	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COM	PLETED
		MHL078-229	B. WING			R 03/2021
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
		3750 ME	ADOWVIEW R	D BLDG F1		
	IAGE INC GRACE CO	LUMBER	RTON, NC 283	58		
(X4) ID			ID			(X5) COMPLET
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE
V 000	INITIAL COMMEN	rs	V 000			
		w up survey was completed 021. Deficiencies were cited.				
	category: 10A NCA Recovery Programs	sed for the following service C 27G .4100 Residential s for Individuals with Disorders and Their Children.				
V 108	27G .0202 (F-I) Pe	rsonnel Requirements	V 108			
	 (g) Employee train provided and, at a r following: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; (3) training to mee 	202 PERSONNEL cation shall be documented. ing programs shall be minimum, shall consist of the zational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and t the mh/dd/sa needs of the n the treatment/habilitation				
	 (4) training in infect bloodborne pathoge (h) Except as perm .5602(b) of this Sub member shall be ave times when a client member shall be traincluding seizure m to provide cardioput trained in the Heim techniques such as the American Heart equivalence for relii (i) The governing b implement policies 		,			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

PRINTED: 09/13/2021 FORM APPROVED

	of Health Service Re	egulation (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY
	OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
		MUL 070 000	B. WING			R
		MHL078-229	B. WING		09/	03/2021
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
FIRST IN	IAGE INC GRACE CO	IIRT	ADOWVIEW R			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1	THE APPROPRIATE	COMPLET DATE
				DEFICIENC	Y)	
V 108	Continued From pa	ge 1	V 108			
		diseases of personnel and				
	clients.					
	This Rule is not me					
		Based on record review and interviews, the				
		facility failed to ensure staff were trained in cardiopulmonary resuscitation (CPR) and First				
	Aid affecting 1 of 3					
	Review on 9/2/21 of staff #6's personnel record					
	revealed:					
	-There was no evidence of a current CPR and First Aid certification.					
	Interview on 9/2/21	Interview on 9/2/21 staff #6 stated:				
		bloyed for 2 years as a				
	Behavioral Health T					
		ift from 7:30am - 4:30pm. avioral Health Technician who				
	worked her shift.					
		was to provide transportation				
	and she mostly wor -She was trained in					
		CFR and First Ald.				
		9/2/21-9/3/21 the Facility				
	Manager stated:					
	-Staff #6 did not ha	ve current CPR and First Aid				
		d First Aid certification had				
	expired.					
		one when she provided				
	transportation to cli	ents. end the next CPR and First Aid				
	training scheduled.	and the heat of r and first Alu				
		ere needed to be a CPR and				

Division of Health Service Regulation STATE FORM

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X8I211

If continuation sheet 2 of 9

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	FLETED
		MHL078-229	B. WING			R 03/2021
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IRST IN	IAGE INC GRACE CO	NIRT	ADOWVIEW R RTON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From pa	ige 2	V 108			
	First Aid trained sta	ff with clients at all times.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, include the privileged to prepare (4) A Medication Act all drugs administered only builteensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication frecorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the function of the privileged to prepare (5) Client requests checks shall be recorded to prepare (5) client requests checks shall be recorded to	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED		
		MHL078-229	B. WING			R 03/2021		
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE				
	AGE INC GRACE CO	3750 ME	ADOWVIEW R	D BLDG F1				
	IAGE INC GRACE CO	LUMBER	RTON, NC 283	58				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE		
V 118	Continued From pa	ige 3	V 118					
	facility failed to ens administered as ord MARs current affect #3). The findings a Finding #1 Review on 9/2/21-9 revealed: -25 year old female -Admitted on 1/19/2 -Diagnoses of Opia Cocaine Use Disord Bipolar-Mood Disor Disorder. -Self-administration Review on 9/2/21-9 physician orders re -Dated 6/10/21, Lar daily. (Bipolar mixe -Dated 5/20/21, Tra (Depression) Review on 9/2/21-9 revealed: -Lamotrigine 50 mg 8/3/21-8/4/21.	views and interviews the ure medications were dered by a physician and sting 2 of 3 audited clients (#1, are: //3/21 of client #1's record 21. te Use Disorder Severe, der Severe, Unspecified der Severe, Unspecified der and Post Traumatic Stress n order dated 1/14/21. //3/21 of client #1's signed						
	ordered and refilled	nedications daily. rns of getting medication l for consistent administration. ibility to make sure her						

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 9

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL078-229	B. WING			R 03/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
IRST IN	AGE INC GRACE CO	URT				
			RTON, NC 283	PROVIDER'S PLAN OF (CORRECTION	(275)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ige 4	V 118			
	-Staff would let her medications.	know if she is low on her				
	-28 year old female -Admitted on 4/22/2 -Diagnoses of Coca Use Disorder.					
	orders revealed:	f client #3's signed physician bapentin 600 mg 3 times a				
		f client #3's MARs revealed: g was not administered d dose) -7/25/21.				
	the facility dated 7/2 -Date of incident: 7 -"Description of what mourning medication from pharmasist to ran completely out					
	section to detail any the reported incider	o complete the following y action taken in response to ht[Client #3] agreed to before she runs out of				
		nedications daily.				

