STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
,	5. GG.W.EG.16.1		A. BUILDING: _		33 22.125	
		MHL092-973	B. WING		01/1	4/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
TWINKLE	-STAR HOME SERVICES	LLC	ERS DRIVE NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	00 INITIAL COMMENTS		V 000			
	An annual and complaint survey was completed on 1/14/22. The complaint was unsubstantiated (intake #NC00182003). Deficiencies were cited. This facility is licensed for the following service					
	category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability					
	The survey sample consisted of audits of 2 current clients and 1 former client.					
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the drug.					

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

TITLE (X6) DATE

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B WING			
NAME OF D		MHL092-973	B. WING		01/14/2022	
	ROVIDER OR SUPPLIER	1921 WAT	DRESS, CITY, STA ERS DRIVE	ILE, ZIP CODE		
TWINKLE	-STAR HOME SERVICES	LLC	NC 27610			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE	
V 118	Continued From page	÷1	V 118			
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation				
	failed to to assure 1 c skills and competency administration training	ew and interview the facility of 3 staff (#3) demonstrated y with medication g. The findings are:				
	A. No medication adn	ninistration training:				
	Review on 12/08/21 of staff #3's personnel record revealed the following: -Hired: 01/2018 -No training in medication administration documented					
	- Staff #3 had initialed	of client #1's October, r 2021 MARs revealed: If the MAR's throughout the ministered the medications				
	Interview on 12/10/21 -Received medication remember the date of	rraining, but couldn't				
	(QP) reported: -A medication training attended -Unsure of where state	the Qualified Professional was offered and staff #3 ff #3's paperwork was filed late of medication training				

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DIVISION	n Health Service Negu	iation			1	—
	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
		MU 000 070	B. WING		04/44/0000	
		MHL092-973	1 2. 7/11/0		01/14/2022	\dashv
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		1921 WAT	ERS DRIVE			
TWINKLE	STAR HOME SERVICES	LLC	NC 27610			
	OUR MAR DV OT			DD0//DED10 DLAN 05 00DD50710		_
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	()	_F
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF		_
				DEFICIENCY)		
V 110	0	. 0	V 118			
V 118	Continued From page	9 2	V 118			
	B. Staff competency f	or medication				
	administration:					
	Review on 12/08/21 a	at 9:43am of the December				
	2021 MAR for client #	1 revealed the medications				
	were already signed a					
	administered for the remainder of the day on 12/8/21 as well as the entire day for 12/9/21 and 12/10/21:					
	12/10/21.					
	-Terbinafine HCL 250 milligram (mg) tablet, once					
	a day (fungal infections of the fingernails and					
	toenails)					
	,					
	-Carbamazepine 200mg tablet, twice a day					
	(epilepsy)					
		mg capsule, once a day in				
	the morning (enlarged					
		blet, once a day in the				
	morning (lower choles	•				
		g tablet, once a day in the				
	morning (type 2 diabe	•				
		g capsule, once a day in the				
	morning (depression					
	•	e 100mg, once a day at				
	bedtime (schizophren					
	-Austedo 6mg tablet,	twice a day (tardive				
	dyskinesia)					
		ewable tablet, once a day				
	(anti-inflammatory)					
		apsule, once a day in the				
	morning (major depre	ssive disorder)				
	Interview on 12/08/21					
	-Had been employed					
		ent week, would go off shift				
	Friday 12/10/21					
	-Was a mistake to sig	n in the blocks for the date				
	of 12/9 and 12/10 of o					

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-She made a "mistake" and needed to put on her

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL092-973	B. WING		01	/14/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
TWINKLE	-STAR HOME SERVICES	LLC	TERS DRIVE			
			H, NC 27610			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	e 3	V 118			
	may be due for training Interview on 12/08/21 -She checked the MA -The MARs should no	the QP reported: .Rs when at the home				
V 131		HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	failed to ensure a Hea (HCPR) was complete (#1 & #3). The finding Review on 12/08/21 or records revealed: -Hire date 06/05/20 -No documentation of	ew and interview the facility alth Care Personnel Registry ed for 2 of 3 audited staff as are: of staff #1's personnel				
	records revealed: -Hire date 06/05/20	f HCPR check				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-973	B. WING		01/14/2022	
	ROVIDER OR SUPPLIER	1921 WATE	RESS, CITY, STA	TE, ZIP CODE		
TWINKLE-STAR HOME SERVICES LLC RALEIGH,						
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 131	Continued From page 4		V 131			
	-Hire date 11/1/21 -No documentation of HCPR check Interview on 12/08/21 staff #1 reported: -Had been working in the home for a year -Doesn't recall anyone asking her about a HCPR check -Had worked at a previous group home Interview on 12/08/21 the Qualified Professional reported: -Licensee completed the paperwork -Unsure of why the HCPR hadn't been completed for either staff					
V 744	27G .0304(b) Safety		V 744			
	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.					
	interviews, the facility constructed and equi	ews, observations and was not designed, oped in a manner that safety of 2 of 5 clients (#5 &				
	 #6). The findings are: Observation of client #5 and client #6's bedroom at 2:45pm on 12/13/21 revealed: -Had one window for an emergency exit -The bedroom window opened to a cinder block wall outside that was the length of the wall from the ground up 					

