

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on January 18, 2022. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p> <p>The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 1</p> <p>checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interview the facility failed to ensure the medication administration record (MAR) was current for three of three audited clients (#1, #2 and #3.) The findings are:</p> <p>Review on 1/18/22 of Client #1's record revealed: -Admission date of 7/15/21. -Diagnoses of Schizoaffective Disorder, Bipolar Type; Insomnia; Intellectual Disability, Moderate.</p> <p>Review on 1/18/22 of Client #1's physician's orders revealed: -Orders dated 9/24/21: -Divalproex Sodium 500 mg- Take 1 tablet by mouth in the morning and 2 tablets at bedtime. -Ziprasidone 80 mg- Take 2 capsules by mouth twice a day. -Propranolol 60 mg- Take 1 tablet by mouth three times a day. -Trazodone 100 mg- Take 1 tablet by mouth at night. -Order dated 9/29/21: -Benzotropine 1 mg- Take 1 tablet by mouth twice a day. -Orders dated 11/3/21: -Clonazepam 0.5mg- Take 1 tablet by mouth twice a day. -Olanzapine 15 mg- Take 1 tablet twice a day.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 2</p> <ul style="list-style-type: none"> -Melatonin 3 mg- Take two tablets by mouth at night. -Orders dated 12/17/21: <ul style="list-style-type: none"> -Discontinue Clonazepam 0.5 mg -Clonazepam 1 mg- Take 1 tablet by mouth three times a day. -Trazadone 50 mg- Take 1 tablet by mouth every night (in addition to Trazadone 100mg.) -Discontinue Melatonin 3 mg. -Melatonin 10 mg- Take 1 tablet by mouth every night. <p>Observation on 1/18/22 at 11:00 am of Client #1's medication packs revealed:</p> <ul style="list-style-type: none"> -Divalproex Sodium 500 mg- Take 1 tablet by mouth in the morning and 2 tablets at bedtime. Medication was available. -Ziprasidone 80 mg- Take 2 capsules by mouth twice a day. Medication was available. -Propranolol 60 mg- Take 1 tablet by mouth three times a day. Medication was available. -Trazodone 100 mg- Take 1 tablet by mouth at night. Medication was available. -BENZTROPINE 1 mg- Take 1 tablet by mouth twice a day. Medication was available. -Olanzapine 15 mg- Take 1 tablet twice a day. Medication was available. -Clonazepam 1 mg- Take 1 tablet by mouth three times a day. Medication was available. -Trazadone 50 mg- Take 1 tablet by mouth every night (in addition to Trazadone 100mg.) Medication was available. -Melatonin 10 mg- Take 1 tablet by mouth every. Medication was available. <p>Review on 1/18/22 of Client #1's MARs for November 2021 through January 2021 revealed blanks on the following dates:</p> <ul style="list-style-type: none"> -January 2021: <ul style="list-style-type: none"> -Benzotropine 1 mg -1/16 8pm. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 3</p> <ul style="list-style-type: none"> -Olanzapine 15 mg- 1/15 8pm, 1/16 8pm. -Divalproex Sodium 500 mg- 1/15 8pm, 1/16 8pm. -Ziprasidone 80 mg- 1/14 5pm. -Propranolol 60 mg- 1/16 8pm. -Clonazepam 1mg- 1/16 8pm. -Trazodone 100mg- 1/16. -Trazodone 50 mg- 1/16. -Melatonin 10 mg- 1/16. <p>Review on 1/18/22 of Client #1's MAR for the month of January revealed:</p> <ul style="list-style-type: none"> -Clonazepam 0.5 mg- Take 1 tablet twice a day. Appeared on the MAR and marked as being given from 1/1 through 1/15, but medication had been discontinued on 12/17/21. -Olanzapine 15 mg- take 1 tablet twice a day (8 am, 8 pm). Appeared on the MAR twice and marked as being given from 1/1 through 1/18. -Melatonin 3 mg- Take 2 tablets at night. Appeared on the MAR and marked as being given from 1/1 through 1/18, but medication had been discontinued on 12/17/21. <p>Review on 1/18/22 of Client #2's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 7/7/20. -Diagnoses of Autism; Unspecified Disruptive, Impulse Control and Conduct Disorder; Unspecified Schizophrenia Spectrum and Other Psychotic Disorder. <p>Review on 1/18/22 of Client #2's physician's orders revealed:</p> <ul style="list-style-type: none"> -Order dated 2/10/21: <ul style="list-style-type: none"> -Lithium Carbonate 300 mg- Take 3 capsules by mouth at bedtime. -Order dated: 4/12/21: <ul style="list-style-type: none"> -Selenium Sulfide 2.5% Top Lotion- Apply small amount to wet scalp 3 times weekly. -Order dated 10/14/21: 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 4</p> <ul style="list-style-type: none"> -Polyethylene Glycol 3350 17 gm- Mix 17 gm into 8 ounces of