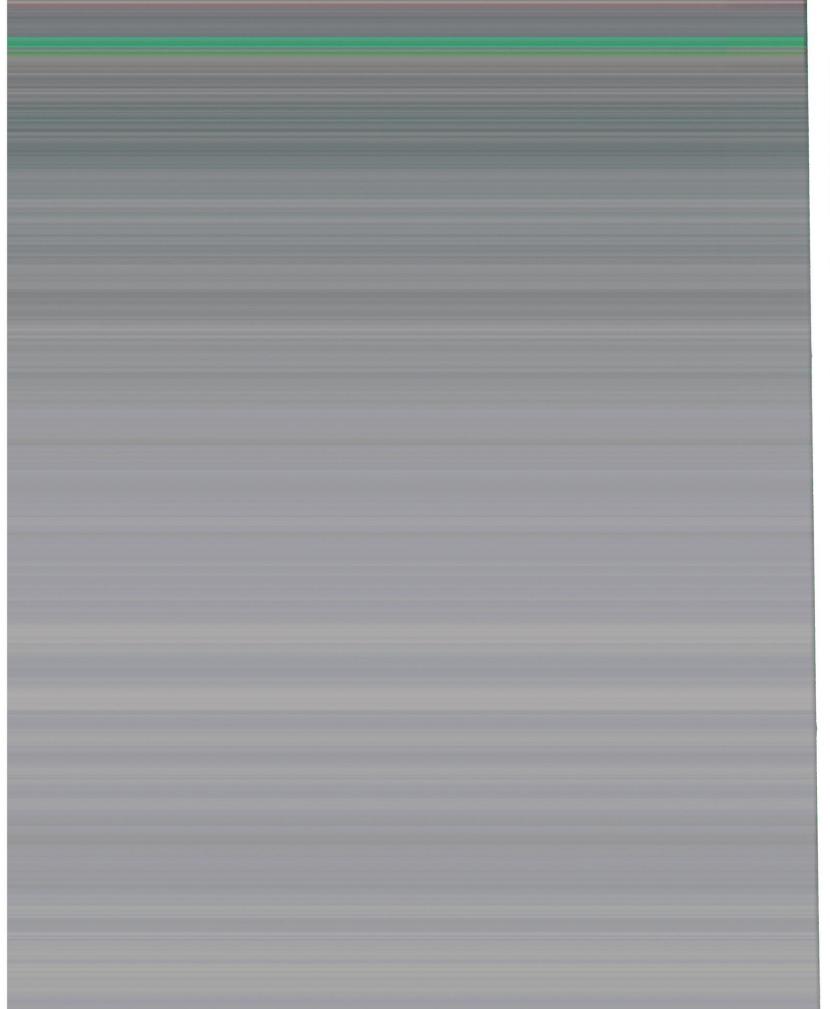
	N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVE	
		MHL059-077	B. WING		06//	06/03/2021	
	PROVIDER OR SUPPLIER 'HOME 1	180 JUST	DORESS, CITY, STICE ROAD NC 28752	STATE, ZIP CODE	1 00/0	J3/202	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMF DA	
V 000	completed on June unsubstantiated (Int Deficiencies were ci	nt and follow up survey was 3, 2021. The complaint was ake #NC00176930).	V 000				
	category: 10A NCAC Living for Adults with 27G .0208 Client Se	27G. 5600C Supervised Developmental Disabilities.	V 115	DHSR - Ment			
;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;;	(a) Facilities that pro assure that: (1) space and super the safety and welfar (2) activities are suita and treatment/habilities served; and (3) clients participate activities. (h) Facilities or program these Rules as "24 available 24 hours a sunless otherwise special shall ensure the (d) When clients who are transported, the vowith secure adaptive (e) When two or more require special assistant a vehicle are transported as suitable are transported as a vehicle are transported.	vide activities for clients shall vision is provided to ensure the of the clients; able for the ages, interests, ation needs of the clients in planning or determining arms designated or described and activities are nutritious. The or prepare meals for the meals are nutritious. The meals are nutritious and the meals are nutritious. The preschool children who ance with boarding or riding ported in the same vehicle, alt, other than the driver, to		JUL 9 2			
