| | | (X1) PROVIDER/SUPPLIER/CLIA | | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|---|---|----------------------------|--|-----------------------------------|-------------------------|
| | OF CORRECTION | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL073-019 | B. WING | | | l-C 05/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, ST | TATE, ZIP CODE | | |
| THE FAR | RM | | Y DIXON ROA D, NC 27573 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 000 | INITIAL COMMENT | ſS | V 000 | | | |
| | on April 5, 2022. Th | low-up survey was completed le complaint was substantiated 51). A deficiency was cited. | | | | |
| | category: 10A NCA | sed for the following service C 27G .5600C Supervised h Developmental Disabilities. | | | | |
| | | sed for 3 and has a census of ole consisted of audits of 2 | | | | |
| V 509 | 27D .0301 Client R | ights - Social Integration | V 509 | | | |
| | be encouraged to p generally acceptabl activities with other members of the con prohibited from suc | /night or 24-hour facility shall articipate in appropriate and e social interactions and clients and non-client mmunity. A client shall not be h social interactions unless in the client record in | | | | |
| | facility staff failed to participate in appro acceptable social in non-client members restricted in writing | eview and interviews, the o encourage clients to priate and generally interactions and activities with s of the community unless in the clients' records in S. 122C-62(e) for 1 of 3 | | | | |
| | -Admission date of | f Client #1's record revealed: 12/17/12. entia with Head Injury; Head | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | · / | CONSTRUCTION | | E SURVEY PLETED |
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| | | | A. BUILDING: | | | |
| | | MHL073-019 | B. WING | | | ₹-C 05/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| THE FAR | RM | | RY DIXON RO RO, NC 27573 | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | THE APPROPRIATE | COMPLE DATE |
| V 509 | Continued From pa | ige 1 | V 509 | | | |
| | Cerebral Ischemia; Cholesterol; COPD -Unsupervised time 8 hours of alone tin community. -Progress note date enjoyed home visit lunch. Played game movie with peers/st -Treatment plan for following goals: -Long range ou living skills. -Short range go hygiene routine bef than 2 vp for 80% of year. -Clean his bedr vp for 80% of times -Eat at least 3X per occasion throug -Clean up after more than 2vp daily the plan year. -Keep project n garage/workspace throughout the plan Review on 4/5/22 o -Admission date of -Diagnoses of Intra of Consciousness> Brain Injury with Lo Cognitive Disorder Disorder; Mild Intell Review on 4/5/22 o | e assessment- Allowed to have ne at home and in the ed 12/30/21- "[Client #1] with the family. Fixed his es on the computer. Watch a taff." Client #1 described the tcome- To improve his daily bals- Complete his daily fore 9 am daily with no more of times throughout the plan room daily with no more than 2 throughout the plan year. (daily with no more than 2 vp ghout the plan year. eating or cooking with no y for 80% of times throughout naterials confined to the with no more than 2 vp daily n year. f Client #2's record revealed: 9/6/19. cranial Hemorrhage with Loss 24 hours; Diffuse Traumatic ss of Conscious; Major Neuro due to TBI; Major Depressive lectual Disabilities. | | | | |
| | | lid not have documentation of | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | OF CONRECTION | IDENTIFICATION NUMBER. | A. BUILDING: | | COM | |
| | | MHL073-019 | B. WING | | | R-C 05/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| THE FAR | M | | RY DIXON RO | AD | | |
| | | | RO, NC 27573 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE | (X5) COMPLETE DATE |
| V 509 | Continued From pa | ge 2 | V 509 | | | |
| | revealed: -Hire date of 5/17/1 -She was hired as a Review on 4/5/22 o COVID-19 Emerge -Plan dated 3/24/22 -As of 3/24/22, age PHASE 1 of their end COVID-19. -"Staff need to cont Universal Precaution Protective Equipment trained. -Continue to monitod diligently and report or clients to the Exec Director. -Community outings but staff and clients crowds. Outings sh eating out, dine out activities should con beforehand by the S -Continue to limit un whenever possible. -Family style dinnin -Residents can rem | a Habilitation Technician. f the agency's latest ncy Plan revealed: 2. ncy was moving back to mergency plan related to inue to be diligent in using ons, Infection Control, Persona ent and hand washing as or the health of your clients t any signs of illness with staff ecutive Director or Service s can occur in Person County are to continue to avoid large ould be to small stores and if side. Outings for indoor ntinue to be approved Service Director. nnecessary physical contact | | | | |
| | when in the commu -Therapeutic leave reported to the Exe Director but prior ap required. -Visitors should cor | or visitations should be cutive Director or Service oproval by them is no longer ntinue to visit outside if weathe | r | | | |
| | | sign COVID forms, wear a np in if visiting indoors. | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|---|--|---|--|--|-------------------------------|-----------------------|
| | 0. 00 | | A. BUILDING: | | | |
| | | MHL073-019 | B. WING | | | R-C 05/2022 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| HE FAR | M | | Y DIXON RO 0, NC 27573 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE DATE |
