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Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		MHL0411096	B. WING		07/11/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
SARAH A	ND HATTIE'S HOME		NDERWOOD D			
	QUILITA EN COT		ORO, NC 2740			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on 7/11/23. Deficience	up survey was completed ies were cited.				
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.				
	This facility is licensed for 4 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.					
V 114	27G .0207 Emergeno	cy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire plan area-wide disaster plashall be approved by authority. (b) The plan shall be and evacuation proceposted in the facility. (c) Fire and disaster ashall be held at least repeated for each shi under conditions that	an shall be developed and				
	failed ensure that fire least quarterly and be findings are:	as evidenced by: ew and interview, the facility and disaster drills be held at e reported for each shift. The				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL0411096		B. WING		07/11/2023	3
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	FE, ZIP CODE	-	
CADALLA	ND HATTIE'S HOME	3012 BR	ANDERWOOD DI	RIVE		
SARAH A	ND HATTIE'S HOME	GREENS	BORO, NC 2740	6		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMF	(5) PLETE ATE
V 114	Continued From page	e 1	V 114			
	-No documentation of April-June 2023 (2nd , 2nd (3 pm-11 pm) at , 2nd (3 pm-11 pm) at Attempted interviews and #3 revealed: -They were non-verba questions regarding for Interview on 7/6/23 we Fire and disaster drill conducted every more -"I'm sure I did them (those months (April the remember the exact of Interview on 7/7/23 we revealed: -There was no 1st sh because the clients we programs.	with Staff #1 revealed: Is were required t be ath. (fire and disaster drills) for anough June). I just can't dates." with the Owner/Licensee iff during the weekdays were attended their day				
	conducted by staff for -"I can't depend on pe	r certain if the drills had been r the 2nd quarter. eople anymore. I had 1 ignated to do them (the fire				
	and disaster drills)."	as the designated staff to				
V 118	27G .0209 (C) Medica	ation Requirements	V 118			
	10A NCAC 27G .0209 REQUIREMENTS (c) Medication admini					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		1, ,	(X3) DATE SURVEY COMPLETED	
		MHL0411096	B. WING		07/	/11/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
SARAH A	ND HATTIE'S HOME		NDERWOOD D				
			ORO, NC 2740				
(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 CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
V 118	order of a person autidrugs. (2) Medications shall clients only when auticlient's physician. (3) Medications, incluadministered only by unlicensed persons trepharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for addictions of the control of the co	to a client on the written norized by law to prescribe be self-administered by norized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. inistration Record (MAR) of the to each client must be kept administered shall be after administration. The following:	V 118				
	This Rule is not met Based on record revie failed to ensure the cl current affecting 3 of #3). The findings are:	ew and interview, the facility ients' MARs were kept 3 audited clients (#1, #2 and					

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DIVISION	n nealth Service Negu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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		MHL0411096	B. WING		07/11/2023
NAME OF D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE ZIR CODE	
TWANE OF T	NOVIDER OR GOLT EIER				
SARAH AI	ND HATTIE'S HOME		NDERWOOD D		
		GREENSE	ORO, NC 2740	06	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(- /
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE
				,	
V 118	Continued From page	e 3	V 118		
	record revealed:				
	-Admission date: 6/26				
		Disorder, Mood Disorder,			
	· · · · · · · · · · · · · · · · · · ·	eractivity Disorder (ADHD),			
		Developmental Disability,			
	Acne, Obesity, Impuls	se Disorder, and Intermittent			
	Explosive Disorder.				
	-Physician orders dat	ed 3/23/23 for the following			
	medications:				
	-aripiprazole15 milli	grams (mg), 1 tablet (tab)			
	every morning (anxie	ty associated with Autism).			
	-naltrexone 50 mg,	½ tab every morning after			
	breakfast (anxiety).				
	-clonazepam1 mg,	1 tab at bedtime (anxiety).			
	-divalproex sodium	(SOD) extended release			
	(ER) 500 mg, 1 tab at	t bedtime (controlling			
	seizures).	,			
	,	e 100 mg, 1 tab at bedtime			
	(anxiety).	C .			
	` ,	chloride (HCL) 100 mg, 1			
	capsule (cap) every d	, ,			
	, .	00 mg, 1 cap every morning			
	(constipation).	3, 1 , 3			
	(1 /				
	Review on 7/6/23 of 0	Client #1's July 2023 MAR			
	revealed:				
	-No documentation of	f administration of the			
	following:				
	9	exetine HCL and docusate			
	sodium at 8:00 am or				
	-naltrexone at 10:00				
		oroex sodium and quetiapine			
	fumarate at 8:00 pm	• • •			
	idinarate at 0.00 pm (UII 1/2/2U.			
	Reviews on 7/6/23 an	nd 7/7/23 of Client #2's			
	record revealed:	IG 171720 OF CHOIR #23			
	-Admission date: 3/10	1/16			
		sorder, Autistic Disorder,			
		ental Disorder, Intermittent			
	i ervasive Developme	antai Distriudi, Iliterrilliterit	1		

