STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 01/31/2024	
	MHL051-223					
	PROVIDER OR SUPPLIER		DRESS, CITY, ST SSITER ROAD N, NC 27504			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual survey v Deficiencies were o	vas completed on 1/31/24. sited.				
		sed for the following service C 27G .5600A Supervised th Mental Illness.				
		sed for 5 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions the	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to ensure dis under conditions th The findings are:	et as evidenced by: eview and interview the facility aster drills were conducted at simulated emergencies. of the facility's disaster drill log				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED 01/31/2024	
		MHL051-223	B. WING			
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
REEDO	M CARE SERVICES,	I I C-KING MILI	SSITER ROAD I, NC 27504			
(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 ( (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 114	Continued From pa	ige 1	V 114			
	revealed: - disaster drills w	vere completed monthly				
	- she does not p facility	1/30/24 client #1 reported: ractice tornado drills at the nearest room without				
	- when asked if t the facility, respond	1/30/24 client #3 reported: cornado drills were practiced at led "that's a hard question" windows inside facility				
	<ul><li>tornado drills w</li><li>she discussed</li></ul>	1/30/24 staff #1 reported: vere not practiced with the clients where in the was a tornado "like the				
	Professional report	1/31/24 the Qualified ed: on how to conduct tornado				
	- clients were to bathroom	get down in the hallway or tornado drills were not being				
V 290	27G .5602 Supervi	sed Living - Staff	V 290			
	numbers specified of this Rule shall be	502 STAFF os above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to ond to individualized client				
	(b) A minimum of a	one staff member shall be when any adult client is on the				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
МН		MHL051-223	B. WING		01/	31/2024				
AME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE						
REEDO	M CARE SERVICES,		SSITER ROAD							
(X4) (D	4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION									
REFIX	(EACH DEFICIENC)	( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC)	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE				
V 290	Continued From pa	ge 2	V 290							
	habilitation plan doc capable of remainin without supervision as needed but not I the client continues the home or comm specified periods of (c) Staff shall be pu- following client-staff child or adolescent (1) children of abuse disorders sh of one staff present clients present. Ho present during slee emergency back-up the governing body (2) children of developmental disa one staff present for present and two staff more clients preser need be present du specified by the em determined by the go (d) In facilities whice diagnosis is substa (1) at least of duty shall be trained withdrawal symptor secondary complicat drug addiction; and (2) the service	resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor owever, only one staff need be ping hours if specified by the o procedures determined by ; or or adolescents with abilities shall be served with or every one to three clients aff present for every four or nt. However, only one staff iring sleeping hours if bergency back-up procedures governing body. ch serve clients whose primary nce abuse dependency: ne staff member who is on d in alcohol and other drug ms and symptoms of ations to alcohol and other d ses of a certified substance hall be available on an								

of Health Service Re			CONSTRUCTION		SURVEY
OF CORRECTION