ion of Heal	Ith Service Regulation IRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNA	TURE mith	TITLE	7/1	0) DATE	

Division of Health Service Regulation



STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL059-077		E CONSTRUCTION	(X3) DATE S COMPL	
NAME OF E	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
STAMEY		180 JUSTI MARION, Î				
(X4) ID PREFIX TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 115	Continued From pa	age 1	V 115			
	Based on observation failed to ensure medients (Client #1, offindings are: Observation of the revealed: -The kitchen cabin foods: 1/2 jar of pedog buns, 1 containers of grits, pack of blueberry by" date of 5-26-18 The kitchen cabin condiments: 1 carry white vinegar, 1/2 bottles of vegetable packs of salt and poilThe refrigerator vegetable salve which has a pack of frozen because of the salve which has a pack of the salve which	et as evidenced by: ion and interview the facility eals were nutritious for 3 of 3 Client #2 and Client #3). The facility at 9:00 am on 6-1-21 et contained the following eanut butter, 1/2 pack of hot ner of Quick Oats, 1 1/2 1 pack of Bisquick mix and a muffin mix with a "best if used 8. net contained the following ton of beef stock, 2 bottles of bottle of red wine vinegar, 3 le oil, 8 packs of gravy mix, 2 pepper, and a bottle of canola was empty except for a zip pped onions, a zip locked bag locked bag of hot dogs and 1 ection of the refrigerator con of ice cream, 1 bag of frozen and a use by date of 5-10-21 and proccoli with a use by date of contained 50 frozen individual pot posicles, 1 frozen turkey, 1 chicken nuggets, 1 large bag of the refrood or beverages