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Explosive Disorder, Dysphagia, PICA (eating

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		MHL0411096	B. WING		07/1	1/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SARAH A	ND HATTIE'S HOME		NDERWOOD D			
			ORO, NC 2740	06		
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	e 4	V 118			
	non-food items), History Shunt Placement, Se EsophagitisPhysician order date medications: -cetirizine HCL 10 rrule - Vitamin D3 mcg (mrule (supplement))fluticasone propior 2 sprays each nostril allergies)pantoprazole sodi (acid reflux associate -polyethylene glycongrams once daily (congrams once daily (congrams).	ory of seizures, History of easonal Allergies, and ed 3/23/23 for the following mg, 1 tab once daily (allergy). nicrogram), 1 cap daily nate nasal spray 50 mcg, use at bedtime (seasonal tum 40 mg, 1 tab twice daily ed with Esophagitis).				
	revealed: -No documentation of following: -quetiapine fumarat -cetirizine HCL, Vita propionate, pantopraz polyethylene glycol at Reviews on 7/6/23 ar record revealed: -Admission date: 8/15-Diagnoses: Cerebral Disorder, Severe Inte Disability, Complex-P Neuronal Migration A -Physician order date medications: -Banzel 400 mg, 2 for following and following in the f	t 7:00 am on 7/1/23. nd 7/7/23 of Client #3's 5/12. I Palsy, Autism Spectrum Partial Developmental Partial Seizure Disorder and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0411096		B. WING		07/1	1/2023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
SARAH A	ND HATTIE'S HOME	3012 BR	NDERWOOD D	RIVE			
OANAII A	TATTLE O HOME	GREENS	BORO, NC 2740	06			
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 118	Continued From page	÷ 5	V 118				
	sprinkle 5 caps on ap morning and in the ex-Physician order date medications: -clonidine HCL 0.1 tab at noon, and ½ ta -sertraline HCL 25 r (anxiety). Reviews on 7/6/23 of revealed: -No documentation of following: -Banzel, clobazam, 8:00 am on 7/1/23sertraline at 8:00 p Attempted interviews and #3 revealed: -They were non-verbaquestions regarding revealed: -He worked as a Resi 3:00-3:15 pm to 10:00 weekdays and worker SundayHe did not work at the He did not know why Clients' #1, #2 and #3-The clients' MARs well-He "always" gave the their scheduled dosage	mg, 1 tab every morning, 1 b in the evening (anxiety). mg, 1 tab at bedtime Client #3's July 2023 MAR administration of the clonidine, and divalproex at m on 7/1/23 and 7/2/23. on 7/6/23 with Client #1, #2 al and unable to answer nedications. and 7/10/23 with Staff #1 dential Counselor from 0-11:00 pm during the d every other Saturday and e facility on 7/1/23 or 7/2/23. It there were blanks on It's July MAR. ere always at the facility. e clients their medications at ge times and signed each of ve the medications to them.					

