STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-068	B. WING		R-C 08/05/2022	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ELIZABET	H GROUP HOME		ZABETH DRIVE			
(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) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	on 08/05/2022. The oursubstantiated (inta Deficiencies were cite This facility is license category: 10A NCAC Living for Adults with This facility is license census of 6. The sum	ke #NC00189532). ed. 27G .5600C Supervised Developmental Disability. ed for 6 and currently has a vey sample consisted of				
V 512	audits of 4 current cli 27D .0304 Client Rig	enis. hts - Harm, Abuse, Neglect	V 512			
	(a) Employees shall abuse, neglect and e with G.S. 122C-66.(b) Employees shall sort of abuse or negle	GLECT OR EXPLOITATION protect clients from harm, xploitation in accordance not subject a client to any ect, as defined in 10A NCAC				
	purchased from a clie established governin (d) Employees shall necessary to repel or	s shall not be sold to or ent except through g body policy. use only that degree of force				
	governing body polic is necessary depend characteristics of the and physical and me of aggressiveness dis	y. The degree of force that				
	(e) Any violation by a	AC 27E of this Chapter. an employee of Paragraphs Rule shall be grounds for loyee.				

STATEMENT	of Health Service Regu OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL036-068	B. WING			R-C / 05/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ELIZABET	H GROUP HOME		IZABETH DRIVE 5, NC 28034			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O (EACH CORRECTIVE AC		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
V 512	Continued From pag	e 1	V 512			
	former staff (the form Manager/Qualified P	view and interviews, 1 of 1				
	Client's Personal Fur records reviews and (Group Home Manage failed to (1) manage client personal funds the keeping of adequ transactions affecting personal fund account issuance of receipts	E: 10A NCAC 27F .0105 nds (V542). Based on interviews, 1 of 1 staff ger/Qualified Professional) and maintain records of as required, (2) Provide for uate financial records on all g funds on deposit in nt, and (3) Provide for the to persons depositing or fecting 1 of 4 audited Clients				
	Month Internal Invest 05/11/2022 and signe	ed by the Quality Director for Clients #1 and #4 aid to Client #1.				
	Month Internal Invest	22 of a document titled Three tigation Report undated and rector for Client #2 revealed: paid to Client #2.				
	Month Internal Invest	22 of a document titled Three tigation Report dated ed by the QM Director for				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · ·			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R-C		
		MHL036-068	B. WING			R-C 3/05/2022	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
LIZABET	H GROUP HOME		IZABETH DRIVE S, NC 28034				
(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	TION SHOULD BE	(X5) COMPLET DATE	
V 512	Continued From page	e 2	V 512				
	-\$287.22 would be pa	aid to Client #3.					
	Senior QM Director to Service Regulation (I -Client #1: Reimburse \$225.21. -Client #2: Reimburse \$213.72. -Client #3: Reimburse \$1786.53 -Client #4: Reimburse \$5808.60. Review on 08/01/202 statements for Client revealed: -Client #1: Deposit or -Client #2: Deposit or -Client #3: No bank s -Client #4: Deposit or	ed 08/01/2022 from the o the Division of Health DHSR) Surveyor revealed: ed- \$430.32. Owed- ed- \$1,311.09. Owed- ed- \$287.22. Owed- ed- \$3338.68. Owed- ed- \$3338.68. Owed- 22 of June 2022 bank s #1, #2, #3, and #4 n 05/27/2022 for \$428.37. n 05/27/2022 for \$1447.80. etatement provided. n 05/27/2022 for \$2186.32.					
	for Clients #1, #2, #3 -Client #1: Deposit or -Client #2: Deposit or -Client #3: Deposit or	22 of bank deposit receipts , and #4 revealed: n 05/27/2022 for \$428.37. n 05/27/2022 for \$1447.80. n 05/27/2022 for \$287.22. n 05/27/2022 for \$2186.32					
	Request Form for sul	quest for \$225.21. quest for \$213.72. quest for \$1786.53.					
	Interview on 08/05/20						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		MHL036-068	B. WING	B. WING		
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
	H GROUP HOME		ZABETH DRIVE			
		DALLAS	, NC 28034			
(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 AO CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 3	V 512			
	-"No. I don't know wh are. I started from so December 2021. I do transactions logs, but [Residential Director] -"It was Wednesday of when the excel spread review and I went thr members had posses had seen them." Interview on 07/29/20 Director revealed: -"[Group Home Mana- items were in the me exceptions of consum -Did not have the fina- misappropriated/una- -Unable to explain the or the adjusted payba	or Thursday (7/28/2022) adsheet was sent to me to ough to make sure the ssion of the items or that I 022 with the Residential ager/QP] confirmed that the mbers possession with the nables." al accounting of ccounted funds for Client #3. e initial payback calculations ack totals.				
	revealed: -"I am afraid to give y [Senior QM Director] -Made initial payback #3, and #4. Unable to calculation. -Did not know if the s made. -Adjusted payback to and #4 by ruling out y spending and items lif from the Health Care Investigation. -Full payback to Clier	D22 with the QM Director you a number. Let me talk to and [Residential Director]." a payments to Clients #1, #2, b explain initial payback second payment had been tals to Clients #1, #2, #3, what appeared to be normal isted on receipts obtained Personnel Registry (HCPR) hts #1, #2, #3, and #4 had waiting on more information				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
,			A. BUILDING:		R-C 08/05/2022		
		MHL036-068					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1015 ELIZABETH DRIVE							
ELIZABEI	TH GROUP HOME		IZABETH DRIVE S, NC 28034				
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 512	Continued From page	e 4	V 512				
	during the HCPR inve	estigation.					
	TH GROUP HOME 1015 ELIZ DALLAS, I SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)						

