STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		06/27/202	22
IAME OF PF	OVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
	S COUNTY GROUP HO	ME 6 1212 ST.	ANLEY STREET			
ADANNU	S COUNTI GROUP HO	SALISB	URY, NC 28144			
(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 C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE COM E APPROPRIATE D	(X5) MPLE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey wa deficiency was cited.	s completed on 6/27/22. A				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	-	d for 5 and currently has a vey sample consisted of 3				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons to pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administere current. Medications recorded immediately MAR is to include the (A) client's name; 	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of d to each client must be kept administered shall be v after administration. The following: nd quantity of the drug;				
		drug is administered; and person administering the				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		06	6/27/2022
ame of Pf	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ABARRI	IS COUNTY GROUP HO	ME 6	ANLEY STREET			
		SALISB	URY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLE DATE
V 118	Continued From page	e 1	V 118			
	checks shall be recor	r medication changes or rded and kept with the MAR pointment or consultation				
	facility failed to ensur instructions for admir	view and interviews, the re the MARs contained				
	-admission date of 7/ -diagnoses of IDD(In Disability)-Mild, Bipol Allergies, Hypertensi apnea, hyperlipidemi Reflux Disorder) and -physicians' orders da medications: Tylenol	tellectual Developmental ar Disorder, Seasonal on, Kidney disease, sleep a, GERD(Gastroesophageal constipation; ated 10/1/21 for the following 500mg use as directed anti-diarrhea 2mg use as				
	MARs from 4/1/22-6/ -Tylenol 500mg not li -Tylenol 500mg had n on the May MAR; -Tylenol 500mg docu 5/14;	sted on the April MAR; no dosing instructions listed mented as administered on				
	listed on the May MA	ad no dosing instructions R; ocumented as administered				

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		06	06/27/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
ABARRI	JS COUNTY GROUP HO	ME 6	ANLEY STREET URY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 118	Continued From page	e 2	V 118				
	-surprised the dosing on the MAR; -usually staff at this fa documentation on the	with the licensee revealed: instructions were not listed acility are really good with e MAR; staff regarding this issue.					
V 131	G.S. 131E-256 (D2) Verification	HCPR - Prior Employment	V 131				
	REGISTRY (d2) Before hiring heat health care facility or health care facility sh Personnel Registry a	ALTH CARE PERSONNEL alth care personnel into a service, every employer at a all access the Health Care nd shall note each incident opriate business files.					
	facility failed to ensur	view and interviews, the re the Health Care Personnel accessed prior to hire for 1					
	Review on 6/15/22 or revealed: -hire date of 3/8/22; -HCPR was accesse	f staff #2's personnel record d on 5/10/22.					
	Interview on 6/17/22 -started mid March 2 -been here about 90	-					

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL080-165	B. WING		06	6/27/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CABARRI	JS COUNTY GROUP HO	ME 6	ANLEY STREET JRY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE	
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND lity shall be designed, pped in a manner that safety of clients, staff and the facility where clients are , the temperature of the ined between 100-116					
	failed to ensure in are clients were exposed temperature of the wa	and observations, the facility eas of the facility where to hot water, the					
	-bath #1 hot water ter -bath #2 sink hot wate degrees;	7/22 at 10:15am revealed: mperature was 95 degrees; er temperature was 80 er temperature was 95					
	Assistant revealed: -there had been ongo water; -it would get too hot a it down;	with the Administrative bing problems with the hot and maintenance would turn and maintenance would turn					
	it up; -there was no "happy	medium."					
		with client #1, #2 and #3 ts regarding the hot water					

STATE FORM

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
	MHL080-165	B. WING		06	/27/2022	
	ME 6	ANLEY STREET	ZIP CODE			
(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE	
temperatures. Interview on 6/27/22 -had issues with the h this facility; -only facility that does regulator;	with the licensee revealed: not water temperatures at s not have a hot water	V 752				
	SUMMARY ST. (EACH DEFICIENC REGULATORY OR I Continued From page temperatures. Interview on 6/27/22 - -had issues with the f this facility; -only facility that does regulator; -will call maintenance	COF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-165 MHL080-165 ROVIDER OR SUPPLIER STREET A 21212 ST SALISB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 temperatures. Interview on 6/27/22 with the licensee revealed: -had issues with the hot water temperatures at this facility; -only facility that does not have a hot water regulator; -will call maintenance immediately to go correct	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL080-165 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, JS COUNTY GROUP HOME 6 1212 STANLEY STREET SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 4 V 752 Interview on 6/27/22 with the licensee revealed: -had issues with the hot water temperatures at this facility; -only facility that does not have a hot water regulator; -will call maintenance immediately to go correct V	COF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	COP DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING:	