Division of Health Service Regulation

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		COMPLETED			
		MHL092-471	B. WING 11/0		11/02/2022		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
EASTER	EASTER SEALS UCP NC RALEIGH GROUP HO 1529 BEN LLOYD DRIVE RALEIGH, NC 27604						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE		
V 000	INITIAL COMMENT	rs .	V 000				
	Deficiencies were c						
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.						
		sed for 6 beds and currently This survey sample consisted nt clients.					
V 118	V 118 27G .0209 (C) Medication Requirements		V 118				
	10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administering the						

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIED IDENTIFICATION NUM		` ′	E CONSTRUCTION		SURVEY PLETED
		MHL092-471		B. WING		11/0	02/2022
NAME OF I	PROVIDER OR SUPPLIER				STATE, ZIP CODE		
EASTER	SEALS UCP NC RAL	EIGH GROUP HO		LLOYD DRI , NC 27604	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT	FULL	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	age 1		V 118			
	checks shall be red	for medication change corded and kept with t appointment or consu	he MAR				
	Based on record re facility failed to adn written order of a p	et as evidenced by: eviews and interviews, ninister medications o hysician and failed to cting two of three audi e findings are:	n the keep the				
	- Admitted: 9/21/22 - Diagnoses :Mode Autistic Disorder, C Encephalopathy - Physician's orders	rate Intellectual Disab	oility, uprofen				
	Observation on 11/ -lbuprofen 200mg	/01/22 at 11:00am revo expired 9/21/21	ealed:				
	- Admitted: 9/7/17 - Diagnoses: Intelle Hypertension Diabe - Physician's orders - Terbinafine 250r every day - Benzonatate 10 mouth three times	2 of client #2's record ectual disability moder etes, High Cholesterol s dated 5/9/22 mg-take 1 tablet by mo 0 G Cap- take 1 caps daily as needed for co mall/regular- Put on ir	ate, I outh ule by ough				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			7 50.2510.			
		MHL092-471	B. WING		11/0	2/2022
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EASTER	SEALS UCP NC RAL	FIGH GROUP HO	I LLOYD DRI I, NC 27604	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 2	V 118			
	morning and remov	ve at bedtime				
		1/22 at 11:30am revealed: listed medication were present				
	- She has addresse address again with	eation and the QuickMAR Desn't inform when				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND IREMENTS If its grounds shall be e, clean, attractive and orderly e kept free from offensive				
	failed to ensure fac	et as evidenced by: ion and interviews, the facility ility grounds were maintained ractive and orderly manner.				
	-Bedroom #3 globe missing -Bedroom #4 a hole size of a dollar bill	02/22 at 2:30pm revealed: from the overhead light was e in the wall near the floor the ne wall stretching from the				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3)			X3) DATE SURVEY COMPLETED		
		MHL092-471		B. WING		11/0	2/2022
NAME OF F	PROVIDER OR SUPPLIER	ST	REET ADD	DRESS, CITY, S	STATE, ZIP CODE		
FASTER SEALS UCP NC RALFIGH GROUP HO				LLOYD DRI NC 27604	VE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIOI		ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 736	Continued From page 3			V 736			
	closet door to the adjacent wall the window cracked the length of two dollar bills -Bathroom #2 floor tile cracked the size of a football						
	Interview on 11/02/22 the Qualified Professional stated: -She does not know why the globe was taken down -She was aware of the maintenance issues in						
	bedroom #4 - She had not notice in bedroom #4	e that the window was c	racked				
V 752	27G .0304(b)(4) Ho	t Water Temperatures		V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas constructed and exposed to hot water	cility shall be designed, uipped in a manner that al safety of clients, staff of the facility where clienter, the temperature of the tained between 100-116 in the control of the temperature.	and ts are				
	water temperature v 100-116 degrees Fa	et as evidenced by: on and interviews the fa was not maintained betw ahrenheit. The findings a 2/22 of the facility at 1:0	veen are:				
	revealed:	temperature was 90 de					

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY LETED
		MHL092-471	B. WING		11/0	2/2022
NAME OF PROVIDER OR SUPPLIER EASTER SEALS UCP NC RALEIGH GROUP HC STREET ADDRESS, CITY, STATE, ZIP CODE 1529 BEN LLOYD DRIVE RALEIGH, NC 27604						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 752	-Bathroom #1, and temperatures were Facility's Group Hot 9-22-22 9:08am 89 9-27-22 1:29pm 88 10-12-22 12:40pm 10:26-22 1:00pm 8 Interview on 11/3/22 - Staff had taken the The water heater - The water does not Interview on 11/3/22 (QP) stated: -Had a water leak in	Bathroom #2 sink water 95 degrees Fahrenheit. me Water Temperature Log 9.2 degrees 8.8 degrees 92.3 degrees 90.4 degrees	V 752			

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