

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on 4/14/22. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 4 current clients.</p>	V 000		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p>	V 118		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 1</p> <p>(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.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure physician's orders were available affecting one of four audited clients (#4); failed to ensure one of four audited staff (#1) demonstrated competency in medication administration affecting one of four audited clients (#4); failed to ensure a client had physician's orders to self administer medications affecting one of four audited clients (#4) and failed to ensure medications were available for administration affecting two of four audited clients (#1 and #2). The findings are:</p> <p>Cross Reference Tag 120 10A NCAC 27G .0209 Medication Requirements Based on record review, observation and interviews, the facility failed to ensure medications were in a securely locked cabinet affecting one of four audited clients (#4).</p> <p>The following is evidence the facility failed to ensure physician's orders were available.</p> <p>Review on 4/13/22 of client #4's record revealed: -Admission date of 12/1/19. -Diagnoses of Depression, Dementia, Diabetes, Dyslipidemia and Mental Insufficiency. -There were no physician's orders for the</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 2</p> <p>Glucose tablets and Glucose gummies.</p> <p>Observation on 4/14/22 at approximately 9:05 am of client #4's bedroom revealed: -5 bottles of Glucose tablets on the top of a desk. -A wooden crate underneath the desk that contained 44 bottles of Glucose tablets and 4 bottles of Glucose gummies. -One of the bottles of Glucose tablets appeared to have some missing tablets. -The other bottles of Glucose tablets and/or Glucose gummies contained 50 tablets/gummies and were unopened.</p> <p>Observation on 4/14/22 at approximately 3:20 pm of client #4's portable locked medication box in kitchen area revealed: -A bottle of Glucose tablets appeared to have 1/2 of tablets missing.</p> <p>Review on 4/14/22 of MAR's for client #4 revealed: -April, March and February 2022 MAR's-The Glucose tablets and Glucose gummies (low blood sugar levels) were not listed.</p> <p>Interview on 4/14/22 with staff #1 revealed: -He knew client #4 was ordering the Glucose tablets/gummies online. -The Glucose tablets/gummies for client #4 were not listed on the MAR. -Client #4 did take some of the Glucose tablets. -He knew client #4 had no physician's order to take the Glucose tablets. -He confirmed the facility failed to ensure physician's orders were available for client #4.</p> <p>Interview on 4/14/22 with the Director revealed: -She knew some of the clients were ordering items online via the computer. She did not know</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 3</p> <p>client #4 was ordering medication online. -Staff didn't say anything to her about client #4 ordering Glucose medication online. -She knew client #4 had no order to take the Glucose medication. -She confirmed the facility failed to ensure physician's orders were available for client #4.</p> <p>The following is evidence the facility failed to ensure staff demonstrated competency in medication administration.</p> <p>Review on 4/14/22 of the facility's personnel records revealed: -Staff #1 had a hire date of 1/28/20. -Staff #1 was hired as a Manager. -Medication Administration training was completed on 11/1/21.</p> <p>Interview on 4/14/22 with client #4 revealed: -He ordered the Glucose tablets/gummies online several times last year. He thought his most recent purchase was towards the end of 2021. -He had so many bottles of Glucose tablets/gummies because they were buy one and get one free. -He was ordering the Glucose tablets/gummies because he was diabetic. He wanted to take those Glucose tablets/gummies if his blood sugar got too low. -He had taken a few of the Glucose tablets, he thought he took some a few months ago. -The Glucose tablets/gummies would normally arrive to the home in a box with other items he purchased online.</p> <p>Interview on 4/14/22 with staff #1 revealed: -He saw a few bottles of the Glucose medication in client #4's bedroom. He didn't realize client #4 had over 50 bottles in his bedroom.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 4</p> <p>-He knew client #4 was ordering the Glucose medication online. He wasn't sure when client #4 last ordered the Glucose medication online.</p> <p>-He thought client #4 would take the Glucose medication occasionally. He thought client #4 took the Glucose medication in 2022, however he was not sure of the specific dates.</p> <p>The following is evidence the facility failed to ensure a client had physician's orders to self administer medications.</p> <p>Observation on 4/14/22 at approximately 3:20 pm of client #4's portable locked medication box revealed:</p> <p>-A bottle of Glucose appeared to have 1/2 of tablets missing. There were approximately 6 Lispro insulin pens, a weekly pill organizer with Clonazepam and Gabapentin medication for three days.</p> <p>Review on 4/14/22 of physician's orders for client #4 revealed:</p> <p>-Order dated 1/7/22 for Insulin Lispro 100 units, inject 7 units at lunch time-Control blood sugar for people with Type II diabetes with too high blood sugar; Insulin Lispro 100 units, Inject 6 units at breakfast and supper; Clonazepam 0.5 milligrams (mg), one tablet at 12 pm and bedtime-Anxiety and depression; Gabapentin 300 mg, 2 capsules at noon-Anxiety and depression;</p> <p>-There were no physician's orders for client #4 to self administer Insulin Lispro 100 units, Clonazepam 0.5 mg and Gabapentin 300 mg medications.