at the		Groceries will be ordered on a value basis and the grocery date will to on the product/s with permanent All backup emergency food and will be reviewed weekly for expilication. Live in care provider will have the assistance needed to store the appropriately via freezer, refrige cabinets. AFL provider will try home delive prepared meals (ie Hello Fresh with healthy eating habits and control for specific members' rethe home. Fresh fruit and bottled water with be made available on the counterest access. AFL and live in care provider we from throwing out all condiment full use or expiration.	t marker. water rations. ne food erator, or ery to assist diabetes esiding in always ter for fill refrain	6/30/2021

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If continuation sheet 2 of 9

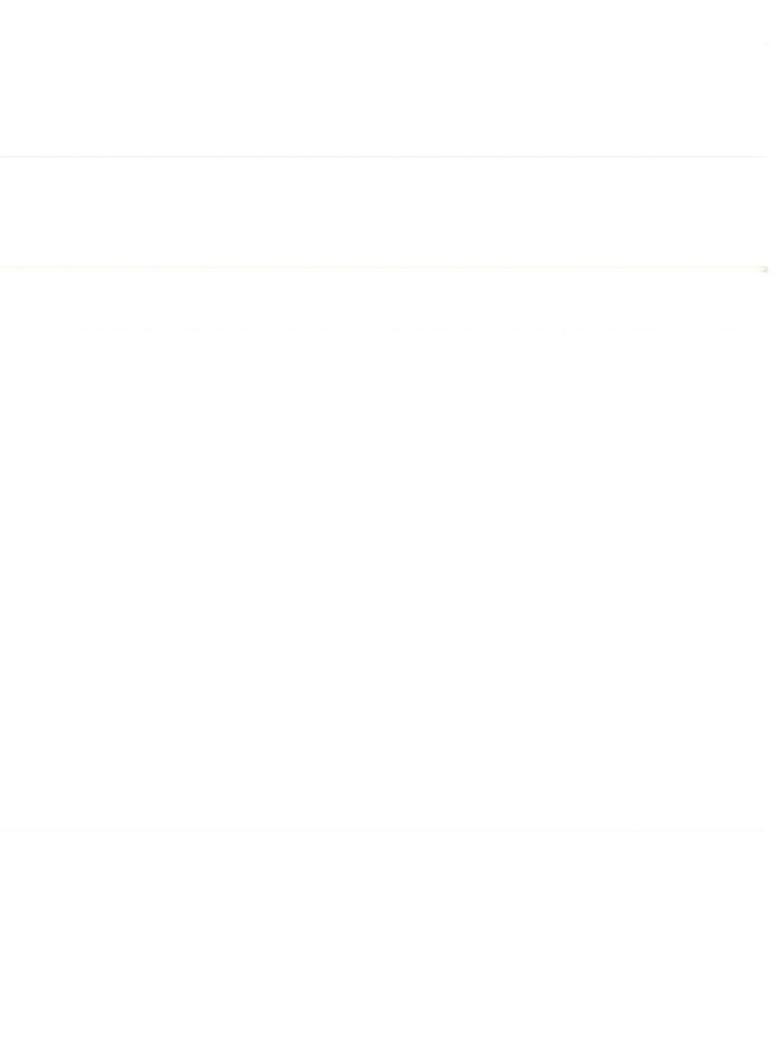
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		MHL059-077	B. WING		06/0	03/2021
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V 115	Continued From page	ge 2	V 115			
	-He had a chicken s restaurant for break -Most meals were had a chicken series and noodlesSometimes fruit was Interview on 6-1-21 -He stated, "We have asked for other drink us and flavor packet water." -There were no grood daysStaff #1 usually spepurchase food for the -Yesterday he had a local fast food restautionClients rarely got a '-Meals mostly consistant macaroni and chickens were had a local fast food restaution.	with Client #2 revealed: we too many sodas here. We ks. They buy water bottles for ts and we have running ceries in the house for 7-8 ent his own money to ne clients from restaurants. I sandwich and a coke from a urant. "home cooked" meal. sted of Hamburger Helper				
