	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL020-079	B. WING		06	6/14/2022
NAME OF PF	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
THE RISIN	r		IPTON CHURCH R Y, NC 28906	UAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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) COMPLET DATE
V 000	INITIAL COMMENTS	S	V 000			
	on 6/14/22. The com	plaint survey was completed nplaint (Intake #NC00188128) Deficiencies were cited.				
	category: 10A NCAC	ed for the following service C 27G .5600C Supervised Developmental Disability.				
		ed for 5 and currently has a rvey sample consisted of lients.				
V 114	27G .0207 Emergen	cy Plans and Supplies	V 114			
	 AND SUPPLIES (a) A written fire plan area-wide disaster p shall be approved by authority. (b) The plan shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each sh under conditions that 	07 EMERGENCY PLANS a for each facility and blan shall be developed and y the appropriate local a made available to all staff redures and routes shall be drills in a 24-hour facility t quarterly and shall be hift. Drills shall be conducted t simulate fire emergencies. I have basic first aid supplies				
	interviews, the facilit	t as evidenced by: ons, record reviews and y failed to conduct fire and ch shift at least quarterly. The				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL020-079	B. WING		00	6/14/2022
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
THE RISIN	ľ		MPTON CHURCH R Y, NC 28906	OAD		
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From page	e 1	V 114			
	drill log from 4/1/21 to -there was no docum drills were conducted dates: -Tour C from 4/1/21 -Tour A, B, or C from -Tour A or C for 1/1/2 Interview on 5/31/22 -the facility was a "To tours -Tour A is Sunday-We Wednesday-Friday a -she sometimes work coverage during staff -the fire and disaster House Manager or th Specialist emailed wh -she did the fire drills Interview on 6/3/22 w -he has been working month -his shift was Friday a 4:00pm -there was a plan for he hasn't had to do a Interview on 5/31/22 -she participated in fin a drill, they walked to	entation that fire or disaster for the following shifts and to 6/30/21 m 7/1/21 to 9/30/21 /22- 3/31/22. with Staff #1 revealed: our house;" shifts are called ednesday, Tour B is nd Tour C is Friday-Sunday ted longer shifts to help with i shortage drills were scheduled by the e Operations Support nat drills needed to be done when they were scheduled. with Staff #2 revealed: g at the facility for about one at 8:00am to Sunday at fire and disaster drills, but ny drills yet. with Client #1 revealed: re and disaster drills; during the well outside. ation on 5/31/22 at 1:27pm				
	-he participated in fire					
	Interview on 5/31/22	with Client #3 revealed:				

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED
		MHL020-079	B. WING		06	/14/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RISIN	r		IPTON CHURCH R (, NC 28906	OAD		
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 114	Continued From page	2	V 114			
	-he participated in fire to the well."	e and disaster drills; "yes, go				
V 138	27G .0404 (A-E) Ope Period	rations During Licensed	V 138			
	to exceed 15 months license is issued. Ea annually thereafter ar the calendar year. (b) For all facilities p day/night services, th a prominent location within the licensed pr (c) For 24-hour facilit available for review u (d) For residential fa- hotline number shall in each facility.	PERIOD shall be valid for a period not from the date on which the ch license shall be renewed nd shall expire at the end of roviding periodic and e license shall be posted in accessible to public view emises. ties, the license shall be pon request. cilities, the DHSR complaint be posted in a public place				
	failed to post the Divi	n and interview, the facility sion of Health Service omplaint hotline number in a				
		am on 5/31/22 revealed: hotline number was not nin the facility.				

STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL020-079	B. WING		06	/14/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE RISI	۷'		MPTON CHURCH R	OAD		
			Y, NC 28906			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 138	Continued From page	e 3	V 138			
	-she could not find the hotline phone numbe -a client punched a he patched and repainte have been reposted -she will find the sign number and hang it o Interview on 6/14/22 o Developmental Disab revealed: -he was not sure whe	ole in wall; the wall was d and the sign must not with the complaint hotline				
V 369	G.S. 122C-6 Smoking	g Prohibited	V 369			
	 (a) Smoking is prohib under this Chapter. A "smoking" means the lighted cigar, cigarette smoking product. As means a fully enclose (b) The person who co otherwise controls a f shall: (1) Conspicuously po smoking is prohibited may include the intern symbol, which consis representation of a but a red circle with a red (2) Direct any person facility to extinguish th (3) Provide written not 	wns, manages, operates, or facility subject to this section st signs clearly stating that inside the facility. The signs national "No Smoking" ts of a pictorial urning cigarette enclosed in				

