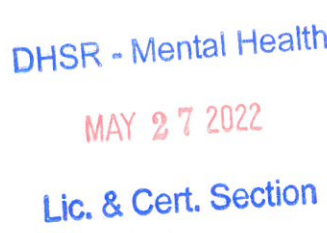


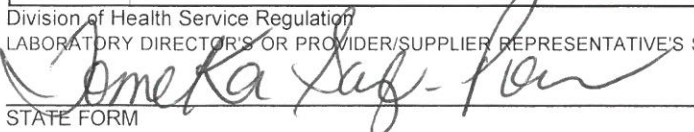
Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
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NAME OF PROVIDER OR SUPPLIER CAMELOT SUPERVISED LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 108 GUINEVERE LANE GREENVILLE, NC 27858
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(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
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V 000	INITIAL COMMENTS An annual survey was completed on February 7, 2022. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. The survey sample consisted of audits of 3 current clients.	V 000		
V 119	27G .0209 (D) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (d) Medication disposal: (1) All prescription and non-prescription medication shall be disposed of in a manner that guards against diversion or accidental ingestion. (2) Non-controlled substances shall be disposed of by incineration, flushing into septic or sewer system, or by transfer to a local pharmacy for destruction. A record of the medication disposal shall be maintained by the program. Documentation shall specify the client's name, medication name, strength, quantity, disposal date and method, the signature of the person disposing of medication, and the person witnessing destruction. (3) Controlled substances shall be disposed of in accordance with the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments. (4) Upon discharge of a patient or resident, the remainder of his or her drug supply shall be disposed of promptly unless it is reasonably expected that the patient or resident shall return to the facility and in such case, the remaining drug supply shall not be held for more than 30 calendar days after the date of discharge.	V 119		V 199 Facility Checklist incorporates the medication closet review. This will be completed by rotating staff weekly, RN Quarterly.

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE	(X6) DATE 5-20-22
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 02/07/2022
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V 119	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview the facility failed to dispose of prescription medications in a manner that guards against diversion or accidental ingestion affecting 2 of 3 clients (#1 and #2). The findings are:</p> <p>Review on 2/4/22 of client #1's record revealed: -44 year old male admitted 6/15/10. -Diagnoses included Autistic Disorder, Intellectual Developmental Disorder, Anxiety, Cellulitis and Constipation.</p> <p>During client #1's medication review on 2/4/22 at approximately 3:15 pm revealed: -Clearlax Powder 17grams with 8 ounces water PRN, dispensed on 11/3/20 and expired on 11/3/21. Approximately 1/2 full. -Dextromethorphan HBR/ Robitussin Cough Gels 1 every 4 hours (hrs), dispensed on 11/3/20 and expired 11/3/21. Quantity of 1. -Ibuprofen 200mg 2 every 6 hrs PRN- dispensed on 11/3/20 and expired 11/3/21. quantity of 52. -Mupirocin 2% Ointment apply 3 times daily PRN- dispensed 11/1/19 and expired 10/31/20. Approximately 1/4 full.</p> <p>Review on 2/4/22 of client #2's record revealed: -24 year old male admitted 5/1/19. Diagnoses included Intellectual Disability, Autism Spectrum Disorder, Specified Disruptive, Impulsive Control and Conduct Disorder.</p> <p>During client #2's medication review on 2/4/22 at</p>	V 119		

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V 119	Continued From page 2 approximately 4:40 pm revealed: -Diazepam 5mg 1 prior to procedure, dispensed 7/10/20 and use before date 7/10/21. Quantity of 3. -Ibuprofen 200mg tab 1 every 6 hrs as needed, dispensed 8/13/20 and expired 8/13/21. Quantity of 5. Interview on 2/4/22 staff #5 stated: -She normally informed the state director when medication expired. Interview on 2/4/22 the State Director stated: -Expired medications are normally removed from the facility and returned to the pharmacy.	V 119		
V 736	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 observations and interviews the facility was not maintained in a safe, clean attractive and orderly manner. The findings are: Observations on 2/4/22 at approximately 2:55pm revealed: -The refrigerator was missing a handle on both the right and left side. -The light above the stove did not work.	V 736	V736 Attached POC Maintenance Update to confirm status of identified maintenance issues. Program Coordinators will conduct quarterly reviews of the home using the Facility Review checklist (attached).	5/20/22 5/20/22