</p> <p>Interview on 4/14/22 with client #4 revealed:</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 5</p> <ul style="list-style-type: none"> -He worked at a local restaurant 4 days a week. -He took his medication to work with him in a locked box each day. -He put his own pills into a weekly pill pack. -He took some pills, insulin and checked his blood sugar at noon. He also kept his Glucose tablets in his locked box for low blood sugar. -He did his own insulin injections at the group home. -He had been working at the local restaurant for almost 6 months. He had been taking his medication with him to self administer the entire time he worked. <p>Interview on 4/14/22 with staff #1 revealed:</p> <ul style="list-style-type: none"> -Client #4 worked at a local restaurant three or four days a week. -Client #4 took a locked box with him to work and self administered his own medications. -Client #4 put his own pills in a weekly pill box and he was monitored by staff. -Client #4 took noon doses of Clonazepam, Gabapentin and Insulin with him to work. -Client #4 also self administered his own insulin injections at the group home. -He thought they talked with the physician about client #4 self administering those medications. -He didn't think there was an actual order for client #4 to self administer those medications. -He confirmed the facility failed to ensure client #4 had a physician's order to self administer medication. <p>Interview on 4/14/22 with the Director revealed:</p> <ul style="list-style-type: none"> -Client #4 worked at a local restaurant a few days a week. -Client #4 was allowed to take his insulin and other medication with him to work. -Client #4 also did his insulin injections throughout the day. 	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 6</p> <p>-They spoke with client #4's physician a few months ago. They talked about client #4 taking those medications to work with him.</p> <p>-She knew client #4 didn't have orders to take his medication at work and administer his insulin at home.</p> <p>-She confirmed the facility failed to ensure client #4 had a physician's order to self administer medication.</p> <p>The following is evidence the facility failed to ensure medications were available for administration.</p> <p>a. Review on 4/13/22 of client #1's record revealed: -Admission date of 12/1/19. -Diagnoses of Schizophrenia, Dementia, Hypertension and Cervical Radicular Pain.</p> <p>Review on 4/14/22 of a physician's order for client #1 revealed: -Order dated 1/7/22 for Albuterol HFA 50 micrograms (mcg), inhale two puffs into lungs every six hours as needed-Asthma and other lung diseases.</p> <p>Observation on 4/14/22 at approximately 1:08 pm of the medication area revealed: -The Albuterol HFA inhaler was not available for client #1.</p> <p>Review on 4/14/22 of a MAR for client #1 revealed: -April 2022-The Albuterol HFA inhaler was listed.</p> <p>b. Review on 4/13/22 of client #2's record revealed: -Admission date of 3/24/21. -Diagnoses of Schizoaffective Disorder,</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 7</p> <p>Dementia, Hypertension, History of Right Bundle Branch Block, Thrombocytopenia Chronic Anemia, Stage 4 Renal Disease, Hypothyroidism and Bilateral Lower Edema.</p> <p>Review on 4/14/22 of physician's orders for client #2 revealed: -Order dated 1/7/22 for Acetaminophen ER 650 mg, one tablet every 12 hours as needed-Minor aches and pains.</p> <p>Observation on 4/14/22 at approximately 1:13 pm of the medication area revealed: -The Acetaminophen ER 650 mg tablets were not available for client #2.</p> <p>Review on 4/14/22 of a MAR for client #2 revealed: -April 2022-The Acetaminophen ER 650 mg was listed.</p> <p>Interview on 4/14/22 with staff #1 revealed: -The Inhaler was not available for client #1. He wasn't sure if client #1 ever had an inhaler at the group home. -He didn't realize the Acetaminophen medication ran out for client #2. -He confirmed facility staff failed to ensure medication was available for administration for clients #1 and #2.</p> <p>Interview on 4/14/22 with the Director revealed: -She didn't know anything about the inhaler for client #1. She did not remember ever seeing an inhaler for client #1 with his other medications. -She wasn't sure why there was there was no Acetaminophen for client #2. -She confirmed facility staff failed to ensure medication was available for administration for clients #1 and #2.</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	<p>Continued From page 8</p> <p>Review on 4/14/22 of a Plan of Protection (POP) written by the Director dated 4/14/22 revealed: What immediate action will the facility take to ensure the safety of the consumers in your care?: "All medication was removed from clients room and was thrown in the trash with clients permission. All clients have an appointment with the Primary Care Doctor on 4/15/22 to get orders to self-administer medication for clients that it applies to. The PRN (Pro re nata) medication have all been ordered by [the Manager] and will be in the facility tonight."</p> <p>Describe your plans to make sure the above happens. "[The Director] will have staff monitor all online orders with client and monitor supplies when they arrive to the facility. [The Director] will get a self administer order for clients to administer medication and blood sugar checks. [The Director] will assure all PRN (Pro re nata) medications are available for administration."