Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				X3) DATE SURVEY COMPLETED	
AND I EAN OF CONNECTION		A. BUILDING: _			-125		
		MHL0411161	B. WING		11/10/2022		
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHANGIN	CHANGING LIVES GROUP HOME IV, LLC  1404 CUSHING STREET						
	OLIMAN DV OT		ORO, NC 2740				
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	D INITIAL COMMENTS		V 000				
	An annual survey was completed on November 10, 2022. Deficiencies were cited.						
	This facility is licensed fort the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
	This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.						
V 120	27G .0209 (E) Medica	ation Requirements	V 120				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (e) Medication Storage: (1) All medication shall be stored: (A) in a securely locked cabinet in a clean, well-lighted, ventilated room between 59 degrees and 86 degrees Fahrenheit; (B) in a refrigerator, if required, between 36 degrees and 46 degrees Fahrenheit. If the refrigerator is used for food items, medications shall be kept in a separate, locked compartment or container; (C) separately for each client; (D) separately for external and internal use; (E) in a secure manner if approved by a physician for a client to self-medicate. (2) Each facility that maintains stocks of controlled substances shall be currently registered under the North Carolina Controlled Substances Act, G.S. 90, Article 5, including any subsequent amendments.						

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE Co	(X3) DATE SURVEY COMPLETED		
		MHL0411161	B. WING		11/10/2022
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, STATE	ZIP CODE	
		1404 CUS	SHING STREET	, 211 0002	
CHANGIN	IG LIVES GROUP HOME	IV, LLC GREENS	BORO, NC 27405		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 120	This Rule is not met a Based on observation interviews, the facility medications in a secuclients (#1). The finding observations on 11/9 revealed:  -A prescription dental located under bathrocounty. The prescription den securely  Review on 11/10/22 or -An admission date or -Diagnoses of Unspecial Disorder, Unsured Stress Disorder, Hyporal Chlorhexidine Glucon with capful once daily or drink 30 minutes at -A warning label state children. Interview on 11/10/22 -Takes medications around a prescription round in the medication clouds and the medication clouds and the medication of the medications. Interview on 11/9/22 or -Was aware client #1 prescription rinse -Had forgotten to secure client	as evidenced by: as, record reviews and failed to store prescription are manner for 1 of 3 current ags are:  //22 at 4:40pm of the facility  rinse for client #1 was om #1's sink tal rinse was not stored  of client #1's record revealed: f 12/1/20 cified Intellectual Disability, pecified, Post-Traumatic othyroidism and Obesity ated 6/2/22 for ate 0.12%, Rinse mouth . Do not rinse out mouth, eat of the use of "keep out of reach of  with client #1 revealed: and staff gives it to me mouth rinse daily ads. Because we were orget to put it back (in the se). I put it under the sink adication cabinet with my  with staff #1 revealed:	V 120		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411161	B. WING		11/10/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVES GROUP HOME	IV. LLC	IING STREET ORO, NC 2740	15		
(X4) ID PREFIX TAG	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 120	Continued From page	2	V 120			
	all mouthwash shou don't want the clients monitor them and put the locked medication	ant revealed: ption mouth rinse) is d up with the medications ıld be locked up because we				
V 732	27G .0303(a) Site Loc	cation	V 732			
	10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS  (a) Each facility shall be located on a site where:  (1) fire protection is available;  (2) water supply, sewage and solid waste disposal services have been approved by the local health department;  (3) occupants are not exposed to hazards and pollutants that may constitute a threat to their health, safety, and welfare; and  (4) local ordinances and zoning laws are met.					
	failed to ensure client hazards and pollutant	as evidenced by: as and interviews, the facility s were not exposed to as that may constitute a safety, and welfare. The				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0411161	B. WING			/10/2022
	ROVIDER OR SUPPLIER  G LIVES GROUP HOME	IV. LLC	T ADDRESS, CITY, STATE CUSHING STREET NSBORO, NC 27405	•		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE DATE
V 732	Continued From pag	e 3	V 732			
	Observations on 11/9/22 at 3:15pm revealed: -A container of bleach and a household cleaner were on the kitchen counter island in front of the kitchen sinkThe cleaning supplies were not stored secured and were within reach of the clients  Interview on 11/9/22 with staff #1 revealed: -Had forgotten to be the facility's cleaning supplies back in the locked closet  Interview on 11/10/22 with the Qualified Professional Consultant revealed: -"Cleaners were used this morning (11/10/22) and should have been locked up. I do have to remind staff that these are adults but have IDD (Intellectual Developmental Disabilities) and certain things must not be left out" -Would meet with staff #1 and go over the subject of cleaning supplies were to be stored securely during supervision.					
V 736	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	EMENTS	V 736			
		as evidenced by: ns and interviews, the facility n a safe, clean, attractive,				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411161	B. WING		11/10/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
CHANGIN	G LIVES GROUP HOME	IV LLC	HING STREET		
OHAITOIN	G LIVEO GROOT TIOME	GREENSI	BORO, NC 2740	05	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULING CROSS-REFERENCED TO THE APPROFE DEFICIENCY)	D BE COMPLETE
V 736	736 Continued From page 4		V 736		
	and orderly manner.	The findings are:			
	revealed:	/22 at 3:10pm of the facility			
	peeled in several plac				
	-The coffee table's veneer was peeling -Two pull out sofas sagged and were stained				
		ring room had stains on the			
	-Tape was placed over the floor plate that led into the kitchen				
	-Under the kitchen sink there was worn plywood				
	-The electrical outlet on the kitchen island was not flush with the cabinet				
	-The kitchen wall was stained and needed to be cleaned				
		had 2 of 3 lights that were			
	-One of the towel hole	ders in the bathroom was			
	missing a rod -Client #1's metal bed	frame stuck out			
	approximately 1 foot				
	-Client #3's dresser was missing a drawer				
	-A 2 inch by 2-inch hole was in client #3's bedroom wall				
	Interview on 11/10/22 with client #1 revealed:				
	-The kitchen table was scratched up "real bad"				
	-"I would like to make a tablecloth for the table				
	because I croquet. It will only take me a week." -"We need a new sofa."				
	- Staff sleeps on the pull-out sofa. We have two of				
	those. He sleeps on the blue one but does not pull it out."				
	Interview on 11/9/22	with staff #1 revealed:			
	-"My standards are higher than normal when it				
comes to keeping the facility clean." -"The outlet not being flush with the wood cabinet					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
MHL0411161		B. WING			11/10/2022	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVES GROUP HOME	IV. LLC	IING STREET ORO, NC 2740	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736	in the kitchen could be hazard."  -"The kitchen table no repainted. And I gues scrubbed also. The flok kitchen could be consibecause someone could be could	eeds to be replaced or some the kitchen walls could be cor frame walking into the sidered a hazard also uld trip over it."  with the Qualified limits to the facility needed to mere, I left a list of repairs de. There's a hole in one of that needs to be repaired	V 736			

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