
V 736	Continued From page	e 47	V 736				
	-Client #1's matt middleClient #5's ceilir and had one lamp or broken This was his or #5's roomClient bathroom missing light covers a bulb. The glass light sinkCarpet in client extremely stained, di body odorFront porch rails-Mailbox in front	ress deeply sunken in the ng fan light had no light bulbs n a nightstand that was nly source of light in client n vanity light fixture had two and bulbs, only one working covers were sitting on the #3 and #4's bedroom rty and had a strong smell of s had missing post and loose. yard was propped up by and pieces of cut wood.					
	-The light in the about three months, covers on the sink, the for a while. -Was hoping the cleaned or replaced, to him. -There is no vac carpet, "we have a swith a broom to clear -There was a vareally worked. -The Licensee/Raware of this, he told -Assumed she was the the cause he was the the The mailbox ha time, it was always fare -Client #4 had media.	egistered Nurse (RN) was her a long time ago. yould not buy a new one only one with carpet. d been broken for a long					

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1 ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
7.1.12 . 27.11 .	o. 001.11.2011011	A. BUILDING:			00 22.25	
	MHL092-833		B. WING		04	R J /24/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE	·	
		926 EDIS	ON ROAD			
CARE ON	E HOMES		I, 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 DEFICIENCE)	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	Continued From page	e 48	V 736			
	-Dresser in his b since he moved inHad got a new r bottom is "old and tor -The mailbox had time, "someone need -The vacuum the had to use a broom to -The Licensee/R furniture over a year and the recently got bought it." -The ceiling fan I he moved in, not sure in itAlways had the nightstand, it works, i with light shade broke -Bathroom light f bulbs and glass cove -The mailbox wa ago by a transportation propped tree stumps -The rails on the for a long time, gradu -The couches are brought them over ab was her old furniture.	d been broken for a long s to fix it or get a new one." by had did not work, client #3 to sweep his carpet. N had brought the current ago. /10/19 client #5 stated: new furniture, "My guardian ight had never worked since why no one ever put bulbs broken lamp on the t just hangs over sideways en. ixture had been without light rs for about a year. s knocked down a long time on van, and they had against it to hold it up. back porch had been broken ally getting worse. e old, the Licensee/RN bout a year ago, she said it				
	broken for a "long time noticed.	nt and back porch had been ne", not sure of a date when ght had "always been broke"				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMPLETED	
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,	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 OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPL	LETE
V 736	Continued From page	e 49	V 736			
	with no bulbs.					
	-Dresser in his rosince he moved in last -The drawers are didn't fitThe mailbox need like that since he moved by stacking tree stum -The living room cushions, always been it over last yearNot sure what is the Licensee/RN brout was new, but it sunl -The Licensee/R	e from another dresser, they eded to be replaced, been yed in, client #4 tried to fix it ps around it. furniture has sunk in en like that since she brought sigoing on with his mattress, ught this was over, she said ken in the middle.				
	-The carpet in his would sweep it with the no vacuumThe couches in in, staff #1 mentioned get them some difference -The mailbox fell some old tree stumps -The back door re-	/10/19 client #4 stated: s bedroom is really dirty, he ne broom because there is the living room are sunken I something about trying to ent furniture for that room. about a year ago, gathered is in the yard to prop it up. ails have been broken for "a an old bucket to prop it up."				