</p> <p>Clients in the group home diagnoses included Depression, Dementia, Diabetes, Dyslipidemia, Mental Insufficiency, Schizophrenia, Cervical Radicular Pain, Schizoaffective Disorder, Hypertension, History of Right Bundle Branch Block, Thrombocytopenia Chronic Anemia, Stage 4 Renal Disease, Hypothyroidism and Bilateral Lower Edema. Client #4 had 53 bottles of Glucose tablets and gummies in his bedroom unlocked. Client #4 also had a bottle of Glucose in a portable locked box. Client #4 took some of the Glucose tablets on more than one occasion. Client #4 had no physician's order to take the Glucose tablets. Client #4 worked at a local restaurant and transported his Glucometer, Insulin, Clonazepam, Gabapentin and Glucose tablets in a locked box. Client #4 administered some of his medications at work/home without an</p>	V 118		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 118	Continued From page 9 order to self administer medications. Staff #1 knew client #4 was ordering Glucose tablets and/or gummies online and taking some of the tablets occasionally without a physician's order. Clients #1 and #2 had physician's order for Acetaminophen and an Inhaler as needed. The Acetaminophen and Inhaler were not available for those clients. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.	V 118		
V 120	27G .0209 (E) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	<p>Continued From page 10 subsequent amendments.</p> <p>This Rule is not met as evidenced by: Based on record review, observation and interviews, the facility failed to ensure medications were in a securely locked cabinet affecting one of four audited clients (#4). The findings are:</p> <p>Review on 4/13/22 of client #4's record revealed: -Admission date of 12/1/19. -Diagnoses of Depression, Dementia, Diabetes, Dyslipidemia and Mental Insufficiency.</p> <p>Observation on 4/14/22 at approximately 9:05 am of client #4's bedroom revealed: -There were 5 bottles of Glucose tablets on the top of a desk. -There was a wooden crate underneath the desk that contained 44 bottles of Glucose tablets and 4 bottles of Glucose gummies. -One of the bottles of Glucose tablets had approximately 2-3 tablets missing. -The other bottles of Glucose tablets and/or Glucose gummies contained 50 tablets/gummies and were unopened.</p> <p>Interview on 4/14/22 with staff #1 revealed: -He saw the bottles of Glucose medication in client #4's bedroom unlocked. -He didn't think about the Glucose medications needing to be locked away with client #4's other medications. -He confirmed the facility failed to ensure medications were in a securely locked cabinet.</p>	V 120		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 120	<p>Continued From page 11</p> <p>Interview on 4/14/22 with the Director revealed: -She had not seen the bottles of Glucose medication in client #4's bedroom unlocked prior to the survey on 4/14/22. -She had other group homes and was not at this facility as often. -She had a Manager at this group home who was responsible for the day to day operations. -She confirmed the facility failed to ensure medications were in a securely locked cabinet.</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (Tag V-118) for a Type A1 rule violation and must be corrected within 23 days.</p>	V 120		
V 290	<p>27G .5602 Supervised Living - Staff</p> <p>10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 12</p> <p>of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or</p> <p>(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 governing body.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to assess client's capability of having unsupervised time in the community without staff supervision affecting four of four clients (#1, #2, #3 and #4). The findings are:</p> <p>a. Review on 4/13/22 of client #1's record revealed: -Admission date of 12/1/19. -Diagnoses of Schizophrenia, Dementia, Hypertension and Cervical Radicular Pain. -There was no documentation that client #1 had</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 13</p> <p>been assessed for capability of having unsupervised time in the community without staff supervision.</p> <p>b. Review on 4/13/22 of client #2's record revealed: -Admission date of 3/24/21. -Diagnoses of Schizoaffective Disorder, Dementia, Hypertension, History of Right Bundle Branch Block, Thrombocytopenia Chronic Anemia, Stage 4 Renal Disease, Hypothyroidism and Bilateral Lower Edema. -There was no documentation that client #2 had been assessed for capability of having unsupervised time in the community without staff supervision.</p> <p>c. Review on 4/13/22 of client #3's record revealed: -Admission date of 12/11/19. -Diagnosis of Bipolar Disorder. -There was no documentation that client #3 had been assessed for capability of having unsupervised time in the community without staff supervision.</p> <p>d. Review on 4/14/22 of client #4's record revealed: -Admission date of 12/1/19. -Diagnoses of Depression, Dementia, Diabetes, Dyslipidemia and Mental Insufficiency. -There was no documentation that client #4 had been assessed for capability of having unsupervised time in the community without staff supervision.</p> <p>Interview on 4/14/22 with client #1 revealed: -He could have unsupervised time in the community. -They were allowed to walk to the store and</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 290	<p>Continued From page 14</p> <p>church in the area. He walked to the store and/or church a few days a week.