		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R	
		MHL084-041	B. WING			22/2022
IAME OF F	PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE		
EAST MA	IN STREET GROUP	HOME	ST MAIN STREE ARLE, NC 2800			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	An annual, complaint and follow up survey was completed on 4/22/22. The complaint was substantiated (intake #NC00187227). Deficiencies were cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.					
		sed for 6 and currently has a urvey sample consisted of clients.				
V 118	27G .0209 (C) Medication Requirements		V 118			
	only be administere					
	 (2) Medications sha clients only when an client's physician. (3) Medications, inc administered only b 	all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by trained by a registered nurse	2,			
	pharmacist or other privileged to prepar (4) A Medication Ad all drugs administer current. Medication	 legally qualified person and e and administer medications lministration Record (MAR) of red to each client must be kep s administered shall be ely after administration. The 	3. F			
	MAR is to include th (A) client's name; (B) name, strength, (C) instructions for					

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

TITLE

(X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:				
			A. BUILDING:			R	
		MHL084-041	B. WING			04/22/2022	
NAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, ST				
EAST MA	AIN STREET GROUP	HOME	ST MAIN STREE ARLE, NC 2800				
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From page 1		V 118				
	drug. (5) Client requests checks shall be rec	of person administering the for medication changes or orded and kept with the MAR appointment or consultation					
	interviews, the facili current affecting on findings are: Review on 4/21/22 -Admission date of -Diagnoses of Mode	on, record review and ity failed to keep the MAR e of three clients (#1). The of client #1's record revealed:					
	Review on 4/21/22 #1 revealed: -Order dated 11/6/2 100 units/milliliters sugar four times pe units/ml, inject 45 u daily; Blood sugar o	of physician's orders for clier of physician's orders for clier of physician's orders for clier of client of the superior of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of	ıt				
	pm of the medication	t Flexpen and Tresiba					
	Reviews on 4/21/22	2 and 4/22/22 of MAR's for					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		. ,	CONSTRUCTION		E SURVEY PLETED		
		IDENTITION NOWIDER.	A. BUILDING:		COMPLETED		
		MHL084-041	B. WING	B. WING		R 04/22/2022	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
ACT M		610 EAS	T MAIN STRE	ET			
	AIN STREET GROUP	ALBEMA	RLE, NC 280	01			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	COMPLE DATE	
V 118	Continued From pa	age 2	V 118				
	client #1 revealed:						
	-April 2022-There v	vas a blank box on 4/10 for					
		g and amount given of insulin.					
		oxes on 4/2 12 pm dose, 4/7 4	1				
		dose, 4/11 and 4/18 8 am					
		dose for amount of insulin					
	given. There were blank boxes on 4/7 4 pm dose, 4/9 8 pm dose, 4/10 8 am/pm dose, 4/11 8 am		,				
	100 units/ml-site of	n dose for Novolog Flexpen					
		were blank boxes on 3/8 thru					
		28 and 3/30 8 am doses for					
		00 units/ml-site of injection.					
		ooxes on 3/8 thru 3/11, 3/22,					
		8 am doses for Novolog					
	Flexpen 100 units/r	ml amount of given insulin.					
		boxes on 3/8 thru 3/10, 3/22,					
		doses for Novolog Flexpen					
		sugar reading. There were					
		thru 3/4, 3/8, 3/9, 3/11 and					
		for Novolog Flexpen 100					
		ction. There were blank boxes , 3/8, 3/10, 3/11 and 3/19 12					
		log Flexpen 100 units/ml					
		sulin. There were blank boxes					
		, 3/8 and 3/10 12 pm doses fo	r IIIII				
		00 units/ml blood sugar					
		e blank boxes on 3/8 thru 3/11					
		2 4 pm doses for Novolog	,				
	Flexpen 100 units/	ml-site of injection. There were					
		thru 3/11, 3/16, 3/18 and 3/22					
		volog Flexpen 100 units/ml					
		sulin. There were blank boxes					
		om doses for Novolog Flexpen					
		sugar reading. There were					
		thru 3/11 8 pm doses for					
		00 units/ml-site of injection.					
		poxes on 3/8 thru 3/11 8 pm					
		Flexpen 100 units/ml amount ere was a blank box on 3/9 8					
	ealth Service Regulation						

If continuation sheet 3 of 5

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED	
	MHL084-041		B. WING			R 04/22/2022	
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
		610 EAS	T MAIN STREE	ET			
ASI W/	AIN STREET GROUP	ALBEMA	RLE, NC 280	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 118	Continued From pa	ige 3	V 118				
	sugar reading. -There were blank Tresiba Flextouch -February 2022-The am dose for Novolog injection. There wa dose for Novolog F given insulin. There dose for Novolog F sugar reading. The pm dose for Novolog F sugar reading. The	to accurately document stration it could not be air medications as ordered by 2 with the Residential Team #1 had blank boxes on his iff forgot to sign off on them. dent in March 2022 with client out a few days. Other than					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING		R	
		MHL084-041			04/	22/2022
	PROVIDER OR SUPPLIER	610 EAS	DDRESS, CITY, ST T MAIN STREE			
AST MA	AIN STREET GROUP	HOME	ARLE, NC 2800			
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	age 4	V 118			
	-She confirmed sta current for client #1	aff failed to keep the MAR's 1.				
	Interview on 4/22/22 with the Vice President of Operations confirmed: -Staff failed to keep the MAR's current for client #1.					