water and drink every day at bedtime. -Order dated 10/20/21: <ul style="list-style-type: none"> -Lamotrigine 25 mg- Place on top of the tongue where it will dissolve, then swallow every morning. -Olanzapine 20 mg- Place 1 tablet on top of the tongue where it will dissolve then swallow every day. -Order dated 11/12/21: <ul style="list-style-type: none"> -Ketoconazole 2% Top Shampoo- Apply to affected area, lather, leave in place 5 minutes, then rinse once daily (Use on Monday, Wednesday and Friday only). -Potassium Chloride 10 meq- Take 1 tablet by mouth at bedtime. <p>Observation on 1/18/22 at 11:30 am of Client #2's medication revealed:</p> <ul style="list-style-type: none"> -Lithium Carbonate 300 mg- Take 3 capsules by mouth at bedtime. Medication was available. -Selenium Sulfide 2.5% Top Lotion- Apply small amount to wet scalp 3 times weekly. Medication was available. -Polyethylene Glycol 3350 17 gm- Mix 17 gm into 8 ounces of water and drink every day at bedtime. Medication available. -Lamotrigine 25 mg- Place on top of the tongue where it will dissolve, then swallow every morning. Medication available. -Olanzapine 20 mg- Place 1 tablet on top of the tongue where it will dissolve then swallow every day. Medication available. -Ketoconazole 2% Top Shampoo- Apply to affected area, lather, leave in place 5 minutes, then rinse once daily (Use on Monday, Wednesday and Friday only). Medication was available. -Potassium Chloride 10 meq- Take 1 tablet by 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 5</p> <p>mouth at bedtime. Medication was available.</p> <p>Review on 1/18/22 of Client #2's MAR for November 2021 through January 2022 revealed blanks on the following dates: January 2022: -Selenium Sulfide- 1/7 Fri, 1/10 Mon. -Lamotrigine 25 mg- 1/1. -Ketoconazole 2% top Shampoo- 1/7, 1/10. -Polyethylene Glycol 3350 17 gm- Signed at wrong place- Blanks on 1/1-1/3, 1/15, 1/16. -Olanzapine- Signed at wrong place- Blanks on 1/1-1/3, 1/7, 1/16. -Lithium Carbonate 300 mg- Signed at wrong place. Blanks on 1/1-1/3, 1/7, 1/16. -Potassium Chloride Crys 10 meq- Signed at wrong place. Blanks on 1/1-1/3, 1/7, 1/16.</p> <p>Review on 1/18/22 of Client #3's record revealed: -Admission date of 11/18/20. -Diagnoses of Intellectual Developmental Disorder, Mild; Schizoaffective Disorder; Bipolar Disorder.</p> <p>Review on 1/18/22 of Client #3's physician's orders revealed: -Orders dated 4/6/21: -Lisinopril 40 mg- Take 1 tablet by mouth a day. -Amlodipine Besylate 10 mg- Take 1 tablet by mouth once a day. -Rosuvastatin Calcium 10 mg- Take 1 tablet by mouth once a day. -Order dated 6/4/21: -Metoprolol Succinate 25 mg- Take 1 tablet by mouth once a day. -Order dated 7/2/21: -Divalproex Sodium 500 mg- Take 3 tablets by mouth at bedtime. -Order dated 7/15/21:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 6</p> <ul style="list-style-type: none"> -Valacyclovir 500 mg- Take 2 tablets once a day. -Orders dated 11/12/21: <ul style="list-style-type: none"> -Januvia 100 mg- Take 1 tablet by mouth once a day. -Meloxicam 7.5 mg- Take 1 tablet by mouth twice a day. -Olanzapine 20 mg- Dissolve 1 tablet on the tongue twice a day. -Chlorpromazine 100 mg- Take 2 tablets by mouth in the morning and 3 tablets in the evening. <p>Observation on 1/18/22 at 11:45 am of Client #3's medication packs revealed:</p> <ul style="list-style-type: none"> -Lisinopril 40 mg- Take 1 tablet by mouth a day. Medication was available. -Amlodipine Besylate 10 mg- Take 1 tablet by mouth once a day. Medication was available. -Rosuvastatin Calcium 10 mg- Take 1 tablet by mouth once a day. Medication was available. -Metoprolol Succinate 25 mg- Take 1 tablet by mouth once a day. Medication was available. -Divalproex Sodium 500 mg- Take 3 tablets by mouth at bedtime. Medication was available. -Valacyclovir 500 mg- Take 2 tablets once a day. Medication was available. -Januvia 100 mg- Take 1 tablet by mouth once a day. Medication was available. -Meloxicam 7.5 mg- Take 1 tablet by mouth twice a day. Medication was available. -Olanzapine 20 mg- Dissolve 1 tablet on the tongue twice a day. Medication was available. -Chlorpromazine 100 mg- Take 2 tablets by mouth in the morning and 3 tablets in the evening. Medication was available. <p>Review on 1/18/22 of Client #3's MARs for November 2021 through January 2022 revealed blanks on the following dates:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 7</p> <p>-December: -Januvia 100 mg- 12/20. -Lisinopril 40 mg- 12/20. -Amlodipine Besylate 10 mg- 12/20. -Valacyclovir 500 mg- 12/20. -Metoprolol Succinate 25 mg- 12/20. -Meloxicam 7.5 mg- 12/20. -Olanzapine 20 mg- 12/20. -Chlorpromazine 100 mg- 12/20 8am</p> <p>-January: -Meloxicam 7.5 mg- 1/16 8pm. 1/17 8pm -Olanzapine 1/16 8pm -Chlorpromazine 100 mg- 1/16 8pm -Rosuvastatin Calcium 10 mg- 1/16pm -Divalproex Sodium 500 mg- 1/16pm</p> <p>Interview on 1/18/22 with Staff #4 revealed: -She gave clients their medications and logged them on their MAR.