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TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
		A. BUILDING		
	MHL092-973	B. WING		01/14/2022
ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
STAD HOME SEDVICES	1921 WAT	ERS DRIVE		
STAR HOWE SERVICES	RALEIGH,	NC 27610		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	JLD BE COMPLETE
Continued From page	÷ 5	V 744		
Service Regulation) Oreported: -"The window well as have an area of 9 squinches by 36 inches." is 24 inches by 36 inches or 24 inches by 36 incomplete or 25 inches or 24 inches by 36 incomplete or 26 inches or 27 inches was their emerge a fire or other emerge standard form of exiting or 27 inches or 27	required by code is they pare feet or an opening of 36. The window well as provided whes or 6 square feet" gency egress in the event of ency event. It would not be a eng. client #6 reported: get out of the window for a get he brick wall had been up the for 4 years the Qualified Professional ince the new licensee took			
hallway Review on 1/14/22 of 1/14/22 written by the revealed."What imme take to ensure the saf your care? The facility to make the necessar in order to remove an impede/affect safe eg the event of an emergroom checks to ensur smoking in the group monitoring /checks.	the Plan of Protection dated Qualified Professional diate action will the facility fety of the consumers in has contacted a contractor y renovations/modifications y obstructions that ress/exit from the facility in gency. Staff will do hourly the that the residents are not home and will document			
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE REGULATORY OR LE SERVICE REGULATION OF THE WINDOW WEll as have an area of 9 squinches by 36 inches. It is 24 inches by 36 inches. It is	STAR HOME SERVICES LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 Interview on 1/11/22 the DHSR (Division of Health Service Regulation) Construction Supervisor reported: -"The window well as required by code is they have an area of 9 square feet or an opening of 36 inches by 36 inches. The window well as provided is 24 inches by 36 inches or 6 square feet" - This was their emergency egress in the event of a fire or other emergency event. It would not be a standard form of exiting. Interview on 12/13/21 client #6 reported: - Never attempted to get out of the window for a drill - Didn't know how long the brick wall had been up - Had lived in the home for 4 years Interview on 12/13/21 the Qualified Professional (QP) reported: - The wall was there since the new licensee took control of the home - Hadn't thought about the clients not being able to get out of the bedroom if a fire started in the hallway Review on 1/14/22 of the Plan of Protection dated 1/14/22 written by the Qualified Professional revealed. "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility has contacted a contractor to make the necessary renovations/modifications in order to remove any obstructions that impede/affect safe egress/exit from the facility in the event of an emergency. Staff will do hourly room checks to ensure that the residents are not smoking in the group home and will document	MHL092-973 STREET ADDRESS, CITY, STA STAR HOME SERVICES LLC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 U 744 Interview on 1/11/22 the DHSR (Division of Health Service Regulation) Construction Supervisor reported: "The window well as required by code is they have an area of 9 square feet or an opening of 36 inches by 36 inches. The window well as provided is 24 inches by 36 inches or 6 square feet" - This was their emergency eyers in the event of a fire or other emergency eyent. It would not be a standard form of exiting. 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Describe your plans to make sure the above	STAR HOME SERVICES LLC STAR HOME SERVICES LLC SIMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY PILL REGULATORY OR LSC DENTIFYING INFORMATION) COntinued From page 5 Interview on 1/11/22 the DHSR (Division of Health Service Regulation) Construction Supervisor reported: -The window well as required by code is they have an area of 9 square feet or an opening of 36 inches by 36 inches. The window well as provided is 24 inches by 36 inches or 6 square feet" -This was their emergency eyeres in the event of a fire or other emergency eyeres in the event of a standard form of exiting. 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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE TWINKLE-STAR HOME SERVICES LLC (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 744 Continued From page 6 is completed within 45 days. A weekly update will be provided to the QP until the work is completed and obstruction is removed." B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1921 WATERS DRIVE RALEIGH, NC 27610 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF COMPLET DATE 10 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF COMPLET DATE V 744	STATEMENT	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
TWINKLE-STAR HOME SERVICES LLC 1921 WATERS DRIVE RALEIGH, NC 27610			MHL092-973	B. WING		01/1	4/2022
TWINKLE-STAR HOME SERVICES LLC RALEIGH, NC 27610 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 744 Continued From page 6 is completed within 45 days. A weekly update will be provided to the QP until the work is completed	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 744 Continued From page 6 is completed within 45 days. A weekly update will be provided to the QP until the work is completed	I TWINKLE-STAR HOME SERVICES LLC						
is completed within 45 days. A weekly update will be provided to the QP until the work is completed	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETE
Client #5 & #6 shared a downstairs bedroom of the home that had one window for an emergency exit. The window well was not deep enough or short enough for anyone to exit the window safely in case of an emergency. The dimensions of the cinder block wall outside of the window would hinder anyone from getting out of the window safely in an emergency. The window well which was 24 x 36 or 6 square feet which was out of compliance with the North Carolina Construction codes. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, and administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 744	is completed within 45 be provided to the QF and obstruction is renthe home that had on exit. The window well short enough for anyoin case of an emergencinder block wall outshinder anyone from g safely in an emergency was 24 x 36 or 6 squ compliance with the N codes. This deficiency violation which is detriand welfare of the clic corrected within 45 dapenalty of \$200.00 pe each day the facility is	d a downstairs bedroom of e window for an emergency was not deep enough or one to exit the window safely ncy. The dimensions of the ide of the window would etting out of the window word. The window well which are feet which was out of North Carolina Construction y constitutes a Type B rule imental to the health, safety ents. If the violation is not ays, and administrative er day will be imposed for	V 744			

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