PRINTED: 03/21/2022 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
MHL081-129		B. WING		03/17/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
THE DAVIS'S HOME 472 SUNSET MEMORIAL ROAD							
IIIL DAVI	OOTIOME	FOREST C	ITY, NC 28043	3			
(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	INITIAL COMMENTS		V 000				
	2022. According to the no clients being served time clients were served. A compliant survey we 2022. The complaint #NC00186928). A detailed This facility is license category: 10A NCAC Living for Alternative	d for the following service 27G .5600F Supervised Family Living.					
	The survey sample conformer clients.	onsisted of audits of 2					
V 132	G.S. 131E-256(G) HO Allegations, & Protect		V 132				
	REGISTRY (g) Health care faciliti Department is notified health care personne unknown source, whi any act listed in subd (which includes: a. Neglect or abuse facility or a person to as defined by G.S. 13 as defined by G.S. 13 b. Misappropriation in a health care facilit (b) of this section incl care services as defire	ch appear to be related to ivision (a)(1) of this section. of a resident in a healthcare whom home care services B1E-136 or hospice services B1E-201 are being provided. of the property of a resident y, as defined in subsection uding places where home ned by G.S. 131E-136 or lefined by G.S. 131E-201					

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: _		JOHN EET	
MHL081-129		MHL081-129	B. WING		03/17/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE DAVI	S'S HOME		T MEMORIAL ITY, NC 28043			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 132	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 132			
	failed to investigate a assault made by Forr report the results to the	nd record review the facility				
	-Admitted 11/2/20 (ur -Diagnoses of Modera Developmental Disab Malformation Syndroi (Congestive) Heart Fa	ility (IDD), Congenital ne, Unspecified Systolic				

Division of Health Service Regulation

STATE FORM 6899 X5GP11 If continuation sheet 2 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MIII 004 400		B. WING			
		MHL081-129	B. WING		03/17/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
THE DAVI	S'S HOME	472 SUNS	ET MEMORIAL	ROAD	
	5 6 11 6 Mile	FOREST (CITY, NC 28043	3	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 132	Continued From page	2	V 132		
	SyndromeDischarged 2/4/22.				
	Review on 3/18/22 of FC #2's record revealed: -Admitted on 7/28/21Diagnoses of Mild IDD, Dysthymic Disorder, Allergic Rhinitis and VertigoDischarged 2/4/22.				
	Interview on 3/16/22 v revealed: -FC #1 and FC #2 we by the local Departme on 2/4/22. -FC #1 alleged the AF physically and sexual	re removed from the facility ent of Social Services (DSS) L provider's husband			
	FC #1 revealed: -FC #1 lived at the fact 2007; since she was a had any concerns abo -She confirmed FC #1 from the facility on 2/4 abuse by the AFL pro -Even though the alle- provider's husband co	with the DSS guardian for cility since approximately 17 1/2 years old; she never but the client or the facility. I and FC #2 were removed 1/22 due to allegations of vider's husband. gations against the AFL buld not be substantiated be placing clients in the			
	notes for FC #1 revea -2/10/22 - client told s provider's husband di something sharp insid	taff the things the AFL d to her; "such as 'stick le of her,' put a gun to her her,' pour gasoline on her,'			

Division of Health Service Regulation

Interview on 3/17/22 with FC #1 revealed:

STATE FORM 6899 X5GP11 If continuation sheet 3 of 4

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
			_			
MHL081-129		B. WING		03/17/2022		
				TE, ZIP CODE		
			ET MEMORIAL			
THE DAVI	S'S HOME					
	Г	FOREST	ITY, NC 28043			
(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 COMPLETE	
V 132	Continued From page 3		V 132			
	-"[AFL provider's husband] abused me. He put that thing in me - tie me up - he put gasoline on me - I'm going to kill you, I'm going to fire you upPut that thing in me - his wiener, he tied me up, lick it. Tie me up and take me to the lake - put me on a float - cabin on the lake - no one was around - me and [AFL provider's husband] - he gave me drugs - tie me up - on floater thing - tied me up on the bed - put a gun at me and a knife. Pulled me in his truck - tie me up - tried put me in the trash can - give me drugs had liquor and he put me in a trash truck - for real - I get mad about it - have night mares and dreams about it. Never told [AFL Provider] - she won't believe me" Interview on 3/17/22 with FC #2 revealed: -The AFL provider's husband had never been mean to herShe did not know why FC #1 lied about him.					
	FC #1's allegation dunotified by DSS there -DSS was not specific only that it was agains husband, and he wou investigate without an -He was aware that Fallegations in the staffhowever at that point the police were alread investigation he did ninvestigationHe was notified by Dunfounded, however	d: In internal investigation of the to him being the one was an investigation. The to what the allegation was, set the AFL provider's solidn't know how to the allegation was, set the AFL provider's solidn't know how to the approximation of the to him the same of presence on 2/10/22, the assumed since DSS and the conducting an to the need to do an internal the same of the to the same of the had no intentions of the to the facility due to the				

Division of Health Service Regulation

STATE FORM 8899 X5GP11 If continuation sheet 4 of 4