Division of Health Service Regulation

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V 736	<p>Continued From page 3</p> <ul style="list-style-type: none"> -The fabric on love seat and the sofa in the living room was peeling. -The 3 light fixture at the front door had 2 bulbs that were not working. -The return air vent under the stairs had heavy dust. -In client #1' bedroom, the threshold at client #1's door was missing; a wall receptacle cover was broke on the left side of the bedroom. -In client #1's bathroom the white shoe molding around the shower had black stains and the hot water at the sink did not work. -Client #3's bedroom had an approximately 12 foot semi round hole in the wall to the left side of the room, ceiling light above closet had no cover, the closet door knob was broken, the curtain rod was bent on the window to the left of the room, a white standing fan was covered in heavy dust. -The upstairs ceiling return vent was covered in heavy dust. -Client #2's bedroom had an approximately 3 inch hole in the wall to the right side of the bed; heavy carpet stains throughout the bedroom, the light in the closet did not work. -The upstairs bathroom at paint lifting from the wall at the top of the shower and water leaked from the sink when the water was turned on. -Two dining chairs were loose and wobbly. <p>Interview on 2/4/22 staff #5 stated: -The hole in client #3's wall had been there about one month.</p> <p>Interview on 2/4/22 the Qualified Professional stated: -The holes in the walls of client #2 and client #3 were possibly from behaviors.</p> <p>Interview on 2/4/22 the State Director stated: The facility would receive new dining chairs soon</p>	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL074-230	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 02/07/2022
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V 752	<p>27G .0304(b)(4) Hot Water Temperatures</p> <p>10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT</p> <p>(b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors.</p> <p>(4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees Fahrenheit in areas where clients were exposed to hot water. The findings are:</p> <p>Observation on 2/4/22 at approximately 2:55 pm of client #1's bathroom revealed the hot water did not work and in the upstairs bathroom the hot water at the sink was 60 degrees Fahrenheit.</p> <p>Interview on 2/4/22 staff #1 stated: -She had worked at the facility about 2 years. -The water was always warm enough for clients when they showered.</p> <p>Interview on 2/4/22 staff #5 stated: -She had worked at the facility for 6 months. -The water had always been hot when clients showered.</p> <p>Interview on 2/4/22 the State Director stated: -She was aware the hot water temperature was required to be between 100 and 116 degrees Fahrenheit.</p>	V 752	<p>V752</p> <p>Corrected on 2/28/22 by Delcor Plumbing. Temperature logs will be completed weekly.</p>	5/20/22
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Division of Health Service Regulation

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V 752	Continued From page 5 -She would follow up on the hot water issues at the facility.	V 752		

Facility: _____

Reviewers: _____

Date of Facility Review: _____

Please return corrected facility review checklist to the reviewer one month after receipt: _____

