NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 944 SHADY GROVE CHURCH ROAD SNOW HILL, NC 28580 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was completed on March 10, 2023. Deficiencies were cited. This facility is licensed for the following service	(X3) DATE SURVEY COMPLETED	
SHADY GROVE SHADY GROVE CHURCH ROAD SNOW HILL, NC 28580 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 000 INITIAL COMMENTS An annual and follow up survey was completed on March 10, 2023. Deficiencies were cited. This facility is licensed for the following service	R 10/2023	
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on March 10, 2023. Deficiencies were cited. This facility is licensed for the following service		
category: 10A NCAC 27G .5600C. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of		
audits of 3 current clients. V 114 27G .0207 Emergency Plans and Supplies V 114		
10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.		
This Rule is not met as evidenced by: Based on record review and interviews the facility failed to ensure fire and disaster drills were held at least quarterly, repeated on each shift and conducted under conditions that simulate fire emergencies. The findings are: Review on 3/9/23 of facility records for 2022 -		

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMPI	
			A. BOILDING.		F	,
		MHL040-022	B. WING			0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHADY	GROVE		OY GROVE C LL, NC 2858	HURCH ROAD 10		
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 114	Continued From pa	nge 1	V 114			
	-January 2022 quai	were conducted between				
	Disaster -No 3rd shift drills and no weekend drills were conducted for the February 2022 - April 2022 quarterNo 1st or 2nd shift drills were conducted for the May 2022 - July 2022 quarter; -No 3rd shift drills or weekend drills were conducted for the August 2022 - October 2022 quarterNo 3rd shift drills and no weekend 7am - 7pm drills were conducted for the November 2022 - January 2023 quarter. Interview on 3/9/23 client #3 stated during a limited interview that he had participated in drills.					
	Interview on 2/27/2 -Clients always par drills.	3 staff #1 stated: ticipated in fire and disaster				
		staff #3 stated: d in fire and disaster drills. for fire drills was across the				
	stated: -The facility had sh 2pm-10pm and 10p -The facility had sh 7pm- 7am on week -He understood fire	3 the Qualified Professional ifts that were 7am- 3pm, om - 7am Monday -Friday. ifts that were 7am-7pm and tends. and disaster drills were to be orly, repeated on each shift and				

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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	
		MHL040-022	B. WING		03/1	R 10/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
SHADY	GROVE		OY GROVE C LL, NC 2858	HURCH ROAD 80			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 114	Continued From pa	ge 2	V 114				
	be conducted unde emergencies.	r conditions that simulate fire					
	This deficiency con- and must be correc	stitutes a re-cited deficiency ted within 30 days.					
V 118	27G .0209 (C) Med	ication 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 administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.						

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		F	2
		MHL040-022	B. WING			0/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHADY	GROVE		OY GROVE C LL, NC 2858	HURCH ROAD 80		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y 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)	ILD BE	(X5) COMPLETE DATE
V 118	Continued From pa	ige 3	V 118			
	interviews the facili topical treatment as 1 of 3 audited clien. Reviews on 3/9/23 record revealed: -40 year old male a - Diagnoses include Disorder-Severe, A Panic Disorder, Hyl and OverweightPhysician's orders for eyes, apply coolday or 2-5 minutes. Observation on 3/9 compress on hand compress with a habroken up in various would not fully cover compress or client. Client #1 was non-to questions regard. During interview on #1 only had 1 eye of the surveyor observational.	eviews, observations and ty failed to administer and sordered by the physician for ts (#1). The findings are: and 3/10/23 of client #1's admitted 11/2002. ad Intellectual Developmental autism Spectrum Disorder, pertension, Seasonal Allergies signed 1/9/23 for compress a compress over eyes twice a advice of client #1's eye revealed a clear eye ard blue substance that was as pieces and shapes that er both eye sections of the #1's eyes. Werbal and unable to respond ling his eye compress. adviced by the physician for the properties of the properties of the #1's eyes. adviced by the physician for the physician for the properties of the properties of the #1's eyes.				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION		E SURVEY PLETED
	A. BUILDING:			R		
		MHL040-022	B. WING			10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
SHADY	GROVE		OY GROVE C LL, NC 2858	HURCH ROAD 80		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 118	had been the only of to the start of the sign -Client #1 wore the -The current condit not appear to be ef #1. He did not known compress had been	one available to client #1 prior urvey. mask as ordered. ion of the eye compress did fective and beneficial to client w how long client #1's eye in in the current condition. client #1 another eye	V 118			
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saf	ty and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			
	was not maintained and orderly manner of the and orderly manner of the collent #1's bathroot tiles, 2 shower head around the ceiling of and separating from fixture above the si work. -Client #1's four draknobs off the top drawn and order of the top drawn and order of the simple of	ion and interview, the facility I in a safe, clean, attractive r. The findings are: /23 at approximately 10:45am				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL040-022	B. WING			R 10/2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
SHADY	GROVE		Y GROVE C LL, NC 2858	HURCH ROAD 80		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	ceiling above dress bedroom. There was ceiling fan. -The threshold lead was rigid and uneverable. The hall bathroom bulbs not working. Was separating, the shower bar, discolo between tiles and cof the tub and caulk tub. -The hall bathroom board that was chip -Client #2 had dead desk in his bedroom -Client #3 had dead sill beside his bed. Interview on 3/9/23 stated:	er/mirror to the left of the as heavy dust around the ling into client #1's bedroom en. had a 6 light fixture that had 4 The molding around ceiling tub/shower had rusted black/brown stains in aulk, broken tiles at the edge c; caulk was separated fro the closet floor had exposed ply pping away.	V 736			

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