PRINTED: 05/04/2023 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	` '	SURVEY PLETED
		MHL059-056	B. WING		04	/13/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
LUNSFOR	RD HOME		KE VIEW DRIVE N, NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS	3	V 000			
	on April 13, 2022. Th	laint survey was completed ne complaint was # 199609). Deficiencies				
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.					
	_	d for 3 and currently has a vey sample consisted of ents.				
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	(g) Employee training provided and, at a mit following: (1) general organizate (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in splan; and	tion shall be documented. g programs shall be nimum, shall consist of the ational orientation; rights and confidentiality as EAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation				
	.5602(b) of this Subcimember shall be avaitimes when a client is member shall be trainincluding seizure mando provide cardiopulm trained in the Heimlic	ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all s present. That staff				

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

TITLE (X6) DATE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
		A. BUILDING:				
		MHL059-056	B. WING		04/1	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
LUNSFOR	RD HOME	207 LAKE MARION, N	VIEW DRIVE			
<u> </u>			VC 20732			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 108	Continued From page 1		V 108			
	the American Heart A equivalence for reliev (i) The governing boo implement policies ar reporting, investigatin	ssociation or their ing airway obstruction.				
	failed to ensure 1 of 3 received training to m MH/DD/SA needs of the Review on 4/12/23 of Admission date: 7/19 -Diagnoses: Post Trail Unspecified Mood Distexplosive D/O, Morbit Apnea, Schizophrenia Developmental Disab Bipolar D/O, Pre-Diad Infection, Tobacco us Obstructive Pulmonal Review on 4/12/23 of Admission date: 1/1/ -Diagnoses: Severe I Developmental Disab Observation for other	ew and interview, the facility B audited staff, (Staff #1) Beet the needs of the Che clients. The findings are: Client #1's record revealed: D/17 Bumatic Stress Disorder, Border (D/O), Intermittent Client #3's record and Chronic ry D/O. Client #3's record revealed:				
	conditions ruled out, Other generalized Epilepsy and epileptic syndromes not intractable w/out status epilepticus, Autistic D/O, urinary incontinence, full incontinence of feces, obesity unspecified, abnormal coagulation and					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SI COMPLE	
MHL059-056		B. WING		04/13/2023		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.2020
LUNSFOR	D HOME	207 LAKE	VIEW DRIVE			
LONG! OIL		MARION, N	IC 28752		T	
(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 SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 108	Continued From page	2	V 108			
	constipation.					
		Staff #1's record revealed: gs noted for Client #2 only.				
		with Staff #1 revealed: rovider #1 out with her				
	clients while we she was at the beach; -gave nighttime medication to Client #1 on 4/11/23; -was Client #2's one on one day support services provider.					
V 138	V 138 27G .0404 (A-E) Operations During Licensed Period		V 138			
	10A NCAC 27G .0404 DURING LICENSED					
	(a) An initial license shall be valid for a period not					
	-	from the date on which the ch license shall be renewed				
	annually thereafter ar the calendar year.	nd shall expire at the end of				
	(b) For all facilities providing periodic and day/night services, the license shall be posted in a prominent location accessible to public view					
	within the licensed pro	emises. ies, the license shall be				
	available for review u	pon request.				
	 (d) For residential facilities, the DHSR complaint hotline number shall be posted in a public place in each facility. (e) A facility shall accept no more clients than the number for which it is licensed. 					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN (AND FLAN OF CORRECTION IDENTIFICATION NOWIDER.		A. BUILDING:		COMPL	ETED
		MHL059-056	B. WING		04/13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
		207 LAKE	VIEW DRIVE			
LUNSFOR	D HOME	MARION,	NC 28752			
(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 CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 138	8 Continued From page 3		V 138			
	serve no more than the licensed. The finding Review on 4/11/23 of North Carolina Division	ecord review and ty to ensure that it would ne number for which it was s are: the License issued by the				
	-the facility had a licensed capacity of 3 clients.					
	Observation and interview with Former Staff#3 (FS#3) on 4/11/23 at 3:24PM of the facility revealed: -an adult male was present on the front porch of the facility; -this was his client (Non-Audited Client #4 (NAC #4)); -he was not currently licensed with DHSR;					
		vider #1]but did not live				
	she was at the beach	for AFL Provider #1 while ; ald return to the facility on				
	-"[Staff #1] was taking clients;"	g care of AFL provider #1's were present at the facility				
	working on the roof.					
	Observation on 4/13/23 at 11:30AM of the facility revealed: -three bedrooms in the facility for the three current clients; -a twin sized roll-away bed in AFL Provider #1's bedroom that was folded up and had sheets on it. Review on 4/12/23 of FS #3's record revealed:					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
LUNSFOR	D HOME	207 LAKE	VIEW DRIVE			
		MARION,	NC 28752			
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PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
IAG	REGULATORY OR ESCIDENTIL TING INI ORIGINATION)		IAG	DEFICIENCY)		
			1,,,,,,			
V 138	Continued From page	e 4	V 138			
	-Hire Date: 9/21/15;					
	-Position: AFL provid	ler:				
	•	10/25/21, not eligible for				
	re-hire.					
	Review on 4/12/23 of	Staff #1's record revealed:				
	-Hire Date: 11/20/20	16;				
	-Position: Direct Sup	port Professional (DSP)				
	Review on 4/12/23 of AFL Provider #1's record					
	revealed:					
	-Hire Date: 1/1/12;					
	-Position: AFL provid	ler				
	Interview on 4/12/23 y	with Client #1 revealed:				
		na (AFL Provider #1) and				
	daddy (FS #3), Client					
	-"Last night [Client#2]					
	momma?"	. 3				
	- "I told her momma's	driving tonightshe got a				
	phone call that the state inspector showed up					
	she came back;"					
	-"[Staff #1] took care	of us only one day				
	momma came hor	ne after I went to sleep."				
	-she got her nighttime	e medication from Staff #1;				
		with a community advocate				
	revealed;					
		t services for Client #3 in the				
	facility through another	•				
	-a rew months ago, C different day program	lient #3 was changed to a				
	-observed a cot in the					
		a bedroom, not just a cot;"				
		vere always present at the				
		s, evenings, and observed				
		the facility on weekends				
	when she cleaned for AFL provider #1.					

