	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
		MUL 044 507	B. WING		00/40/0000		
	ROVIDER OR SUPPLIER	MHL041-527	ADDRESS, CITY, STATE		03	8/10/2022	
	CONDER ON SOLVER						
EGUESE	HOME		DINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
	An annual survey wa Deficiencies were cit	s completed on 3/10/22. ed.					
		d for the following service 27G .5600F Supervised amily Living.					
	-	ed for 2 and currently has a vey sample consisted of ents.					
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110				
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional	4 COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for s shall be supervised by an al or by a qualified ified in Rule .0104 of this					
	population served. (d) At such time as a	l abilities required by the					
	then qualified profess professionals shall de (e) Competence sha exhibiting core skills	sionals and associate emonstrate competence. Il be demonstrated by including:					
	(1) technical knowle(2) cultural awarene(3) analytical skills;(4) decision-making	;					
	(5) interpersonal ski(6) communication s(7) clinical skills.(f) The governing bo						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION (X3) DATE COMP	SURVEY LETED
		MHL041-527	B. WING	03/	10/2022
			DDRESS, CITY, ST		
		HIGH PC	DINT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
V 110	develop and impleme	ent policies and procedures e individualized supervision	V 110	The	
	interviews 2 of 2 staf (AFL) provider and si knowledge, skills and population served. The Cross Reference: 10 Medication Requirem interviews and obser ensure all medication labels with client's and dispensing date and quantity of medicatio clear directions for a clients (#1 and #2). Cross Reference: 10 Medication Requirem interviews, the facility medications were ad written orders and M affecting 2 of 2 client Cross Reference: 10 (V290) Based on rec- observations the faci	ews, observations, and f (alternate family living taff #1) failed to demonstrate d abilities required by the he findings are: A NCAC 27G .0209 nents (V117) Based on vation, the facility failed to hs contained packaging d prescriber's name, location, name, strength, n and expiration date, and dministration affecting 2 of 2 A NCAC 27G .0209 nents (V118) Based on / failed to ensure ministered to clients on ARs were kept current		Both staff #1 and staff #2 have received medication administration training, but staff #1 has not completed this process in awhile and is out of practice. Staff #2 was not there at the time of the visit and kept the MAR's, the written orders, and the medications locked in an area that staff #1 did not know how to access. Staff #2 was called by the Agency Director and asked to return home to complete the night medication administration correctly and to document it on the MAR's. Staff #1 will not be left in charge of clients (#1 and #2) during medication time until he has completed a medication training review with the agency nurse. She will join the QP staff in the home to observe staff #1 go get the locked medication box, check for all medications, follow all protocols of proper medication administration and MAR documentation on the form. The agency nurse and the QP staff will answer any questions from staff #1 and ensure that he feels comfortable completing all tasks. The nurse and QP staff will observe staff #1 demonstrate knowledge, skills and abilities required by the population served. The QP staff will complete a new supervision plan with staff #1 that addresses these	4/15/2

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(EACH DEFICIENC REGULATORY OR I pontinued From page ross Reference: G.S rohibited (V369) Bas pservations, the stat side the facility. ross Reference: 10/ ponstruction/Alteration interviews and obs consult with the Div	1712 C. HIGH P ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 2 5. 122C-6 Smoking sed on interviews and if failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	A. BUILDING: B. WING ADDRESS, CITY, STATE ANDLEWOOD COUF POINT, NC 27265 ID PREFIX TAG	, ZIP CODE	CORRECTION ION SHOULD BE I'HE APPROPRIATE	/10/2022
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I continued From page ross Reference: G.S cohibited (V369) Bai oservations, the stat side the facility. ross Reference: 10/ construction/Alteration interviews and obs consult with the Dive egulation Construct	STREET 1712 C. HIGH P ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 3. 122C-6 Smoking Sed on interviews and if failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	ANDLEWOOD COUR POINT, NC 27265	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	CORRECTION ION SHOULD BE I'HE APPROPRIATE	(X5) COMPLET
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I continued From page ross Reference: G.S cohibited (V369) Bai oservations, the stat side the facility. ross Reference: 10/ construction/Alteration interviews and obs consult with the Dive egulation Construct	1712 C. HIGH P ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 2 5. 122C-6 Smoking sed on interviews and if failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	ANDLEWOOD COUR POINT, NC 27265	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLET
SUMMARY ST. (EACH DEFICIENC REGULATORY OR I continued From page ross Reference: G.S cohibited (V369) Bas oservations, the stat side the facility. ross Reference: 10/ construction/Alteration n interviews and obs consult with the Div egulation Construct	HIGH P ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 2 3. 122C-6 Smoking sed on interviews and if failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	POINT, NC 27265	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLET
(EACH DEFICIENC REGULATORY OR I pontinued From page ross Reference: G.S rohibited (V369) Bas pservations, the stat side the facility. ross Reference: 10/ ponstruction/Alteration n interviews and obs consult with the Div egulation Construct	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 2 3. 122C-6 Smoking sed on interviews and 4 failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	COMPLET
ross Reference: G.S rohibited (V369) Bas oservations, the stat side the facility. ross Reference: 10/ onstruction/Alteration n interviews and obs consult with the Div egulation Construct	5. 122C-6 Smoking sed on interviews and f failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making	V 110			
rohibited (V369) Bas oservations, the stat side the facility. ross Reference: 10/ construction/Alteration interviews and obs consult with the Div egulation Construct	sed on interviews and f failed to prohibit smoking A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making				
onstruction/Alteratic i interviews and obs consult with the Div egulation Construct	ns/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making				
	he AFL provider and staff ls revealed they were both ssionals.				
le rarely worked in t See, I still work a jo	b;" vife's passion and he just				
vealed: he was out of town he didn't understan puldn't be reschedul puld be at the facilit	due to a family emergency; d why the annual survey ed until 3/10/22 when she				
eview on 3/10/22 of ompleted and dated vealed: What immediate act sure the safety of t n Wednesday, Marc ovider was called re aving the means to	3/10/22 by the Director ion will the facility take to he consumers in your care? ch 9, 2022, the primary care egarding the relief staff not perform his job duties.				
	ealed: ne was out of town ne didn't understan uldn't be reschedul uld be at the facilit his is so unfair." view on 3/10/22 of npleted and dated ealed: /hat immediate act sure the safety of t Wednesday, Marc vider was called re ving the means to mary AFL provider	he was out of town due to a family emergency; he didn't understand why the annual survey uldn't be rescheduled until 3/10/22 when she uld be at the facility; his is so unfair." view on 3/10/22 of the Plan of Protection npleted and dated 3/10/22 by the Director	ealed: ne was out of town due to a family emergency; ne didn't understand why the annual survey uldn't be rescheduled until 3/10/22 when she uld be at the facility; his is so unfair." view on 3/10/22 of the Plan of Protection mpleted and dated 3/10/22 by the Director ealed: /hat immediate action will the facility take to sure the safety of the consumers in your care? Wednesday, March 9, 2022, the primary care vider was called regarding the relief staff not /ing the means to perform his job duties. mary AFL provider returned home as directed	ealed: ne was out of town due to a family emergency; ne didn't understand why the annual survey uldn't be rescheduled until 3/10/22 when she uld be at the facility; his is so unfair." view on 3/10/22 of the Plan of Protection mpleted and dated 3/10/22 by the Director ealed: /hat immediate action will the facility take to sure the safety of the consumers in your care? Wednesday, March 9, 2022, the primary care vider was called regarding the relief staff not <i>v</i> ing the means to perform his job duties. mary AFL provider returned home as directed	ealed: he was out of town due to a family emergency; he didn't understand why the annual survey uldn't be rescheduled until 3/10/22 when she uld be at the facility; his is so unfair." view on 3/10/22 of the Plan of Protection mpleted and dated 3/10/22 by the Director ealed: /hat immediate action will the facility take to sure the safety of the consumers in your care? Wednesday, March 9, 2022, the primary care vider was called regarding the relief staff not /ing the means to perform his job duties. mary AFL provider returned home as directed