	-Staff #1 made a vari burgers, hot dogs, co macaroni and cheese	with Client #3 revealed: riety of meals such as orn dogs, TV dinners, e, chicken tenders, pizzas, t casseroles and chili. ky eater."				
- - - -	-Staff shopped for groweekHe made various me hot dogs, hamburgers cheese, corn and grill -He tried to give balar vegetables.	with Staff #1 revealed: roceries 1-2 times every eals for the clients such as rs, french fries, macaroni and lled vegetables. nced meals including				

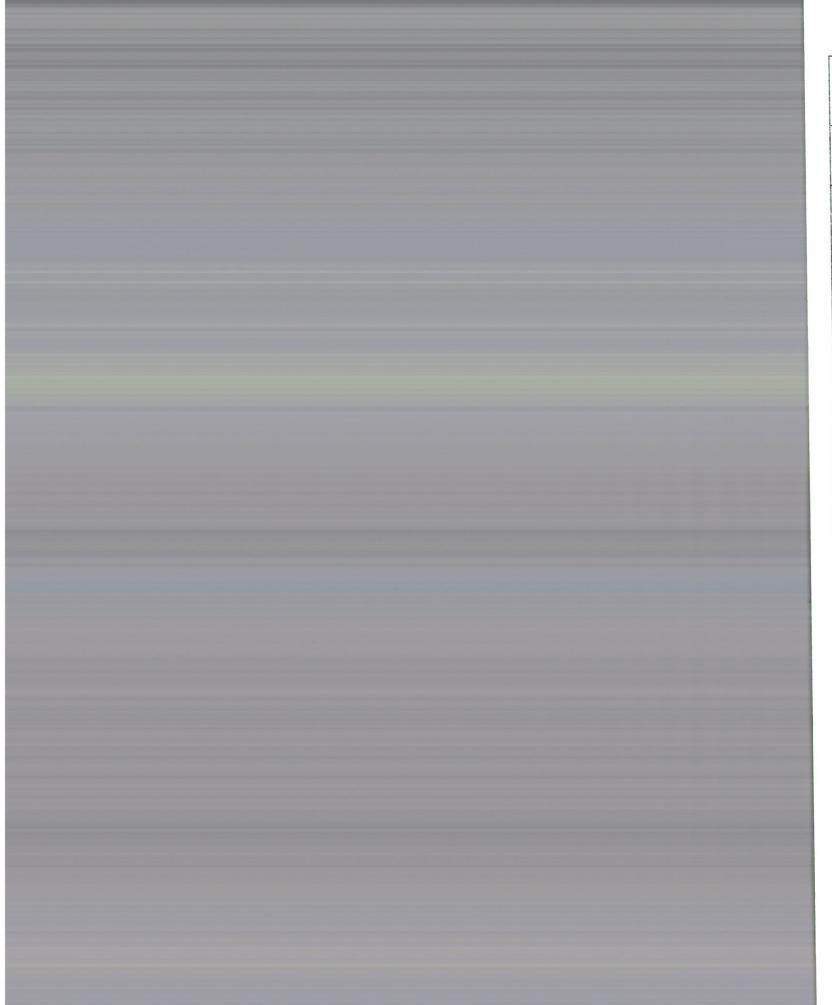
Division of Health Service Regulation

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	en en	MHL059-077	B. WING		06/0	3/2021
NAME OF B	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
		180 JUSTI				
STAMEY I	STAMEY HOME 1 MARION		NC 28752			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO' CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 115	V 115 Continued From page 3		V 115			
	11:00 am today. -This grocery order delivered. -He stated, "I had e make dinner for us Interview on 6-1-2". -Groceries were or -Every time we get clean out the cabir. -He stated, "We or the order through the messed up and called and the sent a new order described and the sent and the se	theduled to be delivered at took longer than normal to be enough food at the facility to and I can order out." I with Staff #2 revealed: dered on a weekly basis. groceries, we completely lets and refrigerator. dered food two days ago, but the app (mobile application) got used a delay." Ider for groceries yesterday. De at the facility at 11:00 am 1-21 at 11:40 am revealed: Inknown individual brought oceries into the facility.				
