

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	0<2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. VMNG _____		0(3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
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DHSR - Mental Health
MAR 25 2022
Lic. & Cert. Section

An Annual, Follow Up and Complaint Survey was completed February 16, 2022. The complaint was substantiated (Intake #NCOOI 82732). Deficiencies were cited.

This facility is licensed for the following service category: IOA NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.

The survey sample consisted of audits of 3 current clients.

27G .0205 (C-D)
Assessment/ Treatment/Habilitation Plan

IOA NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN

(c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.

(d) The plan shall include:

- (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;
- (2) strategies;
- (3) staff responsible;
- (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;
- (5) basis for evaluation or assessment of outcome achievement; and
- (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.

DHSR - Mental Health

MAR 25 2022

Lic. & Cert. Section

Division of Health Service Regulation

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Elise M. Dorton

TITLE

Executive Director

(X6) DATE

3-10-2022

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092.S79	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	0<3) DATE SURVEY COMPLETED 0211612022
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v 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to develop goals and strategies to address the needs for one of three audited clients (#4). The findings are:</p> <p>Review on 1/19/22 of client #4s record revealed the following: Admitted: 2/1/13 Diagnoses: Autism Spectrum, Moderate Intellectual Developmental Disability, Fetishism (foot) , Seizure Disorder, Dermatitis, PICA and Depressive Disorder with mixed Bipolar Disorder 11/11/21 doctor's visit note "Done Today Patient's calorie intake should not exceed 2000 calories in a day. He may have fast food once a week. Snacks can be fresh fruit. Absolutely no chips, candy, or soda. May have one diet soda a day for Obesity (BMI (body mass index) 30.0-34.9), unspecified." Treatment plan dated 12/1/21 listed no goals or strategies related to diet.</p> <p>Interviews between 1/19/22 and 1/24/22 staff #1 #2 and #3 all stated: No clients were on diets, the facility did not have a menu for meals. Client #4 had been restricted by his physician to fast food once a week, no candy, soda or</p> <p>They were not sure why client #4s physician</p>		<p>Provider was made aware of the order during investigation however Group Home was under the impression that the Order was a recommendation. The Treatment plan was completed by Alliance Care Coordinator who is aware of the Pica Dx and food intake regarding resident needs. EDEH QP has communicated with Resident's Care Coordinator (Alliance MCO) re updating Treatment Plan to reflect calorie intake, day activity and diet goals.</p>	3/4/22

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<p>v 112</p>	<p>Continued From page 2</p> <p>made the restrictions except it would be healthier. None were aware of the 2000 caloric intake limitation for client #4 by his physician.</p> <p>Intetviews between 1/27/22 and 2/4/22 the Qualified Professional (QP) stated: Prior to these interviews, she was not aware of a diet being noted for client #4.</p> <p>Interview on 2/15/22, the Chief Operational Officer (COO) stated: A Former Community Worker Staff transported client #4 to the November 2021 doctor's visit. The COO had not shared with staff or the QP about the 11/11/21 visit because she thought client #4s primary care physician recommended a 2000 calorie diet. She was told about the limitations of foods and soda. When the COO asked client #4's primary care physician for clarity, she never received a prescription. The COO had been having difficulty receiving feedback from client #4s primary care physician. The COO would follow up with client #4s primary care physician.</p>		<p>GH will update staff following all appointments to ensure GH is following doctors' orders. GH will also review Residents medical records monthly to ensure compliance with state guidelines.</p> <p>COO has spoken with the QP and reviewed all medical documents. COO has discussed all diet and medical orders from the doctor with QP. COO will meet with QP monthly to assure all medical information has been discussed and documented.</p>	<p>3/4/22</p> <p>3/7/22</p>
<p>v 118</p>	<p>27G .0209 (C) Medication Requirements</p> <p>IOA 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>			

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(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 administered; and
- (E) name or initials of person administering the

(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

This Rule is not met as evidenced by:

Based on record review and interview the facility failed to assure the MAR was current for three of three audited clients (#1, #2 and #4). Additionally, the facility failed to administer medications as prescribed for two of three audited clients (#1 and #2). The findings are:

I. Review on 1/19/22 of client #1's record revealed:

Admitted: 4/10/20

Diagnoses: Epilepsy, Type 2 Diabetes, Hypertension, Internal bleeding, Traumatic Brain

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v 118	<p>Continued From page 4</p> <p>Injury (TBI) and Alcohol use in remission Physician's order dated 6/21/21 of Humalog sliding scale: 150-200 give 2 units 201-250 give 4 units 251-300 give 6 units 301-351 give 8 units 351+ give 10 units max</p> <p>A. Review on 1/19/22 of client #1's November 2021-January 2022 "Vital Signs Measurements" form revealed the following errors regarding blood sugar levels (BSL) and units of Humalog insulin per the sliding scale order: (Note: Units Given=UG, Units Prescribed -UPI O=blank)</p> <table border="1"> <thead> <tr> <th>-Date/Time</th> <th>BSL</th> <th></th> <th></th> </tr> </thead> <tbody> <tr> <td>" @8 PM</td> <td>11/6 @8AM202</td> <td>4</td> <td>0</td> </tr> <tr> <td>11/13@7:45 AM</td> <td>232</td> <td>0</td> <td>4</td> </tr> <tr> <td>" @2:20 PM</td> <td>149</td> <td>2</td> <td></td> </tr> <tr> <td>11/16@11:30 AM</td> <td>224</td> <td>2</td> <td>4</td> </tr> <tr> <td>" @8 PM</td> <td>200</td> <td>0</td> <td>2</td> </tr> <tr> <td></td> <td>189</td> <td>0</td> <td>2</td> </tr> <tr> <td>11/18@8 PM</td> <td>210</td> <td>o</td> <td>4</td> </tr> <tr> <td>11/20@7 PM</td> <td>220</td> <td>6</td> <td>4</td> </tr> <tr> <td>11/22@8 PM</td> <td>178</td> <td>0</td> <td>2</td> </tr> <tr> <td>11/23@8 PM</td> <td>187</td> <td>0</td> <td>2</td> </tr> <tr> <td>11/25@8 PM</td> <td>191</td> <td>0</td> <td>2</td> </tr> <tr> <td>11/26@8 PM</td> <td>180</td> <td>o</td> <td>2</td> </tr> <tr> <td>11/29@8 PM</td> <td>170</td> <td>0</td> <td>2</td> </tr> <tr> <td>11/30@8 PM</td> <td>265</td> <td>0</td> <td>6</td> </tr> <tr> <td>12/2 PM</td> <td>170</td> <td>o</td> <td>2</td> </tr> <tr> <td>12/3 PM</td> <td>210</td> <td>0</td> <td>4</td> </tr> <tr> <td>12/6</td> <td>232</td> <td>6</td> <td>4</td> </tr> <tr> <td></td> <td>217</td> <td>0</td> <td>4</td> </tr> <tr> <td>12/8</td> <td>173</td> <td>0</td> <td>2</td> </tr> <tr> <td>12/13@8 PM</td> <td>171</td> <td>o</td> <td>2</td> </tr> <tr> <td>12/14@8 PM</td> <td>160</td> <td>0</td> <td>2</td> </tr> </tbody> </table>	-Date/Time	BSL			" @8 PM	11/6 @8AM202	4	0	11/13@7:45 AM	232	0	4	" @2:20 PM	149	2		11/16@11:30 AM	224	2	4	" @8 PM	200	0	2		189	0	2	11/18@8 PM	210	o	4	11/20@7 PM	220	6	4	11/22@8 PM	178	0	2	11/23@8 PM	187	0	2	11/25@8 PM	191	0	2	11/26@8 PM	180	o	2	11/29@8 PM	170	0	2	11/30@8 PM	265	0	6	12/2 PM	170	o	2	12/3 PM	210	0	4	12/6	232	6	4		217	0	4	12/8	173	0	2	12/13@8 PM	171	o	2	12/14@8 PM	160	0	2			
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<p>v 118</p>	<p>Continued From page 5</p> <p>12/19@8:00 A AM 207 04 " @12:00 Noon 202 O 4 12/20@8 PM 237 O 4</p> <p>12/21@8 PM 239 O 4 12/22@8 PM 198 o 2 12/27@7 PM 162 0 2 12/29@5 PM 221 O 4 1/18 PM 208 6 4</p> <p>B. Review on 1/19/22 of client #1 's record revealed 6/11/21 physician's order "Finger Stick Blood Sugar Check Before meals and at bedtime."