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		
		MHL041-527	B. WING		03/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
PEGUESE	EHOME		NDLEWOOD COUF	RT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	e 3	V 110			
	medication. AFL prov consumers should or approved bedrooms. consumers will NOT bedrooms. The Agen providers of the prop process, storage, and consumer documenta to any official person that the medically fra- status be addressed. presented with the op approved alone time. approval of the legal consumer. Agency re there is NO smoking facility." -"Describe your plans happens. On Thursda director will conduct a Peguese home to rev standards. Agency D Protection and obtain have been informed.' This facility is license living to 2 clients with developmental disabi serving 2 clients with Schizophrenia, Bipola Developmental Disab Mellitus, Depression, Disorder, Intermittent Dementia, Iron Defici urinary tract infection clients #1 and #2 in t without the knowledg to their medications,	a to make sure the above ay, March 10, 2022, Agency a walk-through of the view all licensure and agency irector will review the Plan of a signatures confirming they d to provide supervised mental illness or ilities. The facility was diagnoses that included ar Disorder, mild Intellectual pility, Type II Diabetes Hypertension, Seizure				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-527	B. WING		03	8/10/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
PEGUESE	EHOME		DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 4	V 110			
	rule violation which is safety and welfare of not corrected within 4 penalty of \$200.00 pe					
V 117	27G .0209 (B) Medica	ation Requirements	V 117			
	 visible; (2) Prescription med or obtained as sample tamper-resistant pack risk of accidental inge packaging includes p with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging la drug dispensed must (A) the client's name (B) the prescriber's r (C) the current disper (D) clear directions f (E) the name, streng date of the prescriber 	aging and labeling: drug containers not nacist shall retain the with expiration dates clearly lications, whether purchased es, shall be dispensed in kaging that will minimize the estion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag abel of each prescription include the following: e; name; ensing date; or self-administration; gth, quantity, and expiration d drug; and ss, and phone number of the ing location (e.g., mh/dd/sa				

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL041-527	B. WING		03/1	0/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
PEGUESE	НОМЕ		NDLEWOOD CO DINT, NC 27265	URT		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	N N	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 117	Continued From page	95	V 117			
	failed to ensure all me packaging labels with name, dispensing dat strength, quantity of r date, and clear direct	and observation, the facility edications contained client's and prescriber's re and location, name, nedication and expiration ions for administration		Both staff #1 and staff #2 h medication administration tr staff #1 has not completed in awhile and is out of pract was not there at the time of kept the MAR's, the written the medications locked in ar staff #1 did not know how t Staff #2 was called by the A and asked to return home to	aining, but this process ice. Staff #2 the visit and orders, and n area that to access. Agency Director to complete	3/10/2
	11:00am - 11:30am re -Two piles of pills in n dresser in a second s -Both plastic containe with a handwritten no (clients #1 and #2). Interview on 3/10/22 -His wife, the AFL (alt provider had a family facility at 8:00am that -He was instructed by administer the medica medication planners t them going to bed; -He was not aware of medication planners of -All medications for cl	Observation on 3/10/22 from approximately 11:00am - 11:30am revealed: -Two piles of pills in medication planners on a dresser in a second story bedroom; -Both plastic containers had paper under them with a handwritten note with the name of a client (clients #1 and #2). Interview on 3/10/22 with staff #1 revealed: -His wife, the AFL (alternative family living) provider had a family emergency and left the facility at 8:00am that morning; -He was instructed by the AFL provider to administer the medications observed in the medication planners to clients #1 and #2 prior to		the night medication admini correctly and to document it Staff #1 will not be left in cl (#1 and #2) during medicat he has completed a medicat review with the agency nurse not administer bedtime medicat staff #2 returning home to The agency RN will join the home to observe staff #1 ge medication box, check for a follow all protocols of prope administration and MAR dood the form. The agency nurse will answer any questions fr ensure that he feels comfort all tasks. The nurse and QP staff #1 demonstrate knowl abilities required by the pop The QP staff will complete a plan with staff #1 that addr areas.	t on the MAR's. harge of clients tion time until con training se. Staff #1 did lication due to administer. QP staff in the o get the locked II medications, r medication cumentation on and the QP staff om staff #1 and table completing staff will observe edge, skills and ulation served. new supervision	4/15/2

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVE COMPLETED	
			A. BUILDING:			
		MHL041-527	B. WING		03	/10/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
PEGUESE	HOME		NDLEWOOD COUF DINT, NC 27265	RT		
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLET DATE
V 117	Continued From page	e 6	V 117			
	revealed: -All medications exce	with the AFL provider pt for the medications cation planners for clients #1		* Please review answer above regardir actions with medications and staff #1	ng corrective	
	and #2 were locked in -She had not left staft medications because	-		actions with medications and start #1		
	NCAC 27G .0204 Co of Paraprofessionals	ss referenced into 10A mpetencies and Supervision (V110) for a Type B rule e corrected within 45 days.				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, au (C) instructions for additional strength 	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: nd quantity of the drug;				