| V 509 | Continued From pa | ge 3 | V 509 | | | |
| | -He reported that he with his family. -Last time he went month. -He usually went to month. -When he went to s much "hung out" ar -He was planning to week. -Client #1 reported his nephew move b rent was raised and -Client #1 mentione occurred last month to go out with a frie -Client #1 reported pick him up at the g movies, but he was flu "COVID." -Group house staff Interview on 4/5/22 -Client #2 reported the house. -No issues with any -Reported that he h visits to his family. -Last home visit wa | that his friend came over to proup home to go to the not able to go because of the did not allow him to go out. with Client #2 revealed: that he had been doing well at thing or anyone at the house. ad been able to do home s in December. He had not ontact since December, but | | | | |
| | or to their home. Th -Client #2 reported out to his communi restrictions for him | t time to pick him up to go out ney stayed in Durham. that he had been able to go ty college activities. No to go out. n agency restricting him to go | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | (X3) DATE SURVEY COMPLETED | |
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| | | MHL073-019 | B. WING | | | -C 05/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| THE FAR | M | | Y DIXON RO 0, NC 27573 | AD | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 509 | Continued From pa | ige 4 | V 509 | | | |
| | -He would be going to the gym to work out today. His 1:1 took him to the community. -He had no restrictions to go out. Interview on 4/5/22 with Staff #1 revealed: -She remembered incident with Client #1 and his friend from last month. -Person came over to take Client #1 out to the movies, but she informed her that she was not vaccinated against COVID-19. -Staff#1 denied asking if person was vaccinated or not. -Staff #1 reported that visitor volunteered the information without her even asking. -Staff #1 denied person to go to the movies because they were unvaccinated. -She had been told that visitors were not able to take clients out if they were unvaccinated. -Staff #1 acknowledged that Client #1 was not allowed to go out to the movies with his friend because his friend was not vaccinated against COVID-19. | | | | | |
| | | | | | | |
| | revealed: -Agency lowered reago. -Agency had been y continue to go dow Person county had -Agency just opene eased restrictions a they were able to g -Agency was trying | with the Service Coordinator estrictions about two weeks waiting for numbers to n for safety precautions. had a high number of cases. ed up last week in reality. They about 3/25/22. Prior to that, o to the park. to limit exposures because with serious pre-existing | | | | |
| | -Clients were able to outside of the home the group home. | to have contact with family, but e if they came over to visit at ved phone calls by staff and | | | | |

| Division | of Health Service Re | equilation | | | FORM APPRO | JVED |
|---------------|---|--|----------------------------|---|-------------------------------|------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | Y |
| | MHL073-019 | | B. WING | | R-C 04/05/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | ĺ |
| THE FAR | RM | | RY DIXON RO 0, NC 27573 | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CO | RRECTION (X | (5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | | |
| V 509 | Continued From pa | ge 5 | V 509 | | | |
| | agency's COVID po -Clients were allows while now. Clients h -Clients went home Christmas. -Families were able their family member to inform ahead of th house. -Restrictions on the prior to Thanksgivin -Day program starts activities -She did not know of being unable to go -She would have be anything. -Staff never contact with Client #1 not be with a friend. -Clients already were leave with their fam -Agency did not ask COVID vaccination -Agency still had to COVID whenever of therapeutic leave, s and monitoring sym -She would make s agency's most rece being able to have a friends. -She acknowledged activities with non-of community unless r | ed to go to their families for a had been able to go home. during Thanksgiving and e to come anytime and pick up rs. They just asked for families time to let staff know at the prapeutic leave had been lifted ng. ed yesterday with normal of any incidents with Client #1 out with a friend to the movies. een contacted by the staff if ted her regarding any incident eing able to go to the movies re allowed to have therapeutic ily. c families regarding their status. follow protocol regarding lients returned from such as taking temperatures | | | | |
| Division of H | ealth Service Regulation | | P | | 1 | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIE AND PLAN OF CORRECTION IDENTIFICATION NUM | | (X1) PROVIDER/SUPPLIER/CLIA | | | (X3) DATE SURVEY | | | |
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| ND PLAN (| OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: B. WING | | COMPLETED R-C 04/05/2022 | | | |
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| THE FARM 363 JER | | | RRY DIXON ROAD | | | | | |
| ROXBORO, NC 27573 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTI | | | | | | | | |
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