V 118	10A NCAC 27G .0 REQUIREMENTS (c) Medication adr (1) Prescription or only be administer order of a person drugs. (2) Medications sh clients only when client's physician. (3) Medications, ir administered only unlicensed persor pharmacist or oth					

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If continuation sheet 4 of 9

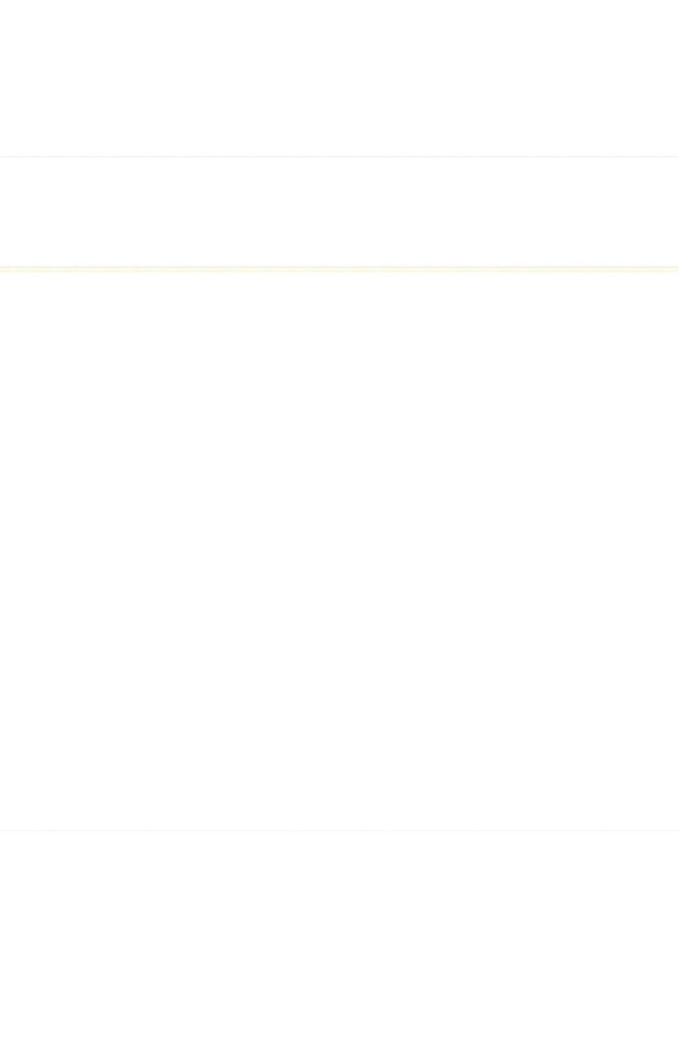
	of Health Service Re	egulation			1 0111	MAPPROVE
	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(A) 22 - 28	PLE CONSTRUCTION G:		E SURVEY IPLETED
		MHL059-077	B. WING		06/	03/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	1 00,	03/2021
STAMEY	HOME 1	180 JUSTI	ICE ROAD			
			NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPOLICIENCY)	D BE	(X5) COMPLETE DATE
	all drugs administered current. Medications recorded immediate MAR is to include the (A) client's name; (B) name, strength, and (C) instructions for an (D) date and time the (E) name or initials of drug. (5) Client requests for checks shall be recorded.	ministration Record (MAR) of red to each client must be kept administered shall be ely after administration. The	V 118	Live in care provider will have follow Medication Training by CCHC's licensed RN on 6/30/2021. All medications for each member of the reviewed upon pick-up and compassion with the MAR for: right patient, right medication, right dose, right route right time.	will be ared	6/30/2021