Division of Health Service Regulat STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3) DATE SURVEY COMPLETED	
		MHL041-527	B. WING		03/10/2022	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT	E, ZIP CODE	03/10/2022	<u>.</u>
			NDLEWOOD COL			
PEGUESE	HOME	HIGH PO	DINT, NC 27265			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMF	(5) PLETE ATE
V 118	Continued From page	e 7	V 118			
	drug. (5) Client requests fo checks shall be reco	f person administering the r medication changes or rded and kept with the MAR pointment or consultation				
	medications were ad written orders and M	as evidenced by: the facility failed to ensure ministered to clients on ARs were kept current s (#1 and #2). The findings		The corrective actions listed above also to this section regarding written orders MAR's. The MAR's were locked up and not be accessed by staff #1 to fulfill hi duties. Staff #1 did not administer any	and could s job	
	-His wife, the alternation provider had a family facility at 8:00am that -The AFL provider hat clients #1 and #2 to control administered their met -He was instructed by administer the medic that she had left out a	Id not left him MARs for complete after he edications; y the AFL provider to ations to clients #1 and #2 and informed him she t the MARs when she		medications; staff #2 returned to the f and administered all night time medica Staff #2 documented all medications of MAR forms following the medication ru and licensed facility standards. This corrective action was completed immed that evening. The following day the ad Director met with Staff #1 and Staff # review the rules, the Plan of Protection the MAR's for correct documentation o night meds from the prior evening. The agency director obtained signatures fro Staff #1 and Staff #2 confirming that the have been informed regarding all licent	diately gency 2 to , and f all e they	10/2
	revealed: -The MARs, medicati dose and the clients' were locked in her be			and agency standards and rules.		
vision of Hea		f #1 access to the MARs, records because he didn't				

STATE FORM

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SM3M11

If continuation sheet 8 of 16

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		SURVEY PLETED
		MHL041-527	B. WING		03/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
PEGUESE		1712 CAI	NDLEWOOD COUR	RT		
FEGUESE	HOWE	HIGH PO	NT, NC 27265			
()()))		SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF			(X5)	
PREFIX TAG	``	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 118	Continued From page	28	V 118			
	understand them;					
		MARs were required to be				
	completed immediate	-				
	medications.	- 0				
	Interview on 3/9/22 w	ith the Qualified				
	Professional #2 revea	aled staff #1 had to have				
	access to the medica	tions and MARs when he				
	was working.					
	Due to the failure to h	nave MARs and medications				
		be determined if clients				
		itions as ordered by the				
	physician.					
	This deficiency is cros	ss referenced into 10A				
	NCAC 27G .0204 Co	mpetencies and Supervision				
	•	(V110) for a Type B rule				
	violation and must be	corrected within 45 days.				
V 290	27G .5602 Supervise	d Living - Staff	V 290			
	10A NCAC 27G .5602	2 STAFF				
	(a) Staff-client ratios	above the minimum				
	numbers specified in	Paragraphs (b), (c) and (d)				
		letermined by the facility to				
	enable staff to respor	nd to individualized client				
	needs.					
		e staff member shall be				
	•	hen any adult client is on the en the client's treatment or				
		ments that the client is				
	-	in the home or community				
		The plan shall be reviewed				
	-	ss than annually to ensure				
		b be capable of remaining in				
	the home or commun	ity without supervision for				
	specified periods of ti					
	(c) Staff shall be pres	a shear that a first state of the state of	1			1

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-527	B. WING		03	/10/2022
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
PEGUESE	HOME		NDLEWOOD COUF	RT		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH (PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE	
V 290	Continued From page	e 9	V 290			
	child or adolescent c (1) children or abuse disorders shal of one staff present for clients present. How present during sleep emergency back-up of the governing body; (2) children or developmental disab one staff present for present and two staff more clients present. need be present duri specified by the eme determined by the go (d) In facilities which diagnosis is substance (1) at least one duty shall be trained withdrawal symptoms secondary complicated drug addiction; and	adolescents with substance I be served with a minimum or every five or fewer minor vever, only one staff need be ng hours if specified by the brocedures determined by or adolescents with ilities shall be served with every one to three clients present for every four or However, only one staff ng sleeping hours if rgency back-up procedures overning body. serve clients whose primary ce abuse dependency: e staff member who is on in alcohol and other drug s and symptoms of ions to alcohol and other s of a certified substance II be available on an				
		ew, interviews, and lity failed to ensure 1 of 2 ad a staff present at all				
	-An admission date of	client #2's record revealed: of 2/16/02; ded Dementia, recurrent				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SI COMPLE	
		MHL041-527	B. WING		03/10/2022	
AME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE	03/10	0/2022
			NDLEWOOD CO			
EGUESE	HOME		DINT, NC 27265			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLE DATE
V 290	Continued From page	e 10	V 290			
	urinary tract infection: anemia; -A treatment plan dati documentation regard Observations on 3/8/2 9:30am - 10:50am and client #2 was in the fa Interview on 3/8/22 w not been informed that unsupervised time. Interviews on 3/8/22 a Professional #1 reveat -Client #2 was previot unsupervised time; -Client #2's condition been determined priot 11/3/21 that it was not unsupervised time; -"He's (client #2) show memory loss because struggling with walking Interview on 3/8/22 w Professional #2 reveat -Client #2 was previot unsupervised time; -Unsupervised time; -Unsupervised time; -Unsupervised time w client #2 because his This deficiency is crow NCAC 27G .0204 Co of Paraprofessionals	s, and iron deficiency ed 11/3/21 included no ding unsupervised time. 22 from approximately ad 1:55pm - 2:30pm revealed acility with no staff present. with staff #1 revealed he had at client #2 was not allowed and 3/9/22 with the Qualified aled: usly allowed to have had worsened so it had or to the treatment plan on ot safe for him to have wing signs of short-term e of his dementia and he's ag." with the Qualified aled: usly allowed to have was no longer allowed for dementia had progressed. ss referenced into 10A mpetencies and Supervision (V110) for a Type B rule e corrected within 45 days.	V 290	The treatment plan dated 11/21 referencess enjoys his alone time. The plan does not sp this alone time is only in the home or also of community and how long the alone time is recommended. Client #2 is his own guardi time and he choses to have alone time in th setting but not in the community setting. Si would not have been informed that client # not allowed unsupervised time because at the since he is his own guardian that is allowed team discussed in November if client #2 net be appointed a legal guardian and if alone is still advisable but did not make a final determination. The client's brother asked if could be appointed his Health Care power of attorney and the client and team agreed th good step. That was put into place, but at is client #2 continues to want to be his own ga and wants unsupervised time in the home. Treatment team will discuss if a GAL can be appointed to review everything and help de if a legal guardian needs to be put in place. team will update the plan to state that cons currently is allowed unsupervised time but is looking into this matter further and seeki advice. The team would like to add Respite and Personal Assistance services to the com plan but previous times this has been declif to a funding issue. QP and Clinical Director like respite and PA as an additional support request these two services from the CC. Es due to consumer's request to stay home ra attend a day program so these are needed On 03/10/22 the Executive Director conduct home visit to review the plan of protection. brought with her the agency's "Alone time" and discussed privately with client #2 about rescinding his alone time and signing the for stating he was in agreement with the agency recommendation. Client #2 (his own LG) re sign this form and made this choice freely a clearly known to Executive Director.	becify if but in the an at this he home taff #1 42 was this time I. The beded to time was Staff #2 of at was a this time guardian The but the sumer #2 the team ng e services isumer's hed due would r; QP will pecially ther than supports. ted a She form t orm cy's efused to	4/15/2: 3/10/22