</p> <p>Interview on 4/14/22 with client #2 revealed: -They are allowed to walk to the store and other places in the neighborhood. -He and the other clients walked to the store and other places in the community almost everyday without staff.</p> <p>Interview on 4/14/22 with client #3 revealed: -They are allowed to walk to the store without staff. She walked to the store occasionally. She didn't walk to the store all the time like some of the other clients in the home.</p> <p>Interview on 4/14/22 with client #4 revealed: -He had unsupervised time in the community without staff. -He worked at a local restaurant 4 days a week. There was a van that picked him up and transported him to work. -He also walked to the store, park and other places in the area without staff supervision.</p> <p>Interview on 4/14/22 with the Director revealed: -She didn't realize the clients were still walking to the store unsupervised. -Some of the clients were walking to the store prior to Covid. She asked the clients not to walk to the store anymore unless staff was with them. -She knew none of the clients had unsupervised time assessments in order to be in the community without staff. -She confirmed the facility failed to assess clients #1, #2, #3 and #4's capability of having unsupervised time in the community.</p>	V 290		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736 V 736	Continued From page 15 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. The findings are: Observation on 4/14/22 at approximately 9:05 am revealed: -Client #3's bedroom-There was a blender, radio, lamp, hair dryer and cans of food on floor. The bed side table had a mirror, lamp, comb, brush, sugar packets, lotion, a hat, 2 alarm clocks, bath cloth, lip balm and nail files on top of it. A shelf in corner of room had books, papers, cups, hand sanitizer, food, dried leaves in a bag, drinking glasses and a jewelry box piled together on the shelves. The bed had clothes in a pile and paper on it. -Clients #2 and #4's bedroom-There were clothes in a pile on one of the beds. There was a broken set of blinds. One corner of the room had a table with storage bags, toiletries and food on top of it. Corner of bedroom near door had a mini refrigerator with a microwave on top of it. A desk in the corner of the room near bedroom door had food containers, notebooks, a glass and 5 bottles of glucose tablets were piled on top. There was a	V 736 V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 16</p> <p>wooden crate underneath the desk that contained 44 bottles of glucose tablets and 4 bottles of glucose gummies. The dresser had clothing, hygiene items, plastic containers piled on top. Corner of room near closet door had boxes, a pillow, a rug, comforter and a trash bag in a pile.</p> <p>-Clients #1 and #6's bedroom-There was a pink sheet dividing the bedroom. The bed side table had a water pitcher, glass and teapot on top of it. The plastic bin on client #6's side of the bedroom had a plastic bag and hygiene items on top of it. There were two plastic bins in corner of room on top of each other with toiletries in a pile. There was a suitcase and pillow laying on the side of those plastic bins. There was a laundry basket with clothes and towels was in the middle of the floor.</p> <p>-Client #5's bedroom-There were socks in pile and a sleeping bag on the floor. There was a can of soup, packets of noodles, trash bag, napkins and other trash on bed side table.</p> <p>-Bathroom in hallway-Exhaust fan was hanging from ceiling. The area behind toilet seat and bottom portion of toilet was stained. The door to bathroom had a crack approximately 4 inches long. The door frame was cracked.</p> <p>-Bathroom #2-Door to bathroom had a crack approximately 2 inches long. The area around the door knob was cracked. The door frame was cracked.</p> <p>-Den area-Cushions to couch were worn and one of the cushions was torn.</p> <p>Interview on 4/14/22 with staff #2 revealed:</p> <p>-A lot of the maintenance issues throughout the home were caused by client #1.</p> <p>-Client #1 could be "mean" and would do property damage to the group home.</p> <p>-She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean,</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-268	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2022
--	---	---	---

NAME OF PROVIDER OR SUPPLIER ALWAYS LOVE GROUP HOME, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 809 WICKER STREET BURLINGTON, NC 27217
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 736	<p>Continued From page 17</p> <p>attractive and orderly manner.</p> <p>Interview on 4/14/22 with the Director revealed:</p> <ul style="list-style-type: none"> -She was aware of some of the maintenance with the group home. -Some of the property damage was caused by client #1. Client #1 would get upset and do property damage to the group home. -They just recently had an issue with bed bugs about a week or two ago. A Pest Control company came out to the group home and treated the home for bed bugs. -Some of the bedrooms looked cluttered because they had been cleaning up due to the bed bug treatment. -She talked with these clients in the past about having too many items in their bedrooms. The clients would go to the church right down the street and get those items for free and bring them back to the group home. -She confirmed the facility failed to ensure facility grounds were maintained in a safe, clean, attractive and orderly manner. 	V 736		