Division of Health Service Regulat STATE FORM

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL036-068	B. WING		R-C 08/05/2022	
IAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	E, ZIP CODE		
	TH GROUP HOME		IZABETH DRIVE			
		DALLAS	6, NC 28034			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pag	e 5	V 512			
	demonstrate the acc payout. In addition, the charges they determ obtained purchase re Personnel Registry (adjusted the total rein Clients #1, #2, #3, and accounting system for Clients' #1, #2, #3, and accounts as required not manage or maint records for Clients #3 a continued Failure to violation originally cit An administrative pe	ng \$4349.71 and failed to ounting system for the he Licensee ruled out ined to be normal spending, eceipts from the Health Care HCPR) Investigation and mbursable amounts owed to nd #4. The Licensee had no or the fiscal adjustments for nd #4 personal fund I. The Licensee continues to ain proper accounting 3. The deficiency constitutes to Correct the Type A1 rule red for serious exploitation. nalty of \$500 per day is to correct within 23 days.				
V 542	27F .0105(a-c) Clien Funds	t Rights - Client's Personal	V 542			
	typically provides resclients for more than (b) Each competent above the age of 16 encouraged to maint personal fund account This shall include, but investment of funds in (c) If funds are managem in accordance with p (1) assure to the and withdraw money	s to any 24-hour facility which sidential services to individual 30 days. adult client and each minor shall be assisted and ain or invest his money in a nt other than at the facility. It need not be limited to, in interest-bearing accounts. aged for a client by a facility nent of the funds shall occur olicy and procedures that: ne client the right to deposit c; e receipt and distribution of				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R-C 08/05/2022	
		MHL036-068				
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
LIZABET	H GROUP HOME		ZABETH DRIVE 5, NC 28034			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES EY 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 542	Continued From pag	e 6	V 542			
	 (3) provide for the receipt of deposits made by friends, relatives or others; (4) provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; (5) assure that a client's personal funds will be kept separate from any operating funds of the facility; (6) provide for the deduction from a personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; (7) provide for the issuance of receipts to persons depositing or withdrawing funds; and (8) provide the client with a quarterly accounting of his personal fund account. 					
	staff (Group Home M Professional) failed to records of client pers Provide for the keepi records on all transact deposit in personal fu for the issuance of re or withdrawing funds Clients (#3). The findings are: Review on 07/26/202 Agreement to Money	views and interviews, 1 of 1				
	revealed:	staff of Easter Seals UCP				

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL036-068	B. WING		R-C 08/05/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
	TH GROUP HOME	1015 EL	ZABETH DRIVE			
		DALLAS	, NC 28034			
(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 TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 542	Continued From page	e 7	V 542			
	 V 542 Continued From page 7 management of the personal money I receive each month. I am aware that an accurate accounting of monies received and disbursed and the balance on hand will be made available to me upon request. I understand I can end this agreement at any time." Review on 07/26/2022 and 07/29/2022 of Client #3's receipts from 05/06/2022-07/14/2022 revealed: -Purchases from local retailer on 05/27/2022 for \$11.75, 05/28/2022 for \$61.57, and 06/17/2022 for \$25.68. -Purchases from local restaurant on 05/27/2022 for \$11.65 and 05/28/2022 for \$5.35. -Bank deposit on 05/27/2022 for \$287.22. Review on 07/26/2022 and 07/29/2022 of Client #3's transaction register (log) from 05/06/2022-07/14/2022 revealed: -No transactions for the purchase receipts listed above for Client #3. 					
	Senior Quality Manag Division of Health Se Surveyor revealed: -"Attached are the proof of reimburseme #3]'s- she had chang not been able to get k deposit slips that indi deposited" Interview on 07/26/20 -Group Home Manag (QP) managed her m	ed 08/01/2022 from the gement (QM) Director to the rvice Regulation (DHSR) Bank Statements with the ent. We are missing [Client ed her log in and we have back in. We do have the cate the money was 022 with Client #3 revealed: er/Qualified Professional				

STATE FORM

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-068	B. WING			₹-C #/ 05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
ELIZABE	TH GROUP HOME		ZABETH DRIVE			
(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	TION SHOULD BE	(X5) COMPLETI DATE
	Continued From page 8 [Group Home Manager/QP], GH staff and [Client #3's Guardian]." -"I think [Group Home Manager/QP] get it (copy of bank statements) in the mail. [Group Home Manager/QP] has to have the receipts. Everything I buy she (Group Home Manager/QP) has to have them (receipts)." -Debit card was kept in the staff's office. Interview on 08/05/2022 with the Group Home Manager/QP revealed: -"I think there was miscommunication about if we should be tracking her (Client #3) like we do the other ones. She does mobile banking on her phone, so she keeps track of her spending on her own." -"Sometimes she will give receipts and sometimes she don't give them, which is okay."		V 542			
	manage funds for [Cl she has to get copies month." This deficiency is cro NCAC 27D .0304 from	roup Home Manager/QP) ient #3] correctly. Even if, s of bank statements each ss referenced into 10A m Harm, Abuse, Neglect or or a continued Failure to violation.				