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		NUL 0// 505	B. WING			
	ROVIDER OR SUPPLIER	MHL041-527	DDRESS, CITY, STATE,		03/10/2022	
	NOVIDER OR SUPPLIER		NDLEWOOD COUR			
EGUESE	HOME		DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 369	Continued From page	e 11	V 369			
	 (a) Smoking is prohib under this Chapter. A "smoking" means the lighted cigar, cigarett smoking product. As means a fully enclose (b) The person who co otherwise controls a to shall: (1) Conspicuously por smoking is prohibited may include the inter symbol, which consis representation of a bit a red circle with a red (2) Direct any person facility to extinguish to (3) Provide written no admittance that smok facility and obtain the or the individual's rep receipt of the notice. (c) The Department r administrative penalty dollars (\$200.00) for who owns, manages, controls a facility lice fails to comply with st 	owns, manages, operates, or facility subject to this section ost signs clearly stating that d inside the facility. The signs national "No Smoking" sts of a pictorial urning cigarette enclosed in d bar across it. who is smoking inside the he lighted smoking product. otice to individuals upon king is prohibited inside the e signature of the individual presentative acknowledging may impose an y not to exceed two hundred each violation on any person , operates, or otherwise nsed under this Chapter and ubsection (b) of this section. ction constitutes a civil ot a crime. not apply to State				
	This Rule is not met	as evidenced by: and observations, the staff		See answer below		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SU COMPLE	
		MHL041-527	B. WING		03/10/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE	•	
DECUESE	HOME	1712 CA	NDLEWOOD CO	URT		
PEGUESE	HOME	HIGH PC	DINT, NC 27265			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLET DATE
V 369	Continued From page	e 12	V 369			
	findings are: Observations on 3/8/2 11:00am - 11:30am re -A No Smoking sign p the facility. -A bedroom on the 2r smoke; -The bedroom contain partially smoked ciga Interview on 3/8/22 w -He had been smokin ashtray and cigarette -"That's (ashtray with when he's (client #1) -He was not aware th in the facility. Interview on 3/8/22 w company Director rev	boosted on the main level of and story that smelled of ned an ashtray with 2 rettes. with staff #1 revealed: ng in the bedroom and the s belonged to him; cigarettes) mineI smoke not here;" hat he was not able to smoke		On 03/10/22 the Executive Director conduction through of the AFL home site and met with and Staff #2 to review all the licensure and rules and standards. The Executive Director reminded the AFL providers that there is N inside the facility. At the time of her visit thad resolved the issues and removed the cigarettes, and no-one was smoking in the The Director obtained signatures from star staff #2 confirming they have been inform no smoking rules and agree to follow. The supervising QP staff will make unanner visits periodically to continue to monitor the is being followed. The first unannounced we by 04/15/22. During this visit the facility we checked for signs of indoor smoking. The confirm client #1 and client #2 are in their designated bedrooms and that no clients a staying in the basement or any other room not been approved by DHSR Construction. Supervising QP staff will update the super of AFL providers addressing these issues a the home 2 times per month (instead of o month) for the next 3 months to ensure context of the supervision of the start of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure context of the supervision of the next 3 months to ensure	h Staff #1 ad agency or NO smoking the staff ashtray, e facility. ff #1 and hed of the ounced hat this rule visit will be QP will also r are living or n that has . The vision plans and will visit nce per	03/10/22 04/15/2 Ongoing
V 722	free. This deficiency is cro NCAC 27G .0204 Co of Paraprofessionals violation and must be	all facilities were smoke ss referenced into 10A mpetencies and Supervision (V110) for a Type B rule corrected within 45 days	V 722			
	10A NCAC 27G .030 CONSTRUCTION/AL (a) When constructio	TERATIONS/ ADDITIONS n, use, alterations or d for a new or existing				

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	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION (X3)	DATE SURVEY COMPLETED
			A. DOILDING.		
		MHL041-527	B. WING		03/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PEGUESE	НОМЕ		NDLEWOOD CO DINT, NC 27265	URT	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETE
V 722	Continued From page	e 13	V 722		
	and with the local bui having jurisdiction. G encouraged to consu	overning bodies are			
	failed to consult with Service Regulation C	as evidenced by: and observations, the facility the Division of Health construction Section prior to terations. The findings are:		The Executive Director verbally over the phon immediately informed the AFL providers that no client could sleep in non-approved bedrooms. Consumers are only allowed to sle in their designated, approved by DHSR bedroo at all times. Client could "hang out" downstair times if that was his choice, but he could not sleep downstairs at all. The Executive Director	ep oms s at
	approximately 11:00a revealed: -He identified his bed alternate family living across from his and s his on the 2nd story o -Client #1's bedroom second story to the b moved into the secon	had been moved from the asement and staff #1 had		sleep downstans at all. The Executive Director reminded staff #1 and staff #2 of this facility agency rule. The following day after receiving notice of this the Executive Director conducte in person walk-through home visit and noted clients had their personnel items in their room and anyone else's items had been removed. T Executive Director obtained signatures confirm that both staff have been informed about their rules and standards. The Plan of Protection w reviewed with the AFL providers and the ED ensured both clients were safe and had time to talk with her privately.	and 03/10/22 d an both is 'he hing se as
	move had taken plac Interview on 3/8/22 w #1's bedroom was loo beside of client #2's b Additional observatio approximately 11:00a in question on the se -An odor of smoke; -An ashtray with 2 pa -3 bottles that contair Meloxicam, Rosuvas labels indicating they -An appointment rem -2 medication planne	ace.The supervising QP staff will visits periodically to continue rule is being followed. The Q with the clients privately at V going well and that they are designated bedrooms. The fi will be by 04/15/22. During i will be thecked for signs of i QP will also confirm client # their designated bedrooms a living or staying in the baser room that has not been appr Construction. The supervisin the supervision plans of AFL astatin and Lisinopril with ey belonged to staff #1;The supervising QP staff will visits periodically to continue rule is being followed. The Q with the clients privately at V going well and that they are designated bedrooms. The fi will be by 04/15/22. During i will be checked for signs of i QP will also confirm client # their designated bedrooms a living or staying in the baser room that has not been appr Construction. The supervision the supervision plans of AFL these issues and will visit the month for the next 3 months		The supervising QP staff will make unannound visits periodically to continue to monitor that it rule is being followed. The QP staff will speak with the clients privately at visits to ensure all going well and that they are sleeping in their designated bedrooms. The first unannounced will be by 04/15/22. During this visit the facili will be checked for signs of indoor smoking. T QP will also confirm client #1 and client #2 and their designated bedrooms and that no clients living or staying in the basement or any other room that has not been approved by DHSR Construction. The supervising QP staff will up the supervision plans of AFL providers address these issues and will visit the home 2 times pu month for the next 3 months to ensure compliance.	this is visit ty he e in are date sing

