## PRINTED: 07/03/2023 FORM APPROVED

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:						(X3) DATE SURVEY COMPLETED	
			B. WING		06/02/20022		
			DDRESS, CITY, ST		06/	06/23/2023	
			RDERS ROAD	IATE, ZIF GODE			
ARENS	S CARE HOME	SHELBY	7, NC 28152				
(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 DEFICIENC	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on June 23, 2023. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.						
	This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.						
V 736	27G .0303(c) Facility and Grounds Maintenance		V 736				
	EXTERIOR REQUI (c) Each facility and maintained in a saf	803 LOCATION AND IREMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	,				
		ion, record review and ty was not kept free from					
	Observation on 6/1 bedroom revealed: -There was a stron	9/23 at 11:30 am of Client #1's g smell of urine.	5				
	revealed: -Admission date 7/2 -Diagnoses: Autism	5/21/23 of Client #1' record 2/20 n Spectrum Disorder, al Developmental Disability,					

8WI011

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-222			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		06/	06/23/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
KAREN'S	S CARE HOME		DERS ROAD NC 28152			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION		(X5) COMPLET DATE
V 736	Continued From page 1		V 736			
	Attention Deficit Hyperactivity Disorder, Intermittent Explosive Disorder and Mixed Hyperlipidemia.					
	Attempted interview on 6/19/23 with Client #1 was unsuccessful due to no response and only nodding head when asked a question.					
	-Client #1 had a his and destroying pro -When Client #1 get the air vent in his b -Client #1 started ut the last year. -Client #1's continut was causing the stat bedroom. -Tried to explain to urinate in the vent. - She was looking f	ets upset he would urinate in edroom. Irinating in the air vent within lous urinating in the air vent rong odor of urine in his Client #1 that he should not for solutions to keep Client #1 e air vent and to get rid of the				
	Professional revea -Client #1 has goal needing assistance -She was not awar	s in his treatment plan about				

8WI011