Exterior of Facility

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Facility/grounds are safe, clean, and free from offensive odors/insects/rodents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Location is accessible for physically handicapped; location is wheelchair accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Exterior is consistent with neighborhood appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Handrails are secure and in place at all steps and ramps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Exterior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
All exterior doorways, entrances, and ramps/steps shall be kept clear and unobstructed at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Exterior of facility is in good maintenance and repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Exterior lighting is working at all entrances and exits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Interior of Facility				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
CO2 monitor is utilized in the facility if appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Accommodations for staff/guests are separate from bedrooms of individuals receiving services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Filters changed quarterly last changed _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				
Smoke detectors are adequately placed around the facility and are fully operational	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____/____/____
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Emergency information, first aid CPR, and poison control protocol numbers are posted or easily accessible for staff and individuals to utilize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Rights are posted on common area walls including how to contact NC state offices and Disability Rights NC (or will be identified as to where it will be posted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Restrooms are clean no residents' personal items.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Restroom fixtures are in proper working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
All interior hallways, doorways, entrances, ramps, steps, and corridors shall be kept clear and unobstructed at all times.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Interior handrails are secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Interior of facility is in good maintenance and repair; Housekeeping is generally in good order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Lifts/hoists are fully functional and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Interior of Facility, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Emergency exits are posted and fully functional by each doorway and at the end of halls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Hot water temperature is between 105-110 degrees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Bathroom/kitchen floors have non-slip surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Flooring/carpet free of: cracks/holes/tears/loose carpeting/stains	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Indoor lighting is adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications locked (Double if controlled meds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
There is a current photo for identifying residents prior to the administration of medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Adequate supplies (i.e. medicine cups, devices to crush medications, syringes, and graduated medicine cups to measure medications) are available and used by staff to accurately and safely administer medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				
Self-administrated medications are stored in a safe and secure manner in a resident's room according to the facility's policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: ____ / ____ / ____
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications are stored in a safe, locked area (i.e. in a medication cart or cabinet) except when under the direct supervision of appropriate staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication administration areas are well lit and ventilated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication storage area is clean and uncluttered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medications are not stored in bathrooms, utility rooms, or the kitchen	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medication is stored in an orderly manner (i.e. residents medications are not intermingled)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
The keys or combinations to locks for the medication area are under the control of authorized staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medications for external use are stored separately from medications for internal use. However, ophthalmics, optics, and transdermal may be stored with internal medications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Non medication items are not stored with medications in the medication area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Temperature for the refrigerator is appropriate (between 36°F and 46°F)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medications requiring refrigeration are stored in the refrigerator. Those medications are labeled with "Keep in Refrigerator"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medications not requiring refrigeration are stored at room temperature (59°F - 86°F) according to policy or to the manufacturer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications stored in a refrigerator containing non-medication items (i.e. food) are stored in a separate container. Additionally, one of the following must be true: The medication container is locked, the refrigerator is locked, or the refrigerator is located in a locked medication area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
The 24-hour emergency telephone number of the pharmacist is posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				
An up-to-date medication reference book is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
A metric-apothecary conversion chart and medical abbreviations list is posted or available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Medication cups are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Material Safety Data Sheets are accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Safety Planning

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Fire and disaster plans are written and available to the staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Fire and disaster drills completed quarterly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Fire and disaster drills are conducted under conditions to simulate real emergencies (knowledge of how to do these drills per policy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Medication, contd.

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medical preparedness plan to be utilized in a medical emergency (first-aid and CPR procedures are posted)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Transportation - including accessibility of emergency information for a client. Vehicle has handicapped equipment to meet client's needs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Fire Marshal/Fire Extinguisher annual assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Supplies

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Antibacterial / Virucidal household cleaner or bleach	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Liquid soap dispensers and paper towels are located beside every sink in the facility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Sharps Container or Approved Alternative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

First Aid Kit (including, but not limited to...)

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Disposable gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Band-Aids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Sterile Gauze Pads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Adhesive Medical Tape	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Ace Bandages, clean and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Staff

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Evidence exists of ongoing workplace safety training (OSHA posters)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Staff are knowledgeable about reporting injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Personal protective equipment is available to staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Licensure

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
License	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
CLIA Waiver (residential)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Fire Inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Miscellaneous

<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Medications locked (Double if controlled meds)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Evidence that meals/food/water are available and provided based on staff and/or report of individuals and visual confirmation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Food safety/sanitation annual inspection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				

Miscellaneous, contd.

Miscellaneous, contd.				
<i>Are the following items in good operating condition?</i>	Yes	No	N/A	To be Completed by Staff:
Notification of Grievance procedure/process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Cleaning materials are stored appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				
Electrical equipment is in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Corrected: <input type="checkbox"/> N/A: <input type="checkbox"/> Appointment Date for Correction: / /
Reviewers' Notes:				



Date: 5-20-22

To: Latisha Grant

Fax #: 919-715-8078

From: Tomeka Savage-Pierre

Easter Seals UCP North Carolina & Virginia
811 Park Ave W #9
Wilson, NC 27893
(252) 294-6226 (Fax)

DHSR - Mental Health

MAY 27 2022

Lic. & Cert. Section

tomeka.savage@eastersealsucp.com

Pages (including this one): 7

Comments:

Please let me know if you have any questions

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Easter Seals UCP North Carolina & Virginia is a lifelong partner to families managing disabilities and mental health challenges. We believe children and adults with disabilities can be contributing & engaged members of their families & communities. ...that's why we provide therapy, education, personal care, social & life skills training, respite, caregiver support, camping, employment & residential programs.