STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.		С		
		MHL033-052	B. WING			7/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOMEON	NE DOES CARE		「WALNUT S D, NC 27886			
(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	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	rs .	V 000			
	27, 2023. The composition (Intake #NC001966) This facility is licens category: 10A NCA	was completed on January plaint was substantiated (57). A deficiency was cited. Seed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills an population served. (d) At such time as employment system then qualified profeprofessionals shall	edge; ess; ; g; kills;				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				3) DATE SURVEY COMPLETED	
						;	
		MHL033-052	B. WING		01/2	7/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SOMEON	NE DOES CARE		TWALNUT S D, NC 27886				
(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)	D BE	(X5) COMPLETE DATE	
V 110	develop and implen for the initiation of t plan upon hiring ea This Rule is not me Based on record ar ensure 3 of 3 staff (demonstrated known)	pody for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.	V 110				
	Review on 1/27/23 - signed job desc - help to establis	of staff #2's record revealed: cription dated 4/7/16 h and maintain a safe, helpful conment for the individuals in					
	signed job desortfollowing job dutieshelp to establis	of staff #3's record revealed: cription dated 11/8/14 with the : h and maintain a safe, helpful conment for the individuals in					
	Review and intervieus Licensee revealed: - job description record - she could not lo	ew on 1/27/23 with the was not in her personnel ocate the job description an example of how staff failed hpetence:					

Division of Health Service Regulation STATE FORM

6899 T3E311 If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '			X3) DATE SURVEY COMPLETED	
MHL033-052		B. WING		C 01/27/2023			
NAME OF F	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 0172	172020	
			WALNUT S				
SOMEON	IE DOES CARE	TARBORO), NC 27886				
(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)	.D BE	(X5) COMPLETE DATE	
V 110	Continued From pa	ge 2	V 110				
V 110	During interview on - staff #2 & #3 has facility - their friends we - he stayed in his came over - bothered him "of facility During interview on - admitted to the - last night (1/26/come in the facility - she was "scare - was at the kitch - it were some "y staff's office - staff #2 worked - it was around 7 cell phone - not sure how lo - ate her salad and Attempted telephone 3:49pm & recording this time" During interview on - his friends do not puring interview on reported: - staff #2 had his year (2023) - she put up a not plan to install care	1/27/23 client #3 reported: ad friends that came to the int in the staff's office bedroom when their friends don't want all the people" in the 1/27/23 client #5 reported: facility 2 days ago (23) she saw some people d" ien table and ate a salad found" men that went in the I last night pm because she looked at her ing they were at the facility and went to bed ie call to staff #1 on 1/27/23 at g: "not accepting messages at 1/27/23 staff #2 reported: ot come to the facility 1/27/23 the Licensee I friends over the first of the otrespassing sign fameras inside the facility 23 of client #4 revealed:	VIII				

Division of Health Service Regulation

diagnosis of Moderate Intellectual

STATE FORM 6899 T3E311 If continuation sheet 3 of 5

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
			7.1. 20122.110.			
		MHL033-052	B. WING		01/2	7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SOMEO	NE DOES CARE		WALNUT S			
	0.18.844.537.074		D, NC 27886		211	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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 APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 3	V 110			
	Diabetes & Hyperter - an after visit su important one of yo (Depakote) was be with your neurologis - "12/28/22- reas left leg pain" During interview on reported: - attempted to reday (1/27/23)	order, Seizure Disorder, ension mmary "1/25/23very our seizure medications low the target levelfollow up st as soon as possible" son for visit - fall accidental - 1/27/23 the Licensee each client #4's neurologist all re not returned their phone				
	Management Entity (LME/MCO) reporte - client #4 went t December 2022 - another agency fall and went to the - the facility did r - she had not rec the fall - needed to be n purposes or client # services During interview on reported: - she assisted cl	o the hospital sometime in / informed her client #4 had a				
	dry off client #4 - client #4 fell in - there were no i					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMF	SURVEY
						0
		MHL033-052	B. WING		01/2	27/2023
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SOMEON	IE DOES CARE		T WALNUT S O, NC 27886			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	- did not have a cincident report	ge 4 chance to complete the was notified but unsure of a	V 110			

6899

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