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
	ROVIDER OR SUPPLIER	MHL020-079	B. WING		06	6/14/2022
THE RISIN	1.	MURPH	Y, NC 28906			
(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 AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 369	Continued From page	e 4	V 369			
	or the individual's rep receipt of the notice. (c) The Department r administrative penalty dollars (\$200.00) for who owns, manages, controls a facility lice fails to comply with su	y not to exceed two hundred each violation on any person operates, or otherwise nsed under this Chapter and ubsection (b) of this section. tion constitutes a civil ot a crime. not apply to State				
	failed to post signs th inside the facility. Th Observation at 11:53	n and interview, the facility at smoking is prohibited				
	-she could not find th -a client punched a h patched and repainte have been reposted	with Staff #1 revealed: e No Smoking sign ole in the wall; the wall was ed, and the sign must not Smoking sign and hang it on				
	Developmental Disat revealed: -he was not sure whe	with the IDD (Intellectual bility) Operations Manager on the room was repainted, approximately 3 months				

STATE FORM

STATEMENT	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
		MHL020-079	B. WING		06	/14/2022
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
THE RISIN	ľ		IPTON CHURCH R (, NC 28906	OAD		
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 369	Continued From page	e 5	V 369			
	ago.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	was not maintained ir	ns and interviews, the facility n a safe, clean, attractive and kept free from offensive				
	of the facility revealed -a small bag of garba and a grill with a rust the deck near the door	am on 5/31/22 of the exterior d: ige, 2 metal window screens, like substance on it were on or leading to the kitchen on the ground near the				
	heating and cooling u -a pile of wood which be broken furniture in	init included what appeared to the yard near the fire pit er with water and cigarette				
	of the double baseme -on the ground near a	an exterior basement door, 1 bicycle frame, 1 unattached				
		long, collapsible stool, brush				

D PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COM	PLETED
	MHL020-079	B. WING		06	6/14/2022
AME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
HE RISIN'		MPTON CHURCH R Y, NC 28906	OAD		
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736 Continued From page	6	V 736			
 -missing doorbell coverest leading to the kitchen -cables leading from the screens to the interior separate locations where it is the dock, the work porch and the windown basement doors (Clie bedroom and the composition of the facility revealed -an approximately 12 a black mold-like substrates outside the bedroom of water dripping from the -a bi-fold door was lead the door of Client #4's -the window above the common area was clow was running through the had an approximately -no window blinds on one bedroom -the windowsill in Clie covered with dust and was cloudy with dirt -a ripped screen on the -2 of the 4 bags of breezes. 	er to the left of the door he exterior through window r of the facility in three ich included window to the window below the front above the double nt #1's bedroom, Client #4's imon area on the ground ented the windows from am on 5/31/22 of the interior to a stance on the ceiling located door of Client #4; there was the ceiling aning against the wall near a bedroom e desk in the ground floor buded with dirt; the cable he screen and the screen 2 inch tear in it a one window and broken window in Client #3's I dead bugs; the window the kitchen window ead on the kitchen counter bag had a green mold like ad. with Staff #1 revealed:				

Division of Health Service Regu

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL020-079				440000	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		[06	06/14/2022	
		201 HAM	IPTON CHURCH R	OAD			
		MURPH	Y, NC 28906				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 736	Continued From page	e 7	V 736				
	had a similar issue be the same location on -she informed the IDD of the leak in the base -the bread on the cou- saved to feed the duc better way to store it -the cable company in the window to the right the house; she thoug through the window s of the house were do -she noticed the cable windows about one w Interview on 6/3/22 a revealed: -he helped install the for 2 clients -he had not seen the near Client #4's bedro	D Operations Manager today ement inter was the old bread ock; she knew they needed a installed the cable through not of the deck at the back of ght the cables running increase on the front and side ne by Staff #2 and clients es coming through the veek ago. and 6/10/22 with Staff #2 cables through the windows damaged area on the ceiling poom sue, he informed the IDD					
	backside of the house						
	Services revealed: -Staff #1 informed he	ith the Director of IDD r of the leak in the ceiling ns Manager had also been					
	revealed:	ith IDD Operations Manager					

FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL020-079	B. WING		06	6/14/2022
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
۷'			DAD		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
and it was approved -he had a list of plum repairs, but none wer contractor scheduled week	bers that he used for re available; he had a to go to the facility next	V 736	DEFICIEN		
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page and it was approved -he had a list of plum repairs, but none wer contractor scheduled week -it has been difficult to	MHL020-079 ROVIDER OR SUPPLIER STREET 201 HAI MURPH SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 and it was approved -he had a list of plumbers that he used for repairs, but none were available; he had a contractor scheduled to go to the facility next week -it has been difficult to get a repair person out to	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL020-079 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE 201 HAMPTON CHURCH RG MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 8 V 736 and it was approved -he had a list of plumbers that he used for repairs, but none were available; he had a contractor scheduled to go to the facility next week -it has been difficult to get a repair person out to V 736	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL020-079 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 201 HAMPTON CHURCH ROAD MURPHY, NC 28906 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN Continued From page 8 V 736 V 736 and it was approved -he had a list of plumbers that he used for repairs, but none were available; he had a contractor scheduled to go to the facility next week -it has been difficult to get a repair person out to V 736	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COM MHL020-079 B. WING Of ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 06 Image: Control of the state of th