IT OF DEFICIENCIES OF CORRECTION			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL032-403	B. WING		11/	18/2021	
PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE	•		
LIVING CONCEPTS		-				
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
INITIAL COMMEN	TS	V 000				
category: 10A NCA	C 27G .5600C Supervised					
27G .0207 Emerge	ency Plans and Supplies	V 114				
AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facilit (c) Fire and disaster shall be held at lea repeated for each s under conditions th (d) Each facility sha	an for each facility and plan shall be developed and by the appropriate local be made available to all staff ocedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted hat simulate fire emergencies. all have basic first aid supplies					
Based on record re	eview and interview, the facility					
	OF CORRECTION PROVIDER OR SUPPLIER LIVING CONCEPTS SUMMARY ST/ (EACH DEFICIENC REGULATORY OR L INITIAL COMMENT An annual survey w 18, 2021. Deficiend This facility is licen category: 10A NCA Living for Adults wi 27G .0207 Emerge 10A NCAC 27G .02 AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved l authority. (b) The plan shall t and evacuation pro- posted in the facilit (c) Fire and disaster shall be held at lear repeated for each sunder conditions the (d) Each facility shall accessible for use. This Rule is not m Based on record reference	OF CORRECTION IDENTIFICATION NUMBER: MHL032-403 MHL032-403 PROVIDER OR SUPPLIER STREET AI LIVING CONCEPTS OF DURHAM LLC 909 GAR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual survey was completed on November 18, 2021. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. 27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL032-403 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF FORICIENCIES 909 GARCIA AVENUE DURHAM, NC 27704 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID INITIAL COMMENTS V 000 An annual survey was completed on November 18, 2021. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES V 114 (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. V 114 (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. Is and routes shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview, the facility	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL032-403 B. WING 11// ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 909 GARCIA AVENUE LIVING CONCEPTS OF DURHAM LLC 909 GARCIA AVENUE PROVIDER'S PLAN OF CORRECTION (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREEX TAG PROVIDER'S PLAN OF CORRECTION OF CORRECTION OF LOCATION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) INITIAL COMMENTS V 000 V 000 An annual survey was completed on November 18, 2021. Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5000C Supervised Living for Adults with Developmental Disabilities. V 114 10A NCAC 27G. 0.207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. V 114 (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by:: Based on record review and interview, the facility	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-403	B. WING		11/	18/2021	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
BETTER	LIVING CONCEPTS		RCIA AVENUE M, NC 27704				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE	
V 114	Continued From pa	age 1	V 114				
	-5/15/21- 2nd shift						
	-6/5/21- 2nd shift						
	-7/10/21-1st shift						
	-8/15/21- 2nd shift						
	-9/15/21- 3rd shift						
	-10/7/21- 1st shift						
	-11/16/21- 2nd shift						
		drills performed on the first					
	shift for the first qua	drills performed on the third					
	shift for the second						
	Review on 11/18/2 ⁻	1 of the facility's disaster drill					
	log revealed:	,					
	-1/15/21-2nd shift						
	-1/10/21-1st shift						
	-1/13/21-1st shift						
	-2/14/21- 2nd shift						
	-3/14/21- 1st shift -4/21/21- 2nd shift						
	-4/21/21-210 Shift						
	-4/15/21- 3rd shift						
	-5/17/21- 1st shift						
	-6/18/21- 1st shift						
	-7/30/21- 3rd shift						
	-7/18/21- 3rd shift						
	-7/11/21- 2nd shift						
	-8/16/21- 1st shift						
	-9/12/21- 2nd shift						
	-10/3/21- 2nd shift						
	-10/10/21- 1st shift -10/15/21- 3rd shift						
		aster drills performed on the					
	third shift for the fire						
		21 with the Owner revealed:					
	-Home operated ur						
		n 7:00 am to 3:00 pm. Second					
		pm to 11:00 pm. Third shift					
	was from 11:00 pm ealth Service Regulation	to <i>r</i> .00 am.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				STRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-403	B. WING		11/	18/2021
AME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	•	
FTTFR			RCIA AVENUE			
		DURHAI	W, NC 27704			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y 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	(X5) COMPLE DATE
V 114	Continued From pa	ige 2	V 114			
	drills for the had no -He was not sure w when to conduct fire -He would follow sh prepared depicting disaster drills per sl -He confirmed the f and disaster drills u	hat some fire and disaster t been done for all shifts. what the rule was regarding e and disaster drills. heet that he had previously the right amount of fire and hift and per quarter. facility failed to conduct fire under conditions that simulate erly and for each shift.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	only be administered order of a person a drugs. (2) Medications sha clients only when a client's physician. (3) Medications, inc administered only b unlicensed persons pharmacist or other privileged to prepar (4) A Medication Ac all drugs administer current. Medication recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) instructions for (D) date and time th	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 dministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-403	B. WING		11/	18/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
BETTER			RCIA AVENUE M, NC 27704				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page 3		V 118				
	checks shall be rec	for medication changes or corded and kept with the MAR appointment or consultation					
	Based on record re interview the facility medication adminis	et as evidenced by: eview, observation and / failed to ensure the stration record (MAR) was one audited client (#1). The					
	revealed: - Admission date of - Diagnoses of Auti Retardation Disabil	sm Disorder; Severe Mental ity Disorder; Attention Deficit der; Seizure Disorder;					
	order revealed: -Order dared 10/5/2	1 of Client #4's Physicians 21: .25 mg- One tablet in the					
		18/21 at 10:35 a.m. of Client vealed the following was .25 mg.					
		1 of Client #'4's MAR for rough November 2021					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL032-403	B. WING		11/	18/2021
AME OF PROVI	DER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ETTER LIVI		OF DURHAM I I C				
(X4) ID	SUMMARY ST		I, NC 27704	PROVIDER'S PLAN OF		(X5)
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	COMPLET DATE
V 118 Cor	ntinued From pa	age 4	V 118			
mol -MA mol disc -MA 0.29 the -Cli Oct in th -Cli Oct in th -Cli Oct Nov -Cli Nov -Cli Nov -Cli Nov -Cli Nov -He for i -He for i -He	-Risperidone 1 ning. AR for October H -Risperidone 0 ning. -Risperidone 1 continued on 10 AR for Septemb -Risperidone 1 ning. AR transcription 5 mg was not th bubble pack that rview on 11/18/ ent #4's Risperd ober from 0.50 ne morning. had made the ober, but when vember, he had ent #4 received vember of Risperd ged as 0.50 mg was in charge all clients. prepared his of R given by the p would make su arding client's m perly listed on th acknowledged rent for client #4	er had listed the following: mg- ½ tab (0.50 mg) in the in November for Risperidone is same as the label listed on at was available. 21 with the Owner revealed: dal was recently changed in mg in the morning to 0.25 mg changes on the MAR for he printed the MAR for forgotten about the change. the right medication dose for erdal 0.25 mg, but it was by mistake. of reviewing the monthly MARs wn MARs as he had found the oharmacy as confusing. ure that the right information nedications and dosage was				