F	interviews facility staf physician's orders an (Medication Administration affecting 2 of 3 clients). The findings are: Review on 6-1-21 of County of County of Admission: 8-Diagnoses: Mild Intel Unspecified Paraphilic Deficit/Hyperactivity of Coppositional Defiant of County o	iews, observation and ff failed to follow the and failed to keep the MAR tration Record) current is (Client #2 and Client #3). Client #2's record revealed: 8-30-16. Ellectual Disability; ic Disorder; Attention		Copies of medication orders will be on site for immediate reference. Designated staff members will accomembers on all medical appointment and relay doctor orders or any charto the live in care provider on the siday of appointment. CCHC medical follow-up form will be in the transportation vehicle for immaccess. CCHC will implement a medication out sheet when member is staying the home overnight. CCHC RN will visit onsite to review MARs and pill packs for accuracy. This will be done on a quarterly bar	ompany ents nges ame be kept nediate sign out of	

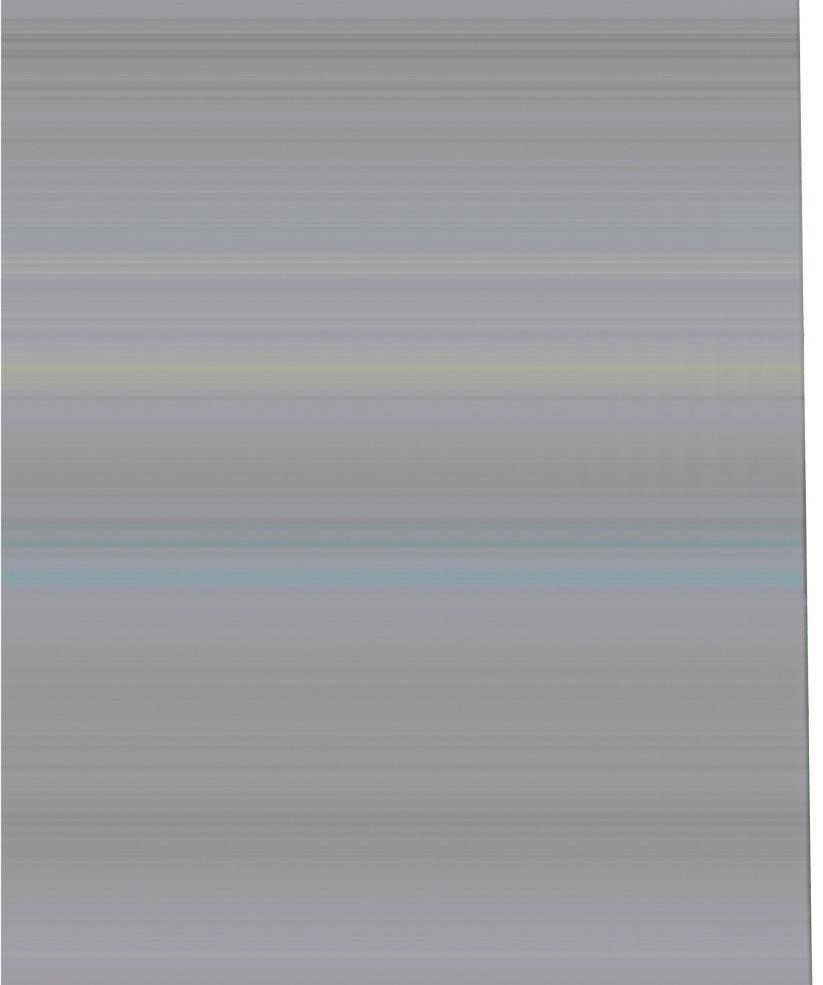
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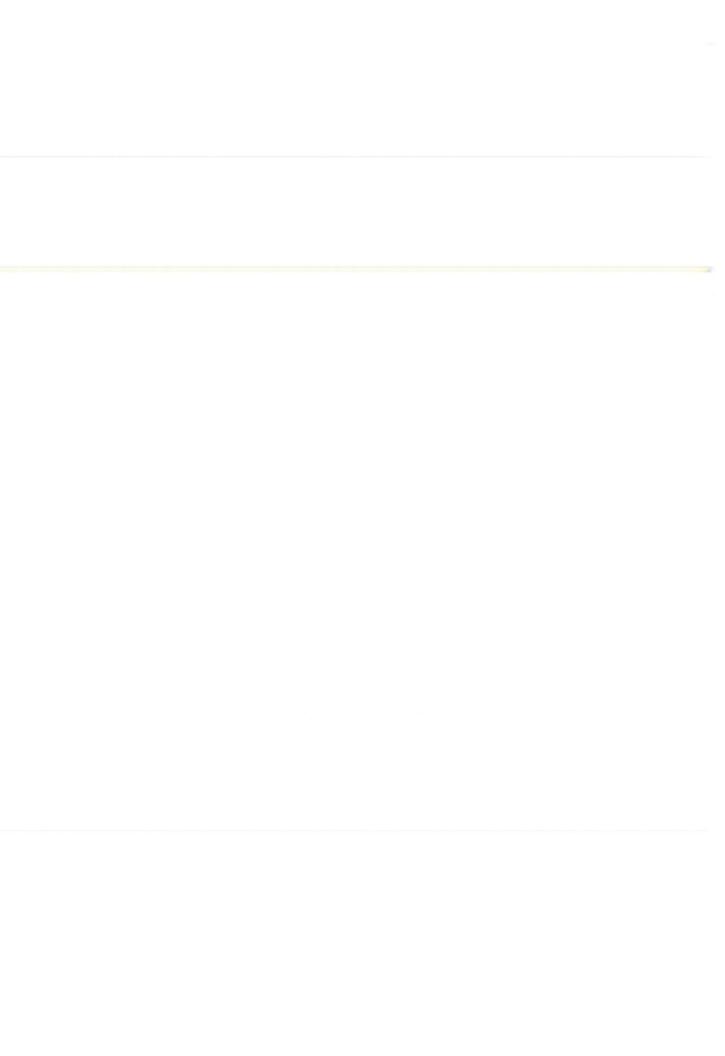
STATEMEN	of Health Service F T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
11 807 1		MHL059-077	B. WING		06/03/2021	
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V 118	Continued From p	page 5	V 118			
	dailyAn order dat	ng) chew 1 tablet orally twice ed 5-12-21 for Depakote m) 500 mg 2 tablets orally twice				
	Review on 6-1-21 of Client #2's June 2021 MAR revealed: -Transcription for Tums 500 mg chew 1/2 tablet orally twice dailyThere were no administration instructions for route, dose, or frequency of the Depakote.					