</p> <p>Interview on 1/18/22 with the Client Medical Coordinator revealed: -He was in charge of following up with medical records from the clients. -He was under the impression that he could not scratch off information from the MAR without a notice from the pharmacist or that the pharmacist needed a discontinue order from the client's physician in order to delete a medication from the MAR. -He had been trying to work with the pharmacist in order to make the corrections to the MAR. -He acknowledges that he failed to remove old medications from the client's MAR or mark them as "Discontinued."</p> <p>Interview on 1/18/22 with the Qualified Professional revealed: -She was surprised to learn about the errors in the MAR. Staff had been trained and re-trained</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 118	<p>Continued From page 8</p> <p>about medication administration and keeping records.</p> <p>-She believed that on 1/16, staff may had forgotten to log in the initials because the power was out at the house.</p> <p>-She acknowledged that staff should have reviewed MAR prior to starting to record; more specifically, the Client Medical Coordinator should have reviewed the MAR as he is in charge of making sure the MARs are correct.</p> <p>-She acknowledged that staff did not maintained MAR current for the clients.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 118		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to ensure facility grounds were maintained in a clean, safe and attractive manner. The findings are:</p> <p>Observation on 1/18/22 at 12:40 pm of Client #1's bedroom revealed: -Window was stuck making it very difficult to open.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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 736	<p>Continued From page 9</p> <p>-One of the glass panels was lose and opened.</p> <p>Observation on 1/18/22 at 12:43 pm of Client #2's bedroom revealed: -Window was stuck making it very difficult to open.</p> <p>Interview on 1/18/22 with the Qualified Professional revealed: -Agency was responsible for doing maintenance for the home. -She could not understand why the windows were so hard to open because she had seen them opened a couple of weeks ago. -She believed the recent snow and ice may had warped the wood from the windows which made them hard to open. -She would contact the landlord in order to make windows open more easily. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 736		
V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>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.</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-076	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 01/18/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER I INNOVATIONS, INC - 5023 VALLEY VIEW	STREET ADDRESS, CITY, STATE, ZIP CODE 5023 VALLEY VIEW SANFORD, NC 27330
--	--

(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	<p>Continued From page 10</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. The findings are:</p> <p>Observation of the facility on 1/18/22 between 12:34 pm and 12:50 pm revealed :</p> <ul style="list-style-type: none"> -The kitchen sink water temperature was 124 degrees Fahrenheit. -Bathroom's sink water temperature was 120 degrees Fahrenheit. <p>Interview on 1/18/22 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> -She was surprised to see that the temperature was high again because the landlord had adjusted the water temperature last year. -She was unaware that the water temperature still needed to be adjusted. -Residents were able to adjust the water temperature themselves. -She would contact maintenance staff or landlord again in order to have the water temperature adjusted so it would fall within the required water temperature range of 100-116 degrees Fahrenheit. -She confirmed the facility failed to maintain the water temperature between 100-116 degrees Fahrenheit. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 752		