</p> <p>Review on 1/19/22 of client #1 's November 2021-January 2022 MARs revealed: BSL check times pretyped as 7 AM, 12 Noon, 5 PM and 8 PM BSL readings were not initialed as given per the 6/11/21 physician's orders as follows: November 2021: 31 of 120 were blank December 2021: 14 of 124 were blank January 1st-19th, 2022: 13 of 74 were blank</p> <p>Review on 1/19/22 of client #1's November 2021-January 19, 2022 "Vital Sign Measurements" forms revealed: BSL were initialed as checked 3 times a day for November and December 2021. At least 1 of the 4 daily BSL reading opportunities was not initialed as checked. Missed documented opportunities for BSL readings on the Vital Sign Measurements forms were noted as: November 2021: 41 of 120 were missed documentation opportunities December 2021: 46 of 124 were missed documentation opportunities January 1-19th, 2022: 23 of 74 were missed documentation opportunities</p>		<p>On 3/9/22 medication management training was conducted for the staff at sweetbriar. Each staff will be trained Annually.</p> <p>When and how to perform routine checks on blood sugar logs. BSL log will be checked weekly to ensure documentation is correct per doctor's orders.</p> <p>There will also be quarterly medication training to ensure staff is in compliance with medication needs.</p>	<p>3/9/22</p>
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v 118	<p>Continued From page 6</p> <p>InteMew on 1/19/22, the Licensee/Registered Nurse (RN) stated: [REDACTED] She was not aware of the errors on the MAR or with documentation of the BSLs for client #1.</p> <p>Interview on 2/15/22, the Chief Operational Officer (COO) stated: [REDACTED] She thought the facility had two different orders for client #1's BSL check times and insulin sliding scale She would need to reconcile all orders for client #1's BSL check times and insulin sliding scale</p> <p>C, Review on 1/19/22 of client #1's record revealed: Physician's orders dated 6/21/21 that included: Atenolol 50mg (milligram) one tablet (tab) twice a day (high blood pressure) Atorvastin 40mg one tab daily (high cholesterol) Lisinopril 10mg one tab daily (high blood pressure) Magnesium Oxide 400mg one tab daily (supplement) Vitamin D3 50 microgram (mcg) one tab daily (vitamin) Keppra 1000mg one tab twice day (seizures) Metformin HCL ER 500mg one tab twice daily (diabetes) Trazadone 100mg one tab twice a day (insomnia)</p> <p>Review on 1/19/22 of client #1's December 2021-January 2022 MARs listed the following blanks: December all the medications listed on the above</p>			
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v 118	<p>Continued From page 7</p> <p>6/21/21 physician's orders on the 3rd January Kepra at 8 PM on the 13th and 14th Metformin at 8 PM on the 7th, 13th and 14th</p> <p>II. Review on 1/19/22 of client #2's record revealed: Admitted: 2/23/20 Diagnoses: Schizophrenia, Post Traumatic Stress Disorder (PTSD), Anxiety, (Gastroesophageal Reflux Disease) GERD, Insomnia, Cocaine, Asthma, Mild Intellectual Developmental Disability (IDD) due to TBI and Polysubstance Use. Physician's orders dated 3/31/21 that included: Seroquel 200mg one tab at night (schizophrenia) Loratadine 10mg one tab at night (allergies) Norvasc 10mg one tab daily (hypertension) Lipitor 10mg one tab daily (cholesterol) Wellbutrin 100mg one tab daily (anxiety) Melatonin 5mg one tab at night (insomnia) Senokot one tab twice daily (constipation) Gabapentin 300mg one tab three times a day (pain) Zoloft 100 mg one tab daily (PTSD) Fluctanose 50 microgram (mcg) 2 sprays per nostril daily (asthma)</p> <p>A. Review on 1/19/22 of client #2s November 2021-January 2022 MARs listed the following blanks December: Norvasc, Lipitor, Wellbutrin and Loratadine on the 25th Seroquel 200 mg for the 26th Senokot at 8 AM on the 3rd, at 8 PM on the 26th Gabapentin at 8 AM on the 3rd, at 2 PM on</p>			

