STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-012	A. BUILDING: _____ B. WING _____	R 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON STREET GROUP HOME	141 EAST JACKSON STREET COATS, NC 27521

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and follow up survey was completed on 8-11-21. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with Developmental Disability.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-012	A. BUILDING: _____ B. WING _____	R 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON STREET GROUP HOME	141 EAST JACKSON STREET COATS, NC 27521

(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 119	Continued From page 1 This Rule is not met as evidenced by: Based on record review, observations and interviews, the facility failed to ensure medications were disposed of in a manner that guards against diversion or accidental ingestion for two of four clients (#1 and #3). The findings are: Review on 8/10/21 of client #1's record revealed: -Date of Admission: 9/25/14 -Diagnoses: Mild Mental Retardation, Congenital, Hydrocephalus, Leukodystrophy, Neurogenic bladder, Vascular Insufficiency, Acne, Spasticity, Bipolar disorder Observation on 8/10/21 at 10:30am of client #1's medications on site revealed the following: - Clindamycin Gel 1% dispensed 1/15/20 with expiration date of 1/14/21 - Polyeth glyc pow 3350 dispensed 12/06/18 with expiration date of 12/15/19 - Ondansetron 4 milligram (mg) tablet dispensed 5/26/20 with expiration date of 5/25/21 Review on 8/10/21 of client #3's record revealed: -Date of Admission: 2/22/20 -Diagnoses: Schizophrenia Paranoid, Mild Intellectual Disabilities, Bilateral Cataracts Observation on 8/10/21 at 11:38am of client #3's medications on site revealed the following: - GS sunscreen Lot SPF 15 For Coppertone dispensed 1/30/18 with expiration date of 1/29/19 - Poleth glyc Pow 3350 dispense 12/6/18 with expiration date of 12/5/19 -Ventolin HFA 30 microgram (mcg) dispense 4/16/19 with expiration date of 4/15/20	V 119		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-012	A. BUILDING: _____ B. WING _____	R 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON STREET GROUP HOME	141 EAST JACKSON STREET COATS, NC 27521

(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 119	Continued From page 2 Interview on 8/10/21 staff #1 stated: -She had not looked at the expiration dates -She didn't know how often the house manager checked the medication closet - The nurse would come over monthly, but not sure if the nurse checked the medication closet monthly, but "she should" Interview on 8/10/21 staff #2 stated: - She had not been in the medication closet, she is not a medication technician yet - She had seen the nurse come, but was not sure how often she would come over to the home. Interview on 8/10/21 the House Manager stated: - She had acquired the home a couple of months ago - She had disposed of expired medication that were previously in the medication closet - The nurse had completed assessments every month, but didn't know sure if the nurse checked the medication closet monthly, but "she should"	V 119		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by:	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-012	A. BUILDING: _____ B. WING _____	R 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON STREET GROUP HOME	141 EAST JACKSON STREET COATS, NC 27521

(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 752	Continued From page 3 Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation on 8/10/21 at 2:15pm revealed: - The kitchen sink hot water temperature was 90 degrees Fahrenheit. - The bathroom sink used by client #2 and client #4 had a water temperature of 92 degrees Fahrenheit. Interview on 8/10/21 staff #1 stated: - The water takes a long time to get warm. - Third shift usually check the water temperature. - Did not know where the water temperature documentation was kept. Interview on 8/10/21 the House Supervisor stated: - Water temperature was checked daily - She didn't remember any of the past water temperatures - Water temperature documentation was taken to the main office monthly - She was unable to find the water temperature documentation	V 752		
V 774	27G .0304(d)(7) Minimum Furnishings 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (d) Indoor space requirements: Facilities licensed prior to October 1, 1988 shall satisfy the minimum square footage requirements in effect at that time. Unless otherwise provided in these Rules, residential facilities licensed after October 1, 1988 shall meet the following indoor space	V 774		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL043-012	A. BUILDING: _____ B. WING _____	R 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JACKSON STREET GROUP HOME	141 EAST JACKSON STREET COATS, NC 27521

(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 774	Continued From page 4 requirements: (7) Minimum furnishings for client bedrooms shall include a separate bed, bedding, pillow, bedside table, and storage for personal belongings for each client. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to assure a designated client bedroom had minimum furnishings. The findings are: Observation on 8/10/21 at 2:40pm of a vacant client bedroom revealed no bed, mattress or bedside table was in the room. Interview on 8/10/21 staff #1 stated: -The furnishings for the room left with the last client that resided in the room. - Furniture was kept in storage or at the office, she was not sure where Interview on 8/10/21 the House Manager stated: - The client that left owned that furniture and took it with him when he left. - The company will either buy new furniture or allow the client to bring there own furniture. Interview on 8/11/21 the Administrator stated: - The company will buy new furnishings when a new client is identified.	V 774		