

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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 survey was completed on February 7, 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 119	<p>27G .0209 (D) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(d) Medication disposal:</p> <p>(1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion.</p> <p>(2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction.</p> <p>(3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.</p> <p>(4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.</p>	V 119		

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: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting 2 of 3 clients (#1 and #2). The findings are:</p> <p>Review on 2/4/22 of client #1's record revealed: -44 year old male admitted 6/15/10. -Diagnoses included Autistic Disorder, Intellectual Developmental Disorder, Anxiety, Cellulitis and Constipation.</p> <p>During client #1's medication review on 2/4/22 at approximately 3:15 pm revealed: -Clearlax Powder 17grams with 8 ounces water PRN, dispensed on 11/3/20 and expired on 11/3/21. Approximately 1/2 full. -Dextromethorphan HBR/ Robitussin Cough Gels 1 every 4 hours (hrs), dispensed on 11/3/20 and expired 11/3/21. Quantity of 1. -Ibuprofen 200mg 2 every 6 hrs PRN- dispensed on 11/3/20 and expired 11/3/21. quantity of 52. -Mupirocin 2% Ointment apply 3 times daily PRN- dispensed 11/1/19 and expired 10/31/20. Approximately 1/4 full.</p> <p>Review on 2/4/22 of client #2's record revealed: -24 year old male admitted 5/1/19. Diagnoses included Intellectual Disability, Autism Spectrum Disorder, Specified Disruptive, Impulsive Control and Conduct Disorder.</p> <p>During client #2's medication review on 2/4/22 at</p>	V 119		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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 119	<p>Continued From page 2</p> <p>approximately 4:40 pm revealed: -Diazepam 5mg 1 prior to procedure, dispensed 7/10/20 and use before date 7/10/21. Quantity of 3. -Ibuprofen 200mg tab 1 every 6 hrs as needed, dispensed 8/13/20 and expired 8/13/21. Quantity of 5.</p> <p>Interview on 2/4/22 staff #5 stated: -She normally informed the state director when medication expired.</p> <p>Interview on 2/4/22 the State Director stated: -Expired medications are normally removed from the facility and returned to the pharmacy.</p>	V 119		
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 observations and interviews the facility was not maintained in a safe, clean attractive and orderly manner. The findings are:</p> <p>Observations on 2/4/22 at approximately 2:55pm revealed: -The refrigerator was missing a handle on both the right and left side. -The light above the stove did not work.</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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 3</p> <ul style="list-style-type: none"> -The fabric on love seat and the sofa in the living room was peeling. -The 3 light fixture at the front door had 2 bulbs that were not working. -The return air vent under the stairs had heavy dust. -In client #1' bedroom, the threshold at client #1's door was missing; a wall receptacle cover was broke on the left side of the bedroom. -In client #1's bathroom the white shoe molding around the shower had black stains and the hot water at the sink did not work. -Client #3's bedroom had an approximately 12 foot semi round hole in the wall to the left side of the room, ceiling light above closet had no cover, the closet door knob was broken, the curtain rod was bent on the window to the left of the room, a white standing fan was covered in heavy dust. -The upstairs ceiling return vent was covered in heavy dust. -Client #2's bedroom had an approximately 3 inch hole in the wall to the right side of the bed; heavy carpet stains throughout the bedroom, the light in the closet did not work. -The upstairs bathroom at paint lifting from the wall at the top of the shower and water leaked from the sink when the water was turned on. -Two dining chairs were loose and wobbly. <p>Interview on 2/4/22 staff #5 stated: -The hole in client #3's wall had been there about one month.</p> <p>Interview on 2/4/22 the Qualified Professional stated: -The holes in the walls of client #2 and client #3 were possibly from behaviors.</p> <p>Interview on 2/4/22 the State Director stated: The facility would receive new dining chairs soon</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(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> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 2/4/22 at approximately 2:55 pm of client #1's bathroom revealed the hot water did not work and in the upstairs bathroom the hot water at the sink was 60 degrees Fahrenheit.</p> <p>Interview on 2/4/22 staff #1 stated: -She had worked at the facility about 2 years. -The water was always warm enough for clients when they showered.</p> <p>Interview on 2/4/22 staff #5 stated: -She had worked at the facility for 6 months. -The water had always been hot when clients showered.</p> <p>Interview on 2/4/22 the State Director stated: -She was aware the hot water temperature was required to be between 100 and 116 degrees Fahrenheit.</p>	V 752		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
--	---

(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	Continued From page 5 -She would follow up on the hot water issues at the facility.	V 752		