Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
ANDILAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	COMI LETED	
		MHL020-025	B. WING		12/21/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CUTIEDD	EZ LIOME	19 HOLLO	WAY DRIVE		
GUTIERR	EZ NOWE	MARBLE,	NC 28905		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000		
	An annual survey was completed on December 21, 2022. A deficiency was cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.				
	_	d for 2 and currently has a e survey sample consisted nt client.			
V 290	27G .5602 Supervised Living - Staff		V 290		
	10A NCAC 27G .5602 STAFF  (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs.  (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.  (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:  (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or				

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

(X6) DATE TITLE

Division of Health Service Regulation

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL020-025			12/21/2022	
ROVIDER OR SUPPLIER			TE, ZIP CODE		
EZ HOME					
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE	
Continued From page 1  (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.  (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:  (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and  (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.		V 290			
Based on record revietable to ensure the classification plan document of the classification plan document of the classification plan document of the classification of the class	ew and interview, the facility ient's treatment or mented that the client was in the home or community ffecting 1 of 1 audited client ags are:  of Client #1's record  ember of 2012.  ctual Developmental gally Blind, Down Syndrome, Hypothyroidism, rlipidemia, and Retinitis				
	Continued From page (2) children or a developmental disability one staff present for present and two staff more clients present. need be present durir specified by the emer determined by the good (d) In facilities which diagnosis is substance (1) at least one duty shall be trained i withdrawal symptoms secondary complicating addiction; and (2) the services abuse counselor shall as-needed basis for each of the services abuse on record reviet failed to ensure the client #1). The finding without supervision at (Client #1). The finding Review on 12/21/22 or revealed:  -Admission date Decential Disability, Severe; Leit Hearing Impairment, In Hyperglycemia, Hyperg	MHL020-025  ROVIDER OR SUPPLIER  STREET ADE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.  (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 1 of 1 audited client (Client #1). The findings are:  Review on 12/21/22 of Client #1's record revealed: -Admission date December of 2012Diagnoses of Intellectual Developmental Disability, Severe; Legally Blind, Down Syndrome, Hearing Impairment, Hypothyroidism, Hyperglycemia, Hyperlipidemia, and Retinitis	MHL020-025  MHL020-025  STREET ADDRESS, CITY, STA 19 HOLLOWAY DRIVE MARBLE, NC 28905  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.  (1) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 1 of 1 audited client (Client #1). The findings are:  Review on 12/21/22 of Client #1's record revealed: -Admission date December of 2012Diagnoses of Intellectual Developmental Disability, Severe; Legally Blind, Down Syndrome, Hearing Impairment, Hypothyroidism, Hyperglycemia, Hyperlipidemia, and Retinitis Pigmentosa.	MHL020-025  MHL020-025  STREET ADDRESS, CITY, STATE, ZIP CODE  19 HOLLOWAY DRIVE MARBLE, NO 28905  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  COntinued From page 1  (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 1 of 1 audited client (Client #1). The findings are:  Review on 12/21/22 of Client #1's record revealed:  Present Admission date December of 2012, -Diagnoses of Intellectual Developmental Disability, Severe; Legally Blind, Down Syndrome, Hearing Impairment, Hypothyroidism, Hyperglycemia, Hyperlipidemia, and Retinitis Pigmentosa.	

Division of Health Service Regulation

STATE FORM 6899 WQW011 If continuation sheet 2 of 4

Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL020-025	B. WING		12/21/2022		
NAME OF D	DOVIDED OD SUDDUED	OTDEET 4	DDDESS OFF STATE	TE 710 CODE	-		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT	IE, ZIP GUDE			
GUTIERR	EZ HOME		OWAY DRIVE				
	T	MARBLE	E, NC 28905				
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD			
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP			
				DEFICIENCY)			
V 290	Continued From page 2		V 290				
	Assessment" for Clie	nt #1 dated 3/11/22					
	revealed:	, . datod 0, 11/22					
		t questions included, but					
	was not limited to:	•					
	-"Can the individual	I dial 911?Is the individual					
		ncy phone numbers from a					
	٠.	cons could the individual					
		police, hospital and fire?Is					
	the individual able to safely prepare meals/use appliances appropriately?Does the individual						
	remember things (i.e. turning off oven, locking doors)?"						
	-"[Client #1] is at risk for being taken advantage of or being easily persuaded into things. This will limit unsupervised time." -"Amount of Unsupervised Time: 1 hour"						
	completed by the Qua	alified Professional (QP).					
		tion the unsupervised time					
	assessment was to evaluate the client's capability						
	to have alone time in	their room.					
	Review on 12/21/22 of Client #1's most recent "Person-Centered Profile" dated 6/8/22 revealed: -There were no goals and strategies regarding the client's capability of remaining in the home or						
	community unsupervi						
		with Client #1 revealed:					
	-She was difficult to understand and said "yeah"						
	to most questions.	Jakannaina ad if Ala a - 11 - 1-4 - 11 - 1					
		determined if the client was					
	understanding survey	oi s quesiions.					
	Interview on 12/21/22	with the AFL Provider					
	revealed:						
	-Client #1 had been with her for approximately 20 years.						
-She had never left Client #1 alone at home or in community and she never would.		lient #1 alone at home or in					

Division of Health Service Regulation

STATE FORM 6899 WQW011 If continuation sheet 3 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL020-025	B. WING		12/2	1/2022
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
GUTIERR	EZ HOME	19 HOLLOV MARBLE, N	WAY DRIVE NC 28905			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	-She was responsible treatment planThe 6/8/22 treatment client's most current processed to the control of th	with the QP revealed: to complete Client #1's  t plan reviewed was the plan. reviewed the plan every 6 discussed unsupervised month. or of me putting that on  " Client #1 has had some he had up to one hour  re all of her clients had at upervised time.  with the Program Manager  the assessment "does not it was for "like if she	V 290			

Division of Health Service Regulation

STATE FORM 6899 WQW011 If continuation sheet 4 of 4