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v 118	<p>Continued From page 8</p> <p>the 26th and 27th as well as at 8PM on the 26th Fluctanose on the 3rd January:</p> <p>Senokot, Melatonin and Seroquel 50mg on the 13th and 14th</p> <p>Gabapentin at 4 PM on the 3rd, 6th, 14th as well as at 8 PM on the 13th and 14th</p> <p>Fluticasone Prop 50 mcg spray on the 2nd, 3rd, 8th, 15th and 16th</p> <p>B. Review on 1/19/22 of client #2s December 2021 MAR reflected the following about Zolof: Initialed as administered daily</p> <p>Reverse of MAR listed comments such as "medication (meds) not given", "(out of medication)" and "(completely out of meds)"</p> <p>Comments of Zolof not administered to client #2 noted between the 5th-22nd</p> <p>C. Review on 1/19/22 of client #2's November 2021 MAR revealed Senokot not listed as a medication.</p> <p>III. Review on 1/19/22 of client #4's record revealed:</p> <p>Admitted: 2/1/13</p> <p>Diagnoses: Autism Spectrum, Moderate IDD, Fetishism (foot) , Seizure Disorder, Dermatitis, PICA and Depressive Disorder with mixed Bipolar Disorder</p> <p>Physician's orders dated 9/2/21 that included: Depakote Extended Release 500mg two tabs in the AM and one tab in the PM (seizure)</p> <p>Cogentin 1mg one tab twice a day (tremors)</p> <p>Zyprexa 20mg one tab twice a day (mood disorder)</p> <p>Loratadine 10mg one tab in the PM</p> <p>Azelastine 137mcg one spray per nostril twice a day (allergies)</p> <p>Lorazepam 1 mg one tab twice daily</p>			
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RALEIGH, NC 27609

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v 118	<p>Continued From page 9 (seizures)</p> <p>Review on 1/19/22 of client #4s November 2021-January 2022 MARs listed the following blanks: November: Zyprexa 6th in the PM December: Cogentin, Loratadine and Azelastine on the 25th in the PM . January: Depakote and Zyprexa on the 13th as well as the 14th in the PM Azelastine and Loratadine on the 13th in the</p> <p>Interview on 1/19/22, the Licensee/RN stated: Not aware of any occurrence when clients' medications were not available onsite to administer to the clients</p> <p>Interview on 1/27/22 and 2/7/22 the Qualified Professional stated: She and the COO reviewed medication administration records via video conference. She did blanks on the MARs and redirected staff to review and sign if they administered medications. It has been a few months since she last reviewed the MARS The Licensee/RN mainly reviewed the MARs as she was a nurse.</p> <p>Interview on 2/16/22 the COO stated: She thought with changes in staffing since December, the concerns with blanks on the MAR were resolved. She would discuss the oversight and monitoring of the medications with the Licensee to assure compliance.</p>		<p>Medication management training was conducted for all sweetbriar staff. The MARs were reviewed and all holes in the MARs were addressed. RN and QP will review MARs weekly to ensure medication is being administered per doctors and stats policy.</p>	3/9/22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
0-4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