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-527	B. WING		03	3/10/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
	HOME	1712 CA	NDLEWOOD COUR	tт.		
PEGUESE	HOME	HIGH PC	DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 722	Continued From page	e 14	V 722			
	name of the client tha to.	at the medications belonged				
	Additional interview o revealed:	on 3/8/22 with staff #1 elongings in the bedroom he				
	said was client #1's th cigarettes, medication	nat included an ashtray with				
	the facility; -When client #1 was	in the facility, he used the the basement to sleep.				
	Interview and observe					
	revealed: -His bedroom had be	en moved from the 2nd				
	move had taken place	long it had been since the e;				
	he had previously be	g in the 2nd story bedroom en in; is bed, clothing and cot in				
	the basement.					
	Interview on 3/8/22 w Professional #2 revea	aled:				
	December 2021 and	facility was completed in there were no issues; was located on the 2nd				
	story of the facility du	ring the inspection.				
	Interview on 3/8/22 w company Director rev	-				
	-She was not aware t been relocated from t basement;	hat client #1's bedroom had the 2nd story to the				
	-She was going to inf	orm the AFL provider that e relocated back to his				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	DNSTRUCTION		E SURVEY PLETED	
		MHL041-527					
NAME OF P	ROVIDER OR SUPPLIER		B. WING 03/10/2022 ET ADDRESS, CITY, STATE, ZIP CODE 03/10/2022				
PEGUESE	HOME		NDLEWOOD COUR DINT, NC 27265	RT			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE	(X5) COMPLET DATE	
V 722	to have bedrooms lo the facility was multi- approved. This deficiency is cro NCAC 27G .0204 Co of Paraprofessionals	e 15 allow for any of their clients cated in basements unless story and it was previously oss referenced into 10A ompetencies and Supervision (V110) for a Type B rule a corrected within 45 days.	V 722	DEFICIE			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-627	B. WING		03/10/2022	
	ROVIDER OR SUPPLIER			718 CODE	0011012022	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
PEGUESE	HOME		DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES 2Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE COMPLET	
V 000	INITIAL COMMENTS	6	∨ 000			
	An annual survey was completed on 3/10/22. Deficiencies were cited.					
		ed for the following service 27G .5600F Supervised amily Living.				
		ed for 2 and currently has a vey sample consisted of ients.				
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals.	4 COMPETENCIES AND PARAPROFESSIONALS privileging requirements for				
	associate profession	ified in Rule .0104 of this				
	knowledge, skills and population served. (d) At such time as a	a abilities required by the				
	then qualified profess professionals shall d (e) Competence sha	is established by rulemaking, sionals and associate emonstrate competence. Ill be demonstrated by			41	
	exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills;	edge; ess;				
	 (4) decision-making (5) interpersonal ski (6) communications (7) clinical skills. 	ills; skills; and				
ision of Hor		dy for each facility shall				
	Alth Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE	Clinical Director	(X6) DATE	

lagnard, MS/QP STATE FORM 0

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	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLI	
		MHL041-527	B. WING		03/1	0/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE		
PEGUESE	HOME		NDLEWOOD CO			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLET DATE
V 110	develop and impleme	ent policies and procedures e individualized supervision	V 110	The		
	interviews 2 of 2 staf (AFL) provider and s knowledge, skills and population served. T Cross Reference: 10 Medication Requiren interviews and obser ensure all medication labels with client's ar dispensing date and quantity of medicatio clear directions for ar clients (#1 and #2). Cross Reference: 10 Medication Requiren interviews, the facility medications were ad written orders and M affecting 2 of 2 client Cross Reference: 10 (V290) Based on reco	iews, observations, and f (alternate family living taff #1) failed to demonstrate d abilities required by the he findings are: A NCAC 27G .0209 hents (V117) Based on vation, the facility failed to hs contained packaging hd prescriber's name, location, name, strength, in and expiration date, and dministration affecting 2 of 2 A NCAC 27G .0209 hents (V118) Based on y failed to ensure liministered to clients on ARs were kept current	5	Both staff #1 and staff #2 have re- medication administration training, staff #1 has not completed this pre- in awhile and is out of practice. Sta was not there at the time of the vi- kept the MAR's, the written orders, the medications locked in an area staff #1 did not know how to acce Staff #2 was called by the Agency and asked to return home to comp the night medication administration correctly and to document it on the Staff #1 will not be left in charge of (#1 and #2) during medication tim he has completed a medication tra- review with the agency nurse. She the QP staff in the home to observ go get the locked medication box, for all medications, follow all proto proper medication on the form. The a nurse and the QP staff will answer questions from staff #1 and ensur- feels comfortable completing all ta The nurse and QP staff will observ staff #1 demonstrate knowledge, s abilities required by the population The QP staff will complete a new s plan with staff #1 that addresses t	but but bccess aff #2 sit and , and that ss. Director lete MAR's. of clients he until ining will join e staff #1 check cols of and MAR gency any e that he sks. e skills and served. upervision	4/15/2

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SM3M11

If continuation sheet 2 of 16

16. C

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY IPLETED
		MHL041-527	B. WING	03	03/10/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
EGUESE	HOME		NDLEWOOD COUP DINT, NC 27265	रा		
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
				DEFICIEN	CY)	
V 110	Continued From page	e 2	V 110			
		5. 122C-6 Smoking sed on interviews and ff failed to prohibit smoking				
	Construction/Alteratic on interviews and obs to consult with the Div	A NCAC 27G .0302 Facility ons/Additions (V722) Based servations, the facility failed vision of Health Service ion Section prior to making				
		he AFL provider and staff Is revealed they were both essionals.	. :			
	Interview on 3/8/22 w -He rarely worked in t -"See, I still work a jol -The facility was his w assisted her when she	he facility; b;" vife's passion and he just	2.			21
	-She didn't understan	due to a family emergency; d why the annual survey ed until 3/10/22 when she				
	completed and dated revealed: -"What immediate act ensure the safety of th On Wednesday, Marc provider was called re having the means to p Primary AFL provider	the Plan of Protection 3/10/22 by the Director ion will the facility take to he consumers in your care? ch 9, 2022, the primary care egarding the relief staff not berform his job duties. returned home as directed eve staff that did not have				

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-527	B. WNG		03	/10/2022
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
PEGUESE	HOME		NDLEWOOD COUR XINT, NC 27265	रा		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE DATE
V 110	Continued From page	• 3	V 110			
	medication. AFL prov consumers should or approved bedrooms. consumers will NOT bedrooms. The Agen providers of the prop process, storage, and consumer documenta to any official person that the medically fra status be addressed. presented with the op approved alone time. approval of the legal consumer. Agency re there is NO smoking facility." -"Describe your plans happens. On Thursda director will conduct a Peguese home to rev standards. Agency D	s to make sure the above ay, March 10, 2022, Agency a walk-through of the view all licensure and agency irector will review the Plan of a signatures confirming they				
	living to 2 clients with developmental disabi serving 2 clients with Schizophrenia, Bipola Developmental Disab Mellitus, Depression, Disorder, Intermittent Dementia, Iron Defici urinary tract infection clients #1 and #2 in t without the knowledg	ilities. The facility was diagnoses that included ar Disorder, mild Intellectual pility, Type II Diabetes Hypertension, Seizure				

