STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	MHI 067-209 B. WING		P WINC		R	
		MHL067-209	b. WING		05/2	4/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTH	SHORE HOUSE		TH SHORE D NVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-S	V 000		ļ	
	on May 24, 2022. In This facility is licens category: 10A NCA Living for Adults with This facility is licens	w up survey was completed Deficiencies were cited.  sed for the following service AC 27G.5600C Supervised h Developmental Disabilities.  sed for 3 and currently has a survey sample consisted of				
V 112	audits of 3 current of 27G .0205 (C-D)	clients. nent/Habilitation Plan	V 112			
	10A NCAC 27G .02 TREATMENT/HABI PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall in (1) client outcome( achieved by provision projected date of accept accept accept annually in consultar responsible person (5) basis for evaluation outcome achievement (6) written consent responsible party, consultar responsible par	nos ASSESSMENT AND ILITATION OR SERVICE  the developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: Is that are anticipated to be on of the service and a chievement; Include: It is the plan at least attion with the client or legally or both; Include: It is the plan at least attion or assessment of				

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

(X6) DATE TITLE

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL067-209	B. WING		05/2	₹ 4/2022
	PROVIDER OR SUPPLIER SHORE HOUSE	409 SOUT	DRESS, CITY, S TH SHORE D IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	facility failed to developed based on assessment clients (#2 and #3).  Reviews on 5/19/22 record revealed: - 18 year old male are Diagnoses included Disability, severe; Arguires Syndrome; Opposith Diabetes "Risk/Support Nee 9/01/21 included " Requires support activities because of control, anxiety, dep disability, mental here behaviors or condicause physical harm Requires a highly significant process and the group home: heavy traffic, refusion blowing bodily fludigging his fingers if used to be, flooding states.	views and interviews the elop and implement strategies ent affecting 2 of 3 audited The findings are:				

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	OVIDER/SUPPLIER/CLIA	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND I LAN OF GOTTLESTION	THE TOATION NOWIDER.	A. BUILDING:			
М	HL067-209	B. WING		05/2	₹ 4/2022
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOUTH SHORE HOUSE	H SHORE D				
(X4) ID SUMMARY STATEMENT C PREFIX (EACH DEFICIENCY MUST BE TAG REGULATORY OR LSC IDENTI	PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 112 Continued From page 2  - Individual Support Plan from Management Entity (LME) of included " Behavioral heard been peeling paint off the will be will be on the will b	dated 10/01/21 alth support needs: s. Recently he has vall with his teeth and in his bedroom others to impune them.  Short Range Goals" no goals or strategies viors of running out of refusing to come bodily fluids onto staff, gers in the hole where ing the bathroom all at the group home, tum.  24/22 of client #3's  11/18/19.  ectual/Developmental come strategies essment" dated itive Behavior Support event, manage	V 112			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL067-209	B. WING	·		4/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
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			IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 3	V 112			
	items will steal of break fire detectors eat raw meat, spice syrup, frozen foods slam, throw and breurinate on his clother away insert item items into his penis - "Short Range Goat 1/01/22 signed by or goals or strategies to behaviors of inserting electric outlets, progrunning/wandering stripping in public, sitems, and urinating	als/Interventions" effective dient #3 12/02/21 with no to address client #3's ng items into his penis and perty destruction, pica, away, window peeping, stealing food, eating raw food				
	Administrator stated she understood the importance of developing and implementing goals and strategies based on assessment.					
	and must be correc	stitutes a re-cited deficiency ted within 30 days.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	only be administered order of a person and drugs.  (2) Medications shat clients only when and client's physician.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL067-209	B. WING		05/2	4/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S T <b>H SHORE D</b>	STATE, ZIP CODE		
SOUTH	SHORE HOUSE		N SHOKE D			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	administered only bunlicensed persons pharmacist or other privileged to prepar (4) A Medication Adall drugs administer current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the (E) name or initials drug. (5) Client requests checks shall be recorded.	by licensed persons, or by a registered nurse, regally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept administered shall be rely after administration. The	V 118			
	interviews the facilit medication as orde audited clients (#2) 2 of 3 audited client are:  Reviews on 5/19/22 record revealed: - 18 year old male a - Diagnoses include Disability, severe; A	views, observations, and ty failed to administer red by a physician for 1 of 3 and to keep MARs current for ts (#2 and #3). The findings 2 and 5/24/22 of client #2's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		MHL067-209	B. WING	<del></del>	05/2	4/2022
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, § T <b>H SHORE D</b>	STATE, ZIP CODE		
SOUTH	SHORE HOUSE		N SHOKE D			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 118	Diabetes Physician's orders for Metformin (anti- "Take 1 tablet by or evening meal."  Review on 5/24/22 2022 - May 2022 re - Transcription for Maily, with schedule am Staff initials docur Metformin at 8:00 at Observation on 5/1 on hand revealed Maith evening meal,  During interview on took his medications but he did not known medications.  Reviews on 5/19/22 record revealed: - 53 year old male at Diagnoses included Disability, severem Disorder; and Diabeter (anti-hypertensive) - Physician's order (anti-hypertensive) - Physician's order (anti-hypertensive) - Physician's order (anti-hypertensive) - Physician's order (anti-hypertensive) - Transcription for Formal Capsule at be Review on 5/24/22 2022 - May 2022 re - Transcription for Formal Capsule at Description for Formal C	diabetic) 500 milligrams (mg) al route everyday with the of client #2's MARs for March evealed: Metformin 500 mg 1 tablet adaministration time of 8:00 mented administration of am daily 3/01/22 - 5/24/22.  9/22 of client #2's medications Metformin 500 mg 1 tablet daily dispensed 4/28/22.  5/24/22 client #2 stated he is daily with staff assistance, with a names of his  2 and 5/24/22 of client #3's admitted 11/18/19. 2 and 5/24/22 for Prazosin 1 mg 3 capsules at bedtime. Signed 3/30/22 for Prazosin 1 dtime.  of client #3's MARs for March evealed: Prazosin 1 mg 1 capsule at s documented administration alle at bedtime daily.	V 118			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL067-209	B. WING		05/2	₹ <b>4/2022</b>
NAME OF	PROVIDER OR SUPPLIER		DDESS CITY S	STATE, ZIP CODE	1 00/2	7/2022
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SOUTH	SHORE HOUSE		IVILLE, NC			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 6	V 118			
	administration of Pr bedtime in the mon	azosin 1 mg 3 capsules at th of March 2022.				
		9/22 of client #3's medications razosin 1 mg 3 capsules at 4/28/22.				
	was very difficult to	5/24/22 client #3's speech understand and he gave no se when asked about his				
	stated: - Client #2 took his - Medication change verbally and in writin - A medical consult medical appointment changes; the form were changes.	form was completed at nts and included medication was given to the nurse after d the nurse made changes to				
	Administrator stated - She understood the to be administered and for the MARs to	ne requirement for medications as ordered by the physician				
	This deficiency cons and must be correc	stitutes a re-cited deficiency ted within 30 days.				

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