Division of Health Service Regulation

<p>v 118</p>	<p>Continued From page 10</p> <p>Staff should document on both the MAR and any other designated forms regarding medications.</p> <p>Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected.</p> <p>Review on 2/15/22 of the facility's Plan Of Protection dated 2/15/22 submitted by the COO revealed the following:</p> <p>"What immediate action will the facility take to ensure the safety of the consumers in your care?</p> <p>Group home agency will promptly retrain staff on Diabetic skills and sliding scales. Review of MAR and training on MAR codes, therapeutic doses/leaves and appointed person to review MARs monthly.</p> <p>Describe your plans to make sure the above happens.</p> <p>Group Home admin team will contact pharmacist, PCP (Primary Care Physician) another prescribing agency to reconcile correct orders and instructions to follow re blood sugar and insulin intake. Group Home will update forms and/or utilize pharmacy blood sugar recording docs per pharmacy policy and procedures. [Name of Licensee/RN] will provide medication training.</p> <p>[Name of COO] will review orders with (Medical Doctor) MD/PCP and pharmacy."</p> <p>Clients whose diagnoses included IDD, Schizoaffective Disorder, Bipolar, Post Traumatic Stress Disorder, Hypertension, GERD, Diabetes and TBi resided at the facility. Client #1 did not have Sertraline for a total of 20 days as the MAR</p>	<p>Medication Management training was completed on 3/9/22. COO was given training documentation completed by EH#3 staff (signed and dated). Training will be held quarterly to ensure compliance of medication management.</p> <p>Medication was not given due to the MD at BandD (Durham Co). Per the Care Coordinator (Alliance MCO) and Guardian, the team was looking to transfer services and failed to complete in a timely manner. The Care Team was looking for a new provider and failed to locate one prior to the closure of B and D Act services. The Care Coordinator contacted BandD to keep services with Provider (Medication Management Only), due to the length of time with no medications. QP, GH and Care Coordinator worked with Guardian on</p>	<p>3/9/22</p>
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Division of Health Service Regulation

			<p>corrective measures to maintain services with BandD.</p>	
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<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(XI) PROVIDE-PJSUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579</p>	<p>0<2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WNG</p>	<p>(X3) DATE SURVEY COMPLETED 02/16/2022</p>
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
Q(4) 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)	COMPLETE DATE
v 118	Continued From page 11 reflected the facility was out of the medication. Client #1 's MAR and log for blood sugar reflected 31 out of 80 occasions in which the correct amount of insulin was not administered if administered at all. Client #1 's MARs from November 2021 - Jan 19, 2022 of the 318 times BSL should have been checked 58 were blank. Non insulin medications listed on November 2021- January 19, 2022 MARs for clients #1, #2 and #4 reflected a total of 68 blank entries. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days, An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	v 736	As of 1/2022, Resident has started back with BandD for Medication Management. On 12/1/21, QP and COO contacted Care Coordinator re BandD services. Care Coordinator stated that she did not work on MH appointments and requested the GH to contact mom. A complaint was sent to Care Coordinator after BandD notified the mother/Guardian and the group home that Dr. Trost was no long his MD. Resident, Guardian and GH continued to contact BandD and other Providers – Carlina Outreach, Easter Seals, and Monarch per the Guardians request. During the week on 12/23/21, Dr. Trost phoned COO to notify the GH that he would place a one-time order however he would not be the Provider as all of his Patients were transferred to other MH agencies moving forward – Resident’s Care was transferred to Easter Seals on 12/1/21. Guardian, Resident and GH obtained a NEW order from Residents Primary Care Provider to meet medication needs. Contacts with Easter Seals proved that the Resident did not have a provider on file. In 1/2022, Care Coordinator intervened and establish a reconnection with BandD – Dr. Trost. Incident Reports and Communication Logs are on-file regarding the transfer of services. During the medication training BSL were discussed and staff received training. Client #1 BSL are being recorded on log daily and the RN/QP are reviewing logs weekly. Log was reviewed on 3/4/22, 3/11/22, and 3/18/22	3/9/22
v 736	27G .0303(c) Facility and Grounds Maintenance IOA 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. This Rule is not met as evidenced by: Based on interview and observation the facility failed to ensure the home was maintained in a clean, safe, orderly and attractive manner. The findings are: Observation on 1/19/22 between 3:00 PM-4:00 PM revealed the following:			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER]SUPPLIER]CLIA IDENTIFICATION NUMBER: MHL092-579	0(2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WNG _____	(X3) DATE SURVEY COMPLETED 0211612022
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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 6212 SWEETBRIAR DRIVE THE EMMANUEL HOME III RALEIGH, NC 27609				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE
v 736	Continued From page 12 Kitchen. Drawer near sink was sideways. Drawer was off the tracking system as it would not close completely. Over head light fixture with one of four bulbs blown, one bulb missing and no covering to protect where bulb should exist	v 736	Drawer has been fixed in the home. Home will be expected weekly to ensure clean and safe keeping per state policy.	3/10/22
	- Upstairs bathroom... Dirty caulk noted on the tile around the bathtub, base board Caulk missing around the bathtub Broken toilet paper holder Upstairs bedroom occupied by client #4... No covering for overhead light fixture Mattress in client's room sagged in the middle Bathroom Downstairs... Caulking missing around base of commode Tile around commode dirty Downstairs bedroom occupied by client #2... Clothes piled up in room on floor, couch, bedding and in closet Accordion closet door off the hinge and propped against the bedroom wall When client sat on bed, the other side of the mattress/bed moved up Ceiling fan covered in thick layer of dust Downstairs bedroom occupied by client #3... Mattress on bed sagged in the middle Interview on 2/15/22 the Chief Operational Officer stated: Issues with the cleanliness of client #4s room were ongoing. Staff assisted client #4 with cleaning but		Bathrooms have been cleaned. There are two toilet paper holders in the bathroom. The broken holder has been removed. Door has been repaired. Bedframe changed to a better fitted frame and foundation for bed size. Guardian has taken the winter clothing to her home for storage. Fans have been cleaned and dusted.	3/10/22
				2/28/22