	-Date of Admissic -Diagnoses: Auti Disorder; ADHD; Disorder. -Physicians' orde	of Client #3's record revealed: on: 4-26-19. sm Spectrum Disorder; Bipolar Anxiety Disorder; Depressive ers for the following medications: ted 1-25-21 with three 30-day				
	supply refills for a	clindamycin phosphate to affected areas 1-2 times per				
	revealed: -Transcription fo	1 of Client #3's June 2021 MAR r clindamycin phosphate apply ted areas 1-2 times per day.				
		6-1-21 at 11:20 am revealed: n phosphate for Client #3 could t the facility.				
		-21 with Client #3 revealed: d clindamycin phosphate in				
	Professional (QI	-21 with the Qualified P) revealed: epared by the local pharmacy.				

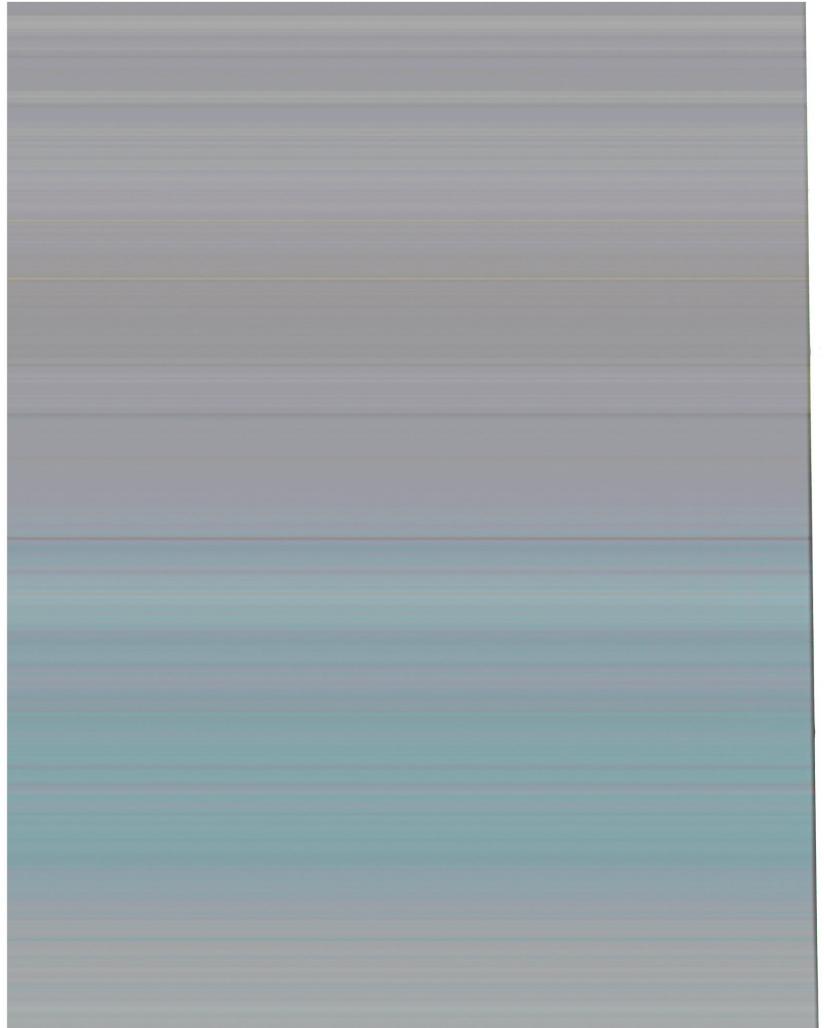
Division of Health Service Regulation

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	PROVIDER OR SUPPLIER ' HOME 1	180 JUST	TICE ROAD			03/2021
			NC 28752			
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V 736	MAR's, but the positi-A new RN was goir oversight and review basis. This deficiency constand must be correct 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not met Based on observation maintain the facility ir orderly manner and fiwas kept free from off are: Observation during was kept free was a strong reand kitchen. A locked doorway to was not accessible to The basement/under and a dirt floor with a	e (RN) used to review the tion was currently vacant. Ing to be hired to provide with MAR's on a regular stitutes a re-cited deficiency ed within 30 days. If and Grounds Maintenance of the tion of t	V 118	AFL provider will make weekly walk through visits to the home to observe cleanliness and offensive odors. Qualified Professional will do month call ins to check status of home and quarterly walk throughs. New house rule will be put into place no food or drinks will be kept in the member's bedrooms. Members will have their own assign cabinet in the kitchen for personal for and drink storage.	nly d	6/30/2021
0	Client #3's bedroom	sheet of plastic on top of it. had three empty 2 liter soft s numerous bottles of other				

	-There was a strong musty odd and kitchenA locked doorway to enter the was not accessible to clientsThe basement/underspace be had a dirt floor with a sheet of p-Client #3's bedroom had three drink bottles as well as numero	basement which neath the home plastic on top of it. empty 2 liter soft		
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			WOOL ! !	If continuation sheet 7 of 9