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Interview on 4/12/23 with Staff #1 revealed:

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AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		COMPLETED	
			D MANAG	I D WING			
		MHL059-056	B. WING		04/1	13/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE			
LUNSFOR	D HOME		E VIEW DRIVE				
		MARION	, NC 28752	T			
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 138	Continued From page	e 5	V 138				
	provider; -was Client #2's one of day support services; -agreed to help AFL proclients while we she washe brought Client #4/11/23 around 4:00p were present at the factor of the facility (on 4/11 later left the facility; -she didn't know how be gone, "she left yest -AFL provider #1 reture 4/11/23 between 7pm -she reported AFL procher clients and "hasn't -FS #3 and NAC #4 at they don't live there;"	orovider #1 out with her was at the beach; 2 home to the facility on and FS #3 and NAC #4 acility; aff brought Client #1, and #2 1/23) and FS#3 and NAC #4 long AFL provider #1 would sterday (4/11/23);" rned to the facility on and 8pm; ovider #1 took good care of thad a break;" are at the house a lot, "but ee about providing care for					
	-denied that FS #3 ar "[FS #3] has two house-did not tell the licens town to the beach; -did not leave her clie because she "didn't he-Staff #1 agreed to he-denied coming back because a surveyor series = "[FS# 3] called and shere;" -FS #3 helped her who had surgery last year	he is my boyfriend." nd NAC #4 lived with her, ses;" ee she was going out of ents longer than 24 hours have coverage;" lelp her; to the facility on 4/11/23 showed up to the facility; said that a surveyor was hen she broke her leg and					

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LUNSFOR	RD HOME		I, NC 28752			
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V 138	but it stopped when F own licensing agency -NAC #4 has rested of the day; -they all go out to eat #3] doesn't run goals Interview on 4/13/23 Professional revealed -her home visits were provider #1's home w -FS #3 and NAC #4 v visits; -FS #3 was a natural	FS#3 got in trouble with his v; on the roll-away bed during together sometimes,"[FS ."	V 138			

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