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STATE FORM

6399

MEOTII

If continuation sheet 23 of 14

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-579	0<2) MULTIPLE CONSTRUCTION A BUILDING: _____ B. WNG		0<3) DATE SURVEY COMPLETED 02/16/2022
NAME OF PROVIDER OR SUPPLIER THE EMMANUEL HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 6212 SWEETBRIAR DRIVE RALEIGH, NC 27609		
0(4) 'D' PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE DATE

Division of Health Service Regulation

v 736	Continued From page 13 client #4 would "mess the room up again." She would follow up with management regarding the maintenance concerns in the home.	v 736	Home will be checked for cleanliness weekly and documented.	2/28/22
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STATE FORM: REVISIT REPORT

PROVIDER 1 SUPPLIER 1 CLIA / IDENTIFICATION NUMBER MHL092-579	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/16/2022
NAME OF FACILITY THE EMMANUEL HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609	

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM	DATE	ITEM	DATE	ITEM	DATE
ID Prefix _____	Correction			ID Prefix _____	Correction
Reg. # 27G .0209 (D)	Completed	ID Prefix V0752 _____	Correction	Reg. # _____	Completed
LSC _____	02116/2022	Reg. # 27G .0304(b)(4)	Completed	LSC _____	02/16/2022
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		I-SC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		CSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
CSC _____		LSC _____		LSC _____	

ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
_____		_____		_____	
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
_____		_____		_____	
LSC		CSC		LSC	
_____		_____		_____	

REVIEWED BY STATE AGENCY	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 2-16-22
REVIEWED BY CMS RO	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 7/9/2019	CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? n YES
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STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER MHL092-579	MULTIPLE CONSTRUCTION A. Building B. Wing	DATE OF REVISIT 2/16/2022
NAME OF FACILITY THE EMMANUEL HOME III		STREET ADDRESS, CITY, STATE, ZIP CODE 5212 SWEETBRIAR DRIVE RALEIGH, NC 27609

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ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix V0119	Correction	ID Prefix V0752	Correction	ID Prefix	Correction
Reg. # 27G .0209 (D)	Completed	Reg. # 27G .0304(b)(4)	Completed	Reg. #	Completed
LSC	02/16/2022	LSC	02/16/2022	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	SIGNATURE OF SURVEYOR	DATE 2-16-22
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 7/9/2019		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		