	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		E SURVEY PLETED
		MHL0411096	B. WING		09	9/09/2021
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
ARAH AN	ND HATTIE'S HOME		ANDERWOOD DRI SBORO, NC 27406	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa Deficiencies were cit	s completed on 9/9/2021. ed.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons t pharmacist or other la privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately	n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The				
	<ul> <li>(C) instructions for ad (D) date and time the (E) name or initials o drug.</li> <li>(5) Client requests for checks shall be record</li> </ul>	e following: and quantity of the drug; dministering the drug; e drug is administered; and f person administering the r medication changes or rded and kept with the MAR pointment or consultation				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411096	B. WING		09	/09/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
	ND HATTIE'S HOME		ANDERWOOD DRI	VE		
		GREENS	BORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	≥ 1	V 118			
	facility failed to ensur administration of med immediately following	ews and interviews, the e documentation of lications was completed administration and that the affecting 3 of 3 clients (#1,				
	Attention Deficit-Hype and Moderate Intellec - Physicians orders fo - Vistaril 50 mg (mill (every morning) and 5/13/2021; - Abilify 10mg, 1 tab 8/1/2021;	6/2017 Disorder; Mood Disorder; eractivity Disorder (ADHD); ctual Disability or the following medications: igrams), 1 capsule QAM 1 capsule at 1:00pm, dated let BID (twice daily), dated g, give 1 tablet midday for g parents' home on				
	7/1/2021 to 9/3/2021 - No documentation of following: - Vistaril at 8:00am of - Abilify at 8:00am of at 8:00pm on 7/2/202	on 7/2/2021; n 7/2/2021 & 7/10/2021; and				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL0411096	B. WING		09	/09/2021
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
SARAH AI	ND HATTIE'S HOME		SBORO, NC 27406	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pag	e 2	V 118			
	record revealed: - Admission date: 3/1 - Diagnoses: - Autisti Intellectual Disability non-food items); Seiz (ventriculoperitoneal) (procedure in which a excess cerebrospinal brain); Dysphagia; E: Edema (aka Adult Hy and Peptic Ulcer - Physician's orders f - Polyethylene glyco every evening, dated - Vitamin D3, 5,000 day) at 7:00am, date - Cetirizine HCL 100 7/15/2021; - Fluticasone propio each nostril QHS (ev dated 7/15/2021 Reviews on 9/3/2021 MARs dated 7/1/202 - The July to Septem polyethylene glycol a	c Spectrum Disorder; Severe Disorder; Pica (eating zure Disorder; VP ) Shunt Placement a shunt is placed to drain I fluid from cavities in the sophagitis; Pyloric Channel ypertropic Pyloric Stenosis); for the following medications: ol 3350 powder, take 17gm I 7/15/2021; units, 1 capsule QD (every d 7/15/2021; mg, 1 tablet QD, dated onate nasal spray, 2 sprays in rery evening at bedtime), I and 9/7/2021 of Client #2's 1 to 9/3/2021 revealed: uber MARs listed administration directions as: PRN (as needed)" rather laily use;				
	documentation of ad dates on the August - Cetirizine was not li September 2021 MA	Rs; and there was no				
	dates on the August - Fluticasone propior	ministration for the following 2021 MAR: 3-31; nate nasal spray was not ptember 2021 MARs.				

STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           ND PLAN OF CORRECTION         IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL0411096			09	/09/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
SARAH A	ND HATTIE'S HOME	3012 BR	ANDERWOOD DRI	VE			
		GREEN	SBORO, NC 27406				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page	e 3	V 118				
	record revealed: - Admission date: 3/1 - Diagnoses: Severe Cerebral Palsy; and O Disorder - A physician's order tablet sublingually for minutes or a cluster s Review on 9/3/2021 of 7/1/2021 to 9/3/2021 - Lorazepam for seize July to September 200 Interview attempt on revealed: - He was non-verbal questions regarding for Interview attempt on revealed: - He was non-verbal questions regarding for Interview on 9/3/2022 - His only response to he was administered "uh huh." Interview on 9/9/2022 Professional (QP) rev - The Owner/License medications were con MARs. - She reviewed MARs	Intellectual Disability; Complex Partial Seizure for lorazepam 2mg, use 1 seizure lasting more than 5 seizure, dated 4/8/2019. of Client #3's MARs dated revealed: ures was not listed on the 021 MARs. 9/3/2021 with client #1 and unable to answer his medications. 9/3/2021 with client #2 and unable to answer his medications. 1 with Client #3 revealed: o questions about whether his mediations correctly was 1 with the Qualified vealed: e (O/L) ensured that rrectly entered on clients'					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
			A. BUILDING:			
		MHL0411096	B. WING		09	9/09/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
SARAH AI	ND HATTIE'S HOME		ANDERWOOD DRIN SBORO, NC 27406	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From page	e 4	V 118			
	revealed: - She and the QP rev - She should have ca medications not bein - Client #2 got medic pharmacies. - One of the Pharmac but did not include C the other pharmacy. - She would ensure t corrected.	ll three clients had been				
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS	V 736			
	and its grounds were clean, orderly manne Observation at appro 9/3/2021 of the facilit	ns and interviews, the facility not maintained in a safe, er. The findings are: eximately 8:45am on y's exterior revealed: porch had peeling paint and				
	Observation at appro	wimately 1:10nm on				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL0411096	B. WING		09	/09/2021	
iame of Pi	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
SARAH AI	ND HATTIE'S HOME		ANDERWOOD DRIN SBORO, NC 27406	VE			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN (	OF CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	O THE APPROPRIATE	COMPLET DATE	
V 736	Continued From pag	e 5	V 736				
	9/3/2021 of the facilit	y and its grounds revealed:					
		had peeled sheetrock over					
	an area approximate						
		eside the light switch cover					
	plate and an electric	receptacle in Client #1's					
	bedroom that allowed access to the wiring behind						
	the cover plates.						
	- 1 of 2 window blinds in Client #2's bedroom has						
	broken slats.						
	- There was patched, but unpainted sheetrock on						
	the walls of Client #2's bedroom.						
	- The bathroom had a roughly patched area of						
	sheetrock approximately 1-foot x 1-foot on the						
	wall beside the door.						
	- Black duct tape covered part of the patched						
	- The ground fault circuit interrupter (GFCI) outlet						
	near the kitchen table had a chipped reset button						
	and did not provide power when a charge cord was plugged in to it.						
	Interview on 9/9/202	1 with the Qualified					
	Professional (QP) re	vealed:					
	- She completed wal	k-throughs at the facility.					
	- AS far as she knew	, everything in the facility					
	was in working order						
		e (O/L) ensured that repairs					
	were made at the fac	cility.					
	Interview on 9/9/202	1 with the O/L revealed:					
	- Client #1 could be v	very destructive to property.					
		- She had glues light and receptacle covers to the					
		wall in Client #1's bedroom, but he quietly					
	scrubbed at them wit	-					
		ak window blinds at times.					
		andyman to make repairs at					
	the facility, but he ha						
		rd had not been able to look					
	-	because he had been sick					
	with Covid-19.						

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COM	E SURVEY PLETED
			A. BUILDING.			
		MHL0411096	B. WING		09	/09/2021
AME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ARAH AN	ID HATTIE'S HOME		RANDERWOOD DRI SBORO, NC 27406	VE		
(X4) ID	SUMMARY S			PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE D THE APPROPRIATE	COMPLET