STATE FORM

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SM3M11

If continuation sheet 4 of 16

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL041-527	B. WING		03	03/10/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
PEGUESE		1712 CA	NDLEWOOD COUP	रा			
LOOLOL		HIGH PC	DINT, NC 27265				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From page	e 4	V 110				
	rule violation which is safety and welfare of not corrected within 4 penalty of \$200.00 pe	•					
V 117	27G .0209 (B) Medic	ation Requirements	V 117				
	visible; (2) Prescription med or obtained as sample tamper-resistant pack risk of accidental inge packaging includes p with tamper-resistant unit-of-use packaged may be adequate; (3) The packaging la drug dispensed must (A) the client's name (B) the prescriber's r (C) the current dispe (D) clear directions f (E) the name, streng date of the prescriber (F) the name, addres	aging and labeling: drug containers not nacist shall retain the with expiration dates clearly lications, whether purchased es, shall be dispensed in caging that will minimize the estion by children. Such lastic or glass bottles/vials caps, or in the case of drugs, a zip-lock plastic bag abel of each prescription include the following: ; name; nsing date; or self-administration; th, quantity, and expiration d drug; and ss, and phone number of the ing location (e.g., mh/dd/sa					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED
		MHL041-527	B. WING	0:	3/10/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
PEGUESE	HOME		NDLEWOOD CO	URT	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 117	Continued From page	e 5	V 117		
	failed to ensure all m packaging labels with name, dispensing da strength, quantity of r date, and clear direct	and observation, the facility		Both staff #1 and staff #2 have received medication administration training, but staff #1 has not completed this process in awhile and is out of practice. Staff #2 was not there at the time of the visit and kept the MAR's, the written orders, and the medications locked in an area that staff #1 did not know how to access. Staff #2 was called by the Agency Director and asked to return home to complete	3/10/2
	11:00am - 11:30am r -Two piles of pills in r dresser in a second s -Both plastic containe	nedication planners on a		the night medication administration correctly and to document it on the MAR's. Staff #1 will not be left in charge of clients (#1 and #2) during medication time until he has completed a medication training review with the agency nurse. Staff #1 did not administer bedtime medication due to Staff #2 returning home to administer.	
	-His wife, the AFL (all provider had a family facility at 8:00am that -He was instructed by administer the medic medication planners them going to bed; -He was not aware of medication planners -All medications for c medications in the medications.	y the AFL provider to ations observed in the to clients #1 and #2 prior to f what the medications in the		The agency RN will join the QP staff in the home to observe staff #1 go get the locked medication box, check for all medications, follow all protocols of proper medication administration and MAR documentation on the form. The agency nurse and the QP sta will answer any questions from staff #1 and ensure that he feels comfortable completing all tasks. The nurse and QP staff will observ staff #1 demonstrate knowledge, skills and abilities required by the population served. The QP staff will complete a new supervisio plan with staff #1 that addresses these areas.	4/15/2 ff l j e

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6859

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY	
			A. BUILDING:				
		MHL041-527	B. WNG		03	/10/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
PEGUESE	HOME		NDLEWOOD COUP DINT, NC 27265	RT			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO		(X5)	
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	APPROPRIATE	COMPLET DATE	
V 117	Continued From page	e 6	V 117				
	Interview on 3/10/22 revealed:	with the AFL provider					
		pt for the medications					
		cation planners for clients #1		* Please review answer above re			
	and #2 were locked in her bedroom;			actions with medications and stal	ff #1		
	-She had not left staf	-					
	medications because	he didn't understand them.					
	-	ss referenced into 10A					
		mpetencies and Supervision					
		(V110) for a Type B rule corrected within 45 days.					
	violation and must be	corrected within 45 days.					
V 118	27G .0209 (C) Medic	ation Requirements	V 118				
	10A NCAC 27G .020	9 MEDICATION					
	REQUIREMENTS	· · · · · · · · · · · · · · · · · · ·					
	(c) Medication admin						
		n-prescription drugs shall to a client on the written					
		horized by law to prescribe					
	drugs.	nonzed by law to presense					
	*	be self-administered by					
		horized in writing by the					
		ding injections, shall be					
	• •	licensed persons, or by					
		rained by a registered nurse,					
	pharmacist or other le	egally qualified person and					
		and administer medications.					
		inistration Record (MAR) of					
	-	d to each client must be kept					
	current. Medications :						
		after administration. The					
	MAR is to include the (A) client's name;	i oliowility.					
		nd quantity of the drug;					
	(C) instructions for ad						
	(D) date and time the						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;			TE SURVEY MPLETED
		MHL041-527	B. WING		3/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
PEGUESE	HOME		NDLEWOOD COU	JRT	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	 V 118 Continued From page 7 (E) name or initials of person administering the drug. (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. 		V 118		
	medications were ad written orders and M affecting 2 of 2 client are:	the facility failed to ensure ministered to clients on ARs were kept current is (#1 and #2). The findings	ар ст	The corrective actions listed above also a to this section regarding written orders a MAR's. The MAR's were locked up and co not be accessed by staff #1 to fulfill his jo duties. Staff #1 did not administer any	nd JId ob
	-His wife, the alterna provider had a family facility at 8:00am tha -The AFL provider ha clients #1 and #2 to a administered their m -He was instructed b administer the medic that she had left out planned to documen	New on 3/10/22 with staff #1 revealed:medications; staff #2 returnedwife, the alternative family living (AFL)and administered all night timder had a family emergency and left theStaff #2 documented all mediy at 8:00am that morning:MAR forms following the mediAFL provider had not left him MARs formedications; staff #1 ands #1 and #2 to complete after hecorrective action was completehistered their medications;medications;vas instructed by the AFL provider toDirector met with Staff #1 andnister the medications to clients #1 and #2the MAR's for correct documewhe had left out and informed him shenight meds from the prior everagency director obtained signstaff #1 and Staff #2 confirm	medications; staff #2 returned to the faci and administered all night time medicatio Staff #2 documented all medications on t MAR forms following the medication rules and licensed facility standards. This corrective action was completed immedia that evening. The following day the ager Director met with Staff #1 and Staff #2 t review the rules, the Plan of Protection, a the MAR's for correct documentation of a night meds from the prior evening. The agency director obtained signatures from Staff #1 and Staff #2 confirming that the have been informed regarding all licensu	ns. he cy o nd I	
	revealed: -The MARs, medicat dose and the clients' were locked in her be -She had not left stat	with the AFL provider tions except for the nightly records for clients #1 and #2 edroom; ff #1 access to the MARs, t records because he didn't		and agency standards and rules.	

