

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL041-938</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/21/2021</b>
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NAME OF PROVIDER OR SUPPLIER  <b>PAUL'S LOVING CARE, INC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1114 SHAW ST BURLINGTON, NC 27217</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual survey was attempted on July 21, 2021.</p> <p>According to the Licensee there are no current clients receiving services at the facility. The last time clients resided at the facility was in October 2020.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>Interview on 7/21/21 with the Licensee revealed: -There were no current clients residing at the facility. -The last time clients were at the facility was in October 2020. -Would send the assessment, treatment plan and discharge summary for the discharged client to this surveyor's email -Would contact the Division of Health Service Regulation if clients were admitted to the facility.</p> <p>Observations on 7/21/21, at approximately 9:29am, of the outside of the facility revealed: -Spider webs on the garbage cans -An outside light was on -A small television was sitting on the front porch -2 containers of orange juice were on the front porch with the expiration date of October 2020 -The attached mailbox to the facility was full of unopened mail -More unopened mail was lying on a wicker chair on the front porch.</p> <p>Review on 7/21/21 of Former Client #1 (FC #1)'s record revealed: -An admission date of 1/31/18 -Diagnoses of Post-Traumatic Stress Disorder,</p>	V 000		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 000	<p>Continued From page 1</p> <p>Mild MDD and Diabetes</p> <p>-A discharge date of 10/2/20</p> <p>-An assessment dated 1/31/18 noting "needs to work on following the rules of the group home, managing her personal space, cleaning up after herself, maintaining her personal hygiene, develop healthy relationships and become involved in community activities."</p> <p>-A treatment plan dated 1/26/20 noting "will follow house rules by completing chores and completing tasks related to her personal space, will clean up after herself, will complete steps of her personal hygiene on a daily basis with little or no assistance, take medications as prescribed by her physician as evidenced by a reduction in her behaviors, will use her social skills daily in multiple settings to develop healthy relationships, will be given the opportunity to search for community activities such as volunteering or looking for employment."</p> <p>-A discharge summary dated 10/2/20 noting "has participated in numerous community activities, worked on following the rules of the group home and managing her personal space, cleaning up after herself in all areas of the home (kitchen, dishes, bathroom, laundry), maintaining her personal hygiene independently, taking her medications as prescribed, using her social skills to develop healthy relationships. She has internalized her stress and has expressed it through incontinence. She is very vocal and should be allowed to express herself and have a say in her care. She wants to have a job to make money and wants assistance in locating a job or volunteering."</p>	V 000		