Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL001-232	B. WING		R <b>10/17/2023</b>			
					10/1	112023		
NAME OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE				
CHANGIN	CHANGING LIVES FAMILY CARE HOME, LLC  207 AARONS WAY  BURLINGTON, NC 27217							
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE		
V 000	V 000 INITIAL COMMENTS		V 000					
	on October 17, 202 This facility is licens category: 10A NCA Living for Adults wit The facility is licens	ed for 5 beds and currently The survey sample consisted						
	10A NCAC 27G .02 TREATMENT/HABI PLAN (c) The plan shall be assessment, and in legally responsible pof admission for clie receive services be (d) The plan shall in (1) client outcome (achieved by provision projected date of acceptance (2) strategies; (3) staff responsible (4) a schedule for annually in consultate responsible person (5) basis for evaluation outcome achievement (6) written consent responsible party, or	be developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include:  s) that are anticipated to be on of the service and a chievement;  e; eeview of the plan at least attion with the client or legally or both; attion or assessment of	V 112					

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

(X6) DATE TITLE

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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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		MHL001-232	B. WING		10/1	7/2023
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CHANGI	NG LIVES FAMILY CA	ARE HOME, LLC		2017		
	OLIMA A DV OTA		TON, NC 27		201	4.5
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 112	This Rule is not me		V 112			
	facility failed to hav written consent or a responsible party, o provider stating wh	e a Person Centered Plan with agreement by the client or or a written statement by the y such consent could not be one of three audited clients				
	revealed: -Admission date of -Diagnoses of Undi Dysthymia; Conger Obesity; Asperger's Attention Deficit Dis Reflux DiseaseClient #2's Person	3 of Client #2's record  10/21/15  ifferentiated Schizophrenia; nital Malformation of Cardiac; s Syndrome/Autism; Enuresis; sorder; Gastroesophageal  Centered Plan had not current agreement by the client or				
	Professional reveal -She relied on the of complete their Pers -She had been hav Client #2's Person at his day programStaff from the Clie Person Centered Pmissing the signature	client's day program to son Centered Plan. ing some issues with receiving Centered Plan back from staff nt #2's program had sent his lan to her today, but it was				

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T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
	MHL001-232	B. WING		I	⋜ I <mark>7/2023</mark>	
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
CHANGING LIVES FAMILY CARE HOME, LLC  207 AARONS WAY BURLINGTON, NC, 27217						
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETE DATE	
Continued From pa	ige 2	V 112				
-She confirmed that for Client #2 had no	t the Person Centered Plans o written consent or agreement					
236 27G .0303(c) Facility and Grounds Maintenance		V 736				
EXTERIOR REQU (c) Each facility and maintained in a saf	REMENTS d its grounds shall be e, clean, attractive and orderly					
Based on observat failed to be maintai	ion and interview the facility ned in a safe, clean, attractive					
approximately 12:4 -Kitchen area- Lino had a couple of spot exposing the wood -Living area- There patch-up work that wall separating the There was also an needing to be paint -Door leading to Cli was dirty/stainedClients #2 and #5's crack on the windor piece of clothes as Linoleum flooring w come apart on the around its edgesHall bathroom- Min	5 pm revealed: leum flooring was stained and obts where it was torn and en floor. was a large unfinished needed to be painted on the kitchen and the Living area. unfinished patch-up work ed on wall behind the couch. eients #2 and #5's bedroom is bathroom- There was a large w. Window was covered with a it was missing blinds. was stained and starting to edges. Mirror was fading					
	PROVIDER OR SUPPLIER  SUMMARY STA  (EACH DEFICIENCY REGULATORY OR L  Continued From pa services goals in the-She confirmed that for Client #2 had no by the client or resp  27G .0303(c) Facilit  10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a saft manner and shall be odor.  This Rule is not me Based on observatified to be maintained in a saft manner and shall be odor.  This Rule is not me Based on observatified to be maintained in a saft manner and shall be odor.  Observation on 10/approximately 12:4 -Kitchen area- Lino had a couple of specified to be paintained in a saft wall separating the there was also an needing to be paintained. Door leading to Cliwas dirty/stainedClients #2 and #5's crack on the window piece of clothes as Linoleum flooring we come apart on the around its edgesHall bathroom- Min	MHL001-232  PROVIDER OR SUPPLIER  STREET AD  207 AARC BURLING  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  services goals in their plansShe confirmed that the Person Centered Plans for Client #2 had no written consent or agreement by the client or responsible party.  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 observation and interview the facility failed to be maintained in a safe, clean, attractive and orderly manner. The findings are:  Observation on 10/17/23 of the facility at approximately 12:45 pm revealed: -Kitchen area- Linoleum flooring was stained and had a couple of spots where it was torn and exposing the wooden floorLiving area- There was a large unfinished patch-up work that needed to be painted on the wall separating the kitchen and the Living area. There was also an unfinished patch-up work needing to be painted on wall behind the couchDoor leading to Clients #2 and #5's bedroom was dirty/stainedClients #2 and #5's bathroom- There was a large crack on the window. Window was covered with a piece of clothes as it was missing blinds. Linoleum flooring was stained and starting to come apart on the edges. Mirror was fading	MHL001-232  STREET ADDRESS, CITY, S OF LIVES FAMILY CARE HOME, LLC  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  Services goals in their plansShe confirmed that the Person Centered Plans for Client #2 had no written consent or agreement by the client or responsible party.  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 observation and interview the facility failed to be maintained in a safe, clean, attractive and orderly manner. 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Mirror was fading around its edgesHall bathroom- Mirror was fading around its	ROVIDER OR SUPPLIER  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  207 AARONS WAY BURLINGTON, NC 27217  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  STATEMENT OF CENTER OF THE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 2  V 112  Continued From page 1  STATEMENT OF CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE ADDRESS, CITY, STATE, ZIP CODE  (EACH CORRECTIVE ACTION SHOW CROSS-REFERENCED TO THE ADDRESS)  FREETX TAG  PREFIX TAG  P	MHL001-232  ROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10/1  ROVIDER OR SUPPLIER  SIZE ADDRESS, CITY, STATE, ZIP CODE  207 AARONS WAY  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DESCRIPCING YMORE) BE PRECEDED BY PLIL  REGULATORY OR LSC DENTIFYING INFORMATION)  Continued From page 2  services goals in their plansShe confirmed that the Person Centered Plans for Client #2 had no written consent or agreement by the client or responsible party.  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.  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V 736	-Door leading to Cli was dirty/stainedDoor leading to Cli dirty/stainedOutside- Doorbell wires.  Interview on 10/17//-She started working yearShe was aware the issues with the facil-She confirmed the a safe, clean, attraction interview on 10/17//revealed: -He understood tha repainted again.	dents #1 and #4's bedroom dents #3's bedroom was was missing and had exposing 23 with Staff #6 revealed: ag at this house in April of this dere were some maintenance lity. facility was not maintained in ctive, orderly manner. 23 with the Executive Director at the facility needed to be facility was not maintained in a	V 736			

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