	During interview on 4/9/19 and 4/10/19 staff #1 stated: -The Licensee/RN fixed most repairs from last survey. - The former Qualified Professional (QP) made sure she stayed on top of Licensee/RN to get the repairs done. -The Licensee/RN only fixed the stuff					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION		
,	5. 55. u. 25. u. c. u.	152.************************************	A. BUILDING:	A. BUILDING:		
		MHL092-833	B. WING		R 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	E, ZIP CODE	-	
		926 EDIS	ON ROAD			
CARE ON	E HOMES		I, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 736	Continued From page	e 50	V 736			
V 750	because of the forme coming back out. -There are still lo completed. -There is no vacually represented september 2018. - Client #3 and # their carpeted floor. -Had told the Licusthe said she had son repairs. -The former QP vinspections and discutthe Licensee/RN and and the Licensee/RN and and been back, the Licensee/R porch rails, vent in kithe word when the repair he did what they initial adding more stuff to him, "I doubt he would adding more stuff to him, "I doubt he would adding more stuff to him, the current QP she had not done a way sure if she knew she and the process of t	r QP and "state" would be uts of repairs to be uum to use on the carpet. aner did not work, and had working here last 4 used a broom to sweep ensee/RN about the repairs, neone coming to fix the would do bi-weekly assed needed repairs with Director. did the initial repairs, but he nat was a few months ago. N is aware of the broken chen, mailbox and furniture. man was doing the repairs, ally asked, then they kept nis list and would not pay d come back to work here." had been by a few times, but valk through of the home, not needed to do checks. me to the facilityafter last shape of things" and could the home had gotten. ed in another state, "Texas, I				
	_	by and speak to the clients				
	stated: -Ended her empl	/10/19 the Former QP oyment on 3/15/19. of Correction the Director				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL092-833 B. WING		R 04/24	/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO	N ROAD			
CARE ON	E HOWES	RALEIGH,	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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 736	Continued From page	e 51	V 736			
V 736	brought to the informatic and make changes -Was doing a bi- this to the Director in -The Director wo clarify, but not sure if request. -Last sent him ar January 2019. -Their focus was items that were cited completed. -Did mention fixin broken for almost two -Had complained Director multiple time furniture, "it was so of was not acceptable to clients." -Expressed to the conversations these i respond and the Lice nothing wrong with th -That it was not of sentimental to her. -Did not recall the mentioning replacing -Not aware of bro never looked out back -They did hire a repairs that were cited -Last time he did -Not aware they do, had not heard she back since he left. -When the repair	al hearing, he was to review as needed. weekly inspection and send email/text/fax. uld call the next day to all things were fixed per her my request for repairs in on making sure the original in previous survey were mg the mailbox as it had been by years. If to the Licensee/RN and sabout the living room led, stained, sunken in and or place in the home for the le Director in multiple ssues and he would not insee/RN stated there was the furniture. It camaged, and it was very the Licensee/RN ever or cleaning the carpet. Token dressers or porch rails, k. Tepairman to do the list of	V 736			
	-As he finished th	ne repairs, they				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		MHL092-833	B. WING		04/24/201	9
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
0405.01	E LIONEO	926 EDISC	N ROAD			
CARE ON	E HOMES	RALEIGH,	NC 27610			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1 (X5)
PRÉFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COM	IPLETE ATE
V 736	Continued From page	e 52	V 736			
	for him to do and would not pay him until those things were complete. -They were "putting off paying him." -He finally got paid and told her he would never work for them again.					
	by Licensee/RN state -He was hired by few months ago to fix -Submitted an es agreed price. -Fixed the bathro cabinets, holes, new o basement (damaged and painted the interio -Told them once would pressure wash entire outside was mo white siding), but due with them and getting and not return for mo -As he was finish he would request pay more things on. -The Director tolo you until you finish all -All agreed repair kept putting off paying -Had to ask multi would "nick pick" his o -"This was too m for work, I didn't need -No one from the he left to come back to	Licensee/RN and Director a repairs. stimate and contract of som sink, bathroom ceiling, doors, new floor in the from leak), hung new blinds or walls. all work was completed he the house because the bestly green (the house is to the difficulty in working paid, he decided to cut ties re work. Sing the initial agreed items, rement, but they kept adding the repairs." It were completed and they go him. It iple times to get paid, they work to try not pay him for it. uch to go through to get paid it he work that bad." It home had called him since to do repairs.				
	and left, that I would r	observation on 4/15/19 and				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			D WING		R	
		MHL092-833	B. WING	-	04/24	/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIP CODE		
IVAIVIL OI II	NOVIDEN ON OUT LIEN			TE, ZII GODE		
CARE ON	E HOMES	926 EDIS				
		RALEIGH	, NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
				DETIGIENCY)		
V 736	Continued From page	e 53	V 736			
	_	as QP the middle of March				
	2019.					
		ntioned to her the facility				
	was under administra	tive penalties or any specific				
	duties outside of the i	normal QP duties to				
	perform.					
	-Not aware of a F	Plan of Correction from				
	previous survey, nev	er saw one.				