AND PLAN OF CORRECTION IDENTIFICAT		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION		SURVEY
		MHL059-077	B. WING		06/0	03/2021
IAME OF F	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	STATE, ZIP CODE		
STAMEY	HOME 1		TICE ROAD I, NC 28752	1, 6%(; 85, 584	21.31	
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V 736	Continued From p	page 7	V 736			
	beverages laying on the floor. There was also trash scattered across the floor of the bedroom.					
	Professional (QP	21 with the Qualified) revealed:				
	was usually damp	s to move the facility to a new				
-Dire clear -Stat	-Direct care staff cleanliness of the -Staff #1 resided	were responsible for maintainir facility. at the facility and should have	ng			
	instructed Client orderly manner.	#3 to keep his bedroom in an sible for oversight of the facility		e de la recognisse de		
	-She had not bee	n on site at the facility due to				
	This deficiency c and must be corr	onstitutes a re-cited deficiency ected within 30 days.				
V 774	27G .0304(d)(7)	Minimum Furnishings	V 774			
	EQUIPMENT	0304 FACILITY DESIGN AND requirements: Facilities license	ed	Each member will be p own individual nightsta		6/30/2
	prior to October square footage r time. Unless other residential faciliti	1, 1988 shall satisfy the minimule equirements in effect at that erwise provided in these Rules, es licensed after October 1, the following indoor space	ım			
	requirements: (7) Minimum furn include a separa	nishings for client bedrooms sh te bed, bedding, pillow, bedside ge for personal belongings for	all e			

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AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED
		MHL059-077	B. WING		06/	03/2021
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	1 001	00/2021
STAMEY	HOME 1	MARION	TICE ROAD I, NC 28752			
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V 774	Continued From pa	ge 8	V 774			
	failed to provide mir	et as evidenced by: on and interview, the facility nimum furnishings affecting 2 1 and Client #2). The findings				
	-Bedroom #2 was sl Client #2.	on 6-1-21 at 9:00 am revealed: was shared between Client #1 and only 1 nightstand in the bedroom.				
	Interview on 6-3-21 with the Qualified Professional (QP) revealed -She had not made any recent visits to the facility due to COVID 19She was not sure why there was only 1 nightstand in the bedroomShe planned to follow up at the facility to ensure that each client had the required bedroom furniture.					
				-		
f I I I	Ith Service Regulation			and a second and		