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Interview on 7/10/23 with Staff #2 revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SARAH A	ND HATTIE'S HOME		NDERWOOD D ORO, NC 2740			
(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 APPROPF DEFICIENCY)	BE COMPLET	<u> </u>
V 118	-He was responsible morning medications"I was there (at the faduly 1st." -"I relieved [Staff #1] remember the MARs the 2nd but I went in a [the Owner/Licensee] Interview on 7/6/23 wrevealed: -"[Staff #1 and #2] fo where they're blank." -"I'm responsible too. here (to the facility) o-She received the clie local pharmacy 2 day each month.	from 11:00 pm to 9:00 am. for administering the clients' acility) on the morning of on July 2nd and don't being there (at facility) on and initialed when I noticed had put them in the book." ith the Owner/Licensee rgot to sign the July MARs I've got to get the MARs in time." ents' monthly MARs from a s prior to the beginning of	V 118			
V 736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observations and interviews, the facility was not maintained in a safe, attractive and orderly manner. The findings are: Observation on 7/7/23 between 1:12 pm to 1:37 pm of the facility revealed:		V 736				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL0411096	B. WING		07/11/2023
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SARAH A	ND HATTIE'S HOME		ANDERWOOD D		
		GREENS	BORO, NC 2740	06	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(- /
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIAIE DAIL
V 736	Continued From page	e 7	V 736		
	-The picture window i	n the living room had 2-3			
	•	the left side of the window.			
		living room wall had a hole			
	=	ze of a fist in the bottom			
	left-hand corner.	ec of a fist in the pottom			
		ch had 2 piles of clothing on			
		en, a clothes basket that			
		thing items (sweatpants,			
		a TV that was facing toward			
		proken wood rocking chair			
		orch with one arm of the			
	chair missing.	order with one aim of the			
	-Approximately 2-3 w	indow blind slats in 2			
	• •	s bedroom were broken.			
		nissing on the electrical			
		wall and did not provide			
		e cord was plugged in.			
	power when a charge	oord was plagged in.			
	Interview on 7/7/23 w	ith the Qualified			
	Professional (QP) rev				
		nd was assigned to the			
	facility 3 months ago.	Ğ			
		site facility visit" (7/7/23) as			
		in his job "and had not had a			
	chance to get here (to	o the facility) yet."			
		' with all his assigned duties.			
	"I am still trying to lea	ırn."			
		ith the Owner/Licensee			
	revealed:				
		the living room were old			
		uched; she needed to take			
		ave the blinds replaced.			
		ned them (the blinds) and			
	they crumbled."				
		e hole in the artwork. That			
		since this was a Level 2			
	home. [Client #1] can				
		on the screened-in porch			
	belonged to Client #1				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	(X3) DATE SURVEY COMPLETED		
		B. WING			
		MHL0411096	B. WING		07/11/2023
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA		
SARAH A	ND HATTIE'S HOME		IDERWOOD D ORO, NC 2740		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 736	Continued From page	8	V 736		
	-"[Client #1] is a rippe He doesn't tear up his because one of us (st him." -"His (Client #1) cloth porch) when it rains." -The TV and chair on broken, had been on needed to get both th -Client #2 broke the b -The property landlore to have repair the electhe replaced the outlet took the reset button. This deficiency constitand must be corrected.	tr. He tears up everything. Is clothes out here (porch) Itaff) are always out here with Itaff) are always out here with Itaff are always out here with Itaf			
V //4	EQUIPMENT (d) Indoor space requipment to October 1, 19 square footage requiritme. Unless otherwis residential facilities lic 1988 shall meet the forequirements: (7) Minimum furnishin include a separate be	A FACILITY DESIGN AND direments: Facilities licensed 88 shall satisfy the minimum rements in effect at that the provided in these Rules, recensed after October 1, collowing indoor space ags for client bedrooms shall and, bedding, pillow, bedside personal belongings for	V 774		

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AND I LAN OF CONNECTION IDENTIFICATION NOTIFICAL		A. BUILDING:		J COM LL		
MHL0411096		MHL0411096	B. WING		07/1	1/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
SARAH A	ND HATTIE'S HOME		NDERWOOD D			
	T		ORO, NC 2740			
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V 774	Continued From page	e 9	V 774			
	failed to maintain min bedrooms affecting 2 #2). The findings are:	3 between 1:12 pm to 1:37 caled: ent #2's bed or in his				
	Interviews on 7/7/23 and Owner/Licensee reverse. Both Client #1 and # sleep on because the "They were destruction them in the floor so withem." -Client #1's bedside to the second floor to set the compact of the comp	ealed: 22 did not have pillows to bey did not want pillows. Eve with the pillows and threw Eve stopped giving pillows to able was being used in the TV on. Eve a bedside table because part" including his clothes. Est of drawers with Eve was in Client #3's bedroom				

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