	_ ·	ne one time a week, never				
	went past the living ro	•				
	-Just building rapport with clients, getting to					
		operates and meeting with				
	staff.	pperates and meeting with				
		l bor to do wookly obooks				
		d her to do weekly checks				
		to check for repairs (per				
	POC from 10/5/18 su	• /				
		y repairman supposed to be				
	coming back to do re					
		ne home, noticed a large tree				
	leaning across the ya	rd, away from the home, but				
	looked "unappealing."	"				
	-Mentioned this t	o the Licensee/RN and she				
	said she was having	a hard time finding someone				
	to come cut it down for	or one hundred dollars.				
	-On 4/15/19 wen	t to home and checked				
	around the client roor	ns.				
		1's mattress was sunken in				
	the middle, asked hin					
	· ·	he said, "yes, it hurts my				
	back, but I'm used to					
		he home for more repairs, "It				
		•				
	is so sad how she slip	os out on chent care.				
	During interview se 4	/10/10 and 1/17/10 tha				
	_	/10/19 and 4/17/19 the				
	Licensee/RN stated:					
		all repairs that were cited in				
	the previous survey.					
		en to complete them.				
	-The former QP v	was doing the weekly checks				
	and letting them know	v of repairs.				

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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 04/24/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CARE ON	E HOMES	926 EDISO	N ROAD			
OAILE OIL	LITOMEO	RALEIGH,	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 OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 736	Continued From page	e 54	V 736			
V 736	-Did not have the had asked her for the were her own she creathem to her. -"I come by the had things through the hod a week." -Did not show the correction, but told here was aware if she checks, she had not reabout them. -The QP knew shad the home, "that is pare and here work with other clients. -Not heard from that time, assumed here work with other clients. -Not heard from that time, assumed here work lightened up. -The ceiling fan lied broken, it has light but had not been able to all the had to the heard told the yard guy to fix ahead of her before here adache," been broken here work here here here here here here here he	e forms the former QP used, m and she told her they eated and would not give nome every day and check use at least one to two times are current QP the plan of er to do weekly checks. It had done the weekly mentioned anything to her to do her job." Then was to check everything in the form of the pairs. It had back porch pairs. It had been given and fix the soon as he finished all his expectation. It is soon as he finished all his expectation of the pairs and find the form of the pairs and find those type to fit it. It is defined the home stores in a very need to do that." It is rail being loose last week, it is the had five people the would come back. It is seen giving me a to the pairs and the pairs of the pairs. It is the pairs of the p	V 736			
	get a new one, not sure where to get one." -The furniture is fine, "not aware of any problems with it." -Surveyor showed the Licensee/RN the "dry rotted" area where the inside filling was coming					
	vear ago from her ho	ught this furniture over a me and it was fine				

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,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL092-833	B. WING		04/24/20	19
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		926 EDISO	N ROAD			
CARE ON	E HOMES	RALEIGH,	NC 27610			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE CO	MPLETE DATE
TAG	REGULATORY	ESCIDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	MAIL	5,112
V 736	Continued From page	<u> </u>	V 736			
			* / * * * * * * * * * * * * * * * * *			
	**	she knew someone who				
		furniture to them, so had not				
		ew furniture for the home.				
		ve client #3's carpet, but he				
		out, "That's his right to have				
	the carpet remain in h					
	-If client #3 said I	he wanted his carpet				
	removed or cleaned,	"he is lying, he lies about				
	everything and only G	God will deal with him in the				
	end."					
	-Not aware of the	e vacuum not working				
	-Not aware of dra	awers in client #1, #2 and				
	#6's room being broke	e or off track.				
		showed the Licensee/RN the				
		y were "off track" and she				
		, the drawers were too small				
	T	d did not belong to that piece				
	of furniture.					
	-The Licensee/R	N walked into client #2's				
	room and switched or	ut the drawers to see if they				
	were a better fit.	•				
		N pulled out the broken				
		hich had no bottom and said				
		it was closed (it was the				
	bottom drawer in the					
	opened the bottom wa					
	•	N dug around client #6's				
		nd the bottom piece to the				
		d with missing corners, she				
		ottom, this can be fixed				
	back."	Account the lived				
		much money in these				
	repairs, I have done a					
	ropairs, rilave dolle a	an i Gall.				
	This deficiency consti	itutes a recited deficiency.				
	_	ss referenced into: 10A				
		pervised Living - Scope				
	(V289).					
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