STATE FORM

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If continuation sheet 8 of 16

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
			A. BUILDING:			
	MHL041-527		B. WNG		03	/10/2022
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
PEGUESE	HOME		NDLEWOOD COUF DINT, NC 27265	XI		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE	(X5) COMPLET DATE
V 118	Continued From pag	e 8	V 118			1
		MARs were required to be ely after administering				
		vith the Qualified aled staff #1 had to have ations and MARs when he				
	available it could not	have MARs and medications be determined if clients ations as ordered by the				
	NCAC 27G .0204 Co of Paraprofessionals	ss referenced into 10A ompetencies and Supervision (V110) for a Type B rule e corrected within 45 days.				8
V 290	27G 5602 Supervise	ed Living - Staff	V 290			
	of this Rule shall be of enable staff to respon needs. (b) A minimum of on present at all times w premises, except who habilitation plan docu capable of remaining without supervision. as needed but not less the client continues to	above the minimum Paragraphs (b), (c) and (d) determined by the facility to nd to individualized client e staff member shall be when any adult client is on the en the client's treatment or uments that the client is in the home or community The plan shall be reviewed ss than annually to ensure to be capable of remaining in hity without supervision for ime.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE C			E SURVEY PLETED
	MHL041-527		8. WING		22/10/2222	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE		03/10/2022	
			NDLEWOOD COUR			
PEGUESE	HOME		DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 290	Continued From pag	je 9	V 290			
	following client-staff	ratios when more than one				
	child or adolescent of					
		adolescents with substance				
		Il be served with a minimum				
	of one staff present f	for every five or fewer minor				
		wever, only one staff need be				
	present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or					
	(2) children or adolescents with					
	developmental disabilities shall be served with					
	one staff present for every one to three clients					
	present and two staff present for every four or					
	more clients present. However, only one staff					
		need be present during sleeping hours if specified by the emergency back-up procedures				
	determined by the g					
		h serve clients whose primary				
I		ce abuse dependency:				
	(1) at least on	e staff member who is on				
	duty shall be trained	in alcohol and other drug				
	withdrawal symptom					
	secondary complicat drug addiction; and	tions to alcohol and other				
		es of a certified substance				
		all be available on an				
	as-needed basis for	each client.				
	This Rule is not me	t as evidenced by:				
	Based on record rev					
		ility failed to ensure 1 of 2				
		had a staff present at all				
	times. The findings a					
	Review on 3/8/22 of	client #2's record revealed:				
	-An admission date					
	-Diagnoses that incl	uded Dementia, recurrent				

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TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION					(X3) DATE SU COMPLE	
		MHL041-527	B. WNG		03/10/2022	
AME OF P	1712 0		DDRESS, CITY, ST	ATE, ZIP CODE		
EGUESE	ROME	1712 CA	NDLEWOOD CO	DURT		
		HIGH PC	NT, NC 27265	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI/ DEFICIENCY)		(X5) COMPLE DATE
V 290	Continued From page	e 10	V 290			
	urinary tract infection	s, and iron deficiency				
	anemia;			The treatment plan dated 11/21 references	client #2	
	•	ted 11/3/21 included no		enjoys his alone time. The plan does not sp		
	documentation regar	ding unsupervised time.		this alone time is only in the home or also on community and how long the alone time is	but in the	
	Observations on 3/8/	22 from approximately		recommended. Client #2 is his own guardi time and he choses to have alone time in the second		
	9:30am - 10:50am and 1:55pm - 2:30pm revealed client #2 was in the facility with no staff present.			setting but not in the community setting. Si		
				would not have been informed that client #	2 was	
				not allowed unsupervised time because at t	his time	
	Interview on 3/8/22 with staff #1 revealed he had not been informed that client #2 was not allowed			since he is his own guardian that is allowed team discussed in November if client #2 ne		
				be appointed a legal guardian and if alone		
	unsupervised time.			still advisable but did not make a final determination. The client's brother asked if	Stoff #2	
	Interviews on 3/8/22 and 3/9/22 with the Qualified Professional #1 revealed:			could be appointed his Health Care power of	of	
				attorney and the client and team agreed th		
	-Client #2 was previo	usly allowed to have		good step. That was put into place, but at t client #2 continues to want to be his own g		
	unsupervised time;			and wants unsupervised time in the home.	The	
		had worsened so it had		Treatment team will discuss if a GAL can be		
		or to the treatment plan on ot safe for him to have		appointed to review everything and help de if a legal guardian needs to be put in place.		
	unsupervised time;	sale for him to have		team will update the plan to state that cons		4/15/2
1	•	wing signs of short-term		currently is allowed unsupervised time but i	the team	
		e of his dementia and he's		is looking into this matter further and seeki		
	struggling with walking			advice. The team would like to add Respite and Personal Assistance services to the con		
				plan but previous times this has been declin		3/10/22
	Interview on 3/8/22 w			to a funding issue. QP and Clinical Director		
	Professional #2 revea			like respite and PA as an additional support request these two services from the CC. Es		
	-Client #2 was previo	usly allowed to have		due to consumer's request to stay home rai	ther than	
	unsupervised time;	was no longer allowed for		attend a day program so these are needed	supports.	
		vas no longer allowed for dementia had progressed.		On 03/10/22 the Executive Director conduct	ted a	
	STORE NE DOGGGGG MIG	aomonta naa progressea.		home visit to review the plan of protection.	She	
	This deficiency is cro	ss referenced into 10A		brought with her the agency's "Alone time"		
		mpetencies and Supervision		and discussed privately with client #2 abou rescinding his alone time and signing the fo		
		(V110) for a Type B rule		stating he was in agreement with the agend		
	violation and must be	e corrected within 45 days.		recommendation. Client #2 (his own LG) m sign this form and made this choice freely a	efused to	
V 369	G.S. 122C-6 Smoking	n Prohibited	V 369	clearly known to Executive Director.		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			SURVEY
		BUI 044 527	8. WING		03/10/2022	
	ROVIDER OR SUPPLIER	MHL041-527	DDRESS, CITY, STATE		03	10/2022
			NDLEWOOD COUR			
PEGUESE	HOME		DINT, NC 27265			
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 369	Continued From page	e 11	V 369			
	 (a) Smoking is prohib under this Chapter. A "smoking" means the lighted cigar, cigarett smoking product. As means a fully enclose (b) The person who contension otherwise controls a shall: (1) Conspicuously pois smoking is prohibited may include the inter symbol, which consist representation of a b a red circle with a red (2) Direct any person facility to extinguish the (3) Provide written no admittance that smoot facility and obtain the or the individual's rep receipt of the notice. (c) The Department r administrative penalit dollars (\$200.00) for who owns, manages controls a facility lice fails to comply with s 	whens, manages, operates, or facility subject to this section ast signs clearly stating that inside the facility. The signs mational "No Smoking" its of a pictorial urning cigarette enclosed in I bar across it. who is smoking inside the he lighted smoking product. otice to individuals upon king is prohibited inside the esignature of the individual presentative acknowledging may impose an y not to exceed two hundred each violation on any person operates, or otherwise nsed under this Chapter and ubsection (b) of this section. ition constitutes a civil ot a crime. not apply to State				
	This Rule is not met Based on interviews	as evidenced by: and observations, the staff		See answer below		