STATE FORM

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL078-229	B. WING			R 03/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FIRST IN	IAGE INC GRACE CO	URT	ADOWVIEW R RTON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / 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 THE APPROPRIATE	(X5) COMPLETI DATE
V 118	Continued From pa	ige 5	V 118			
	ordered or refilled. -She had complete time recently."	ly "ran out of her medication 1				
	-Clients administere -When a client's me get a continuity of o medications. -A level I incident re client missed their r -Client #1 ran out o ordered. -Client #3 ran out o ordered. -She was unsure w missed. -It was the respons make sure the med timely. -She understood it	the Facility Manager stated: ed their own medications. edication is missed they had to care from physician to continue eport is completed when a medications. f Lamotrigine and it had to be f Gabapentin and it had to be hy other medications were ibility of the facility manager to lications are ordered and filled was the facility's responsibility edications were available to				
	-The facility complet when a client missed -It was the respons the facility manager available. -She advocated for appointment when were present if app -She understood it	the Program Director stated: eted level I incident reports ed their medication. ibility of program director and r to ensure medications were the clients to make their own they needed refills or clients ointment was made for them. was the facility's responsibility edications were available to				
	This deficiency con and must be correct	stitutes a re-cited deficiency ted within 30 davs.				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-229	B. WING			R 03/2021
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST		09/03/2021	
		3750 ME	ADOWVIEW R			
FIRST IN	AGE INC GRACE CO	URT	TON, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From pa	ge 6	V 736			
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	failed to ensure fac	et as evidenced by: on and interview, the facility ility grounds were maintained I attractive manner. The				
	11:25am-12:45pm i -In client apartment detector that beepe hallway and master battery compartment were no batteries in -The bathroom sink F4 drained water sl	G3 there was a smoke ad about every minute. The bedroom's smoke detectors nts were pull out and there the smoke detectors. is in client apartments G4 and owly.				
	4 floor tiles that wer the bathtub and the was next to the bath around the toilet wa door's hinge with do	F3 the hallway bathroom had re a different color between toilet, the shower curtain rod htub against the wall, the floor as wet, and the laundry closet por stopper was detached sed a quarter size hole in the				
	blinked off and on r	ity light in client apartment G4 epeatedly. ity light in client apartment F1				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	or connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL078-229	B. WING			R 03/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	IAGE INC GRACE CO) I RT	ADOWVIEW R RTON, NC 283			
(X4) ID	SUMMARY STA			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	COMPLET DATE
V 736	Continued From pa	age 7	V 736			
	had 2 blown light b	ulbs.				
	had removed the b she was cleaning s and wake up her cl -The batteries need smoke detector. Interview in 9/3/21 -Clients resided in a -She would have m	ors were sensitive and she atteries the night before while to the alarm would not sound hild/children. ded to be replaced in one the facility manager stated: apartment buildings F and G. naintenance replace the				
	removed the batter detectors. -Clients were not so smoke detectors.	why the client who lived in G3 ies from 2 of the 3 smoke upposed to tamper with the maintenance resolved all				
V 752	27G .0304(b)(4) Ho	ot Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physic visitors. (4) In areas of exposed to hot wat	304 FACILITY DESIGN AND acility shall be designed, quipped in a manner that al safety of clients, staff and of the facility where clients are ter, the temperature of the ntained between 100-116 it.				
		et as evidenced by: ion and interview, the facility				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		MHL078-229	B. WING		09/	03/2021
AME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST			
IRST IM	IAGE INC GRACE CO	DURT	ADOWVIEW R RTON, NC 283			
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From pa	age 8	V 752			
	water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are: Observation of the facility on 9/3/21 between 11:25am-12:45pm revealed: -The hot water temperature in the client bathroom used for drug screenings was 120 degrees Fahrenheit. -In client apartment G2 the hot water temperature in the hallway bathroom and kitchen sink was 117 degrees Fahrenheit. -In client apartment G4 the hall bathroom and master bathroom hot water temperature were 118 degrees Fahrenheit.					
	water temperature Interview on 9/3/21 -Water temperature by maintenance sta -Water temperature 116-122 degrees F	es in client areas ranged from ahrenheit.				
	maintained betwee -She would have m	ot water temperatures were to n 100-116 degrees Fahrenheit naintenance staff adjust hot s and maintain between ahrenheit.				