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If continuation sheet 12 of 16

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE S COMPLE	
		MHL041-527	8. WNG		03/1	0/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
EGUESE	HOME	1712 CA	NDLEWOOD C	OURT		
		HIGH PC	DINT, NC 27265	· · · · · · · · · · · · · · · · · · ·		
(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 CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLET DATE
V 369	Continued From page	e 12	V 369			
	findings are:	king inside the facility. The		On 03/10/22 the Executive Director through of the AFL home site and m	et with Staff #1	03/10/2
	11:00am - 11:30am n -A No Smoking sign the facility. -A bedroom on the 20 smoke;	posted on the main level of nd story that smelled of ned an ashtray with 2		and Staff #2 to review all the licensi rules and standards. The Executive reminded the AFL providers that the inside the facility. At the time of her had resolved the issues and remove cigarettes, and no-one was smoking The Director obtained signatures fro staff #2 confirming they have been no smoking rules and agree to follow	Director re is NO smoking visit the staff d the ashtray, in the facility. m staff #1 and informed of the w.	03/10/2
	ashtray and cigarette -"That's (ashtray with when he's (client #1)	ng in the bedroom and the s belonged to him; cigarettes) mineI smoke		The supervising QP staff will make u visits periodically to continue to mor is being followed. The first unannou by 04/15/22. During this visit the far checked for signs of indoor smoking confirm client #1 and client #2 are i designated bedrooms and that no cl staying in the basement or any othe not been approved by DHSR Constru supervising QP staff will update the	itor that this rule nced visit will be cility will be . The QP will also in their ients are living or r room that has uction. The	04/15/2 Ongoin
	in the facility;			of AFL providers addressing these is the home 2 times per month (instea month) for the next 3 months to en	sues and will visit d of once per	
	NCAC 27G .0204 Co of Paraprofessionals	ss referenced into 10A mpetencies and Supervision (V110) for a Type B rule corrected within 45 days				
V 722	27G .0302 (a) DHSR	Construction Approval	V 722			
	(a) When constructio	TERATIONS/ ADDITIONS n, use, alterations or d for a new or existing				

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STATEMEN	of Health Service Regu r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY MPLETED
		MHL041-527	B, WING		3/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE	
PEGUESE		1712 CA	NDLEWOOD CO	DURT	
FEGUESE	HOME	HIGH PC	NT, NC 27265		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
V 722	Continued From pag	e 13	V 722		
	and with the local bu having jurisdiction. G encouraged to consu- purchasing property This Rule is not met Based on interviews failed to consult with Service Regulation C making facility use al Interview and observ approximately 11:002 revealed: -He identified his bed alternate family living across from his and his on the 2nd story -Client #1's bedroom second story to the b	Soverning bodies are ult with DHSR prior to intended for use as a facility. as evidenced by: and observations, the facility the Division of Health Construction Section prior to literations. The findings are: vations on 3/8/22 from am - 11:30am with client #2 droom, the bathroom, the g (AFL) provider's bedroom staff #1's bedroom beside of of the facility; had been moved from the basement and staff #1 had		The Executive Director verbally over the phone immediately informed the AFL providers that no client could sleep in non-approved bedrooms. Consumers are only allowed to sleep in their designated, approved by DHSR bedrooms at all times. Client could "hang out" downstairs a times if that was his choice, but he could not sleep downstairs at all. The Executive Director reminded staff #1 and staff #2 of this facility and agency rule. The following day after receiving notice of this the Executive Director conducted a in person walk-through home visit and noted bot clients had their personnel items in their rooms and anyone else's items had been removed. The Executive Director obtained signatures confirming that both staff have been informed about these rules and standards. The Plan of Protection was reviewed with the AFL providers and the ED ensured both clients were safe and had time to talk with her privately.	t 1 03/10/2: h
	move had taken place Interview on 3/8/22 w #1's bedroom was lo beside of client #2's Additional observation approximately 11:000 in question on the set -An odor of smoke; -An ashtray with 2 pa -3 bottles that contain Meloxicam, Rosuvas labels indicating they -An appointment rem -2 medication planne	with staff #1 revealed client incated on the second story bedroom. ons on 3/8/22 from am - 11:30am of the bedroom econd story revealed: artially smoked cigarettes; ned medications of statin and Lisinopril with y belonged to staff #1;		The supervising QP staff will make unannounced visits periodically to continue to monitor that this rule is being followed. The QP staff will speak with the clients privately at visits to ensure all is going well and that they are sleeping in their designated bedrooms. The first unannounced vis will be by 04/15/22. During this visit the facility will be checked for signs of indoor smoking. The QP will also confirm client #1 and client #2 are it their designated bedrooms and that no clients ar living or staying in the basement or any other room that has not been approved by DHSR Construction. The supervising QP staff will updat the supervision plans of AFL providers addressing these issues and will visit the home 2 times per month for the next 3 months to ensure compliance.	n e e

Division of Health Service Regulation

STATE FORM

SM3M11

If continuation sheet 14 of 16

	of Health Service Regu of DEFICIENCIES of CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		MHL041-527	B. WING		03/10/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
PEGUESE	HOME		NDLEWOOD COUI DINT, NC 27265	RT		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 722	Continued From page	e 14	V 722			
	name of the client that to.	at the medications belonged				
	revealed:	on 3/8/22 with staff #1 elongings in the bedroom he				
	said was client #1's t cigarettes, medicatio	hat included an ashtray with				
		in the facility, he used the the basement to sleep.				
		ations on 3/8/22 from n - 3:00pm with client #1				
	story to the basemen					
	move had taken plac	long it had been since the e; g in the 2nd story bedroom				
	he had previously be					
	Interview on 3/8/22 w Professional #2 reve	aled:				
	December 2021 and -Client #1's bedroom	facility was completed in there were no issues; was located on the 2nd				
	story of the facility du Interview on 3/8/22 w	-				
	company Director rev					
	been relocated from t basement; -She was going to int	the 2nd story to the form the AFL provider that				
		e relocated back to his				

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-527	B. WING		03	/10/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
EGUESE	HOME		NDLEWOOD COUR DINT, NC 27265	ध		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE	(X5) COMPLET DATE
V 722	to have bedrooms loo the facility was multi- approved. This deficiency is cro NCAC 27G .0204 Co of Paraprofessionals	e 15 allow for any of their clients cated in basements unless story and it was previously ass referenced into 10A ompetencies and Supervision (V110) for a Type B rule a corrected within 45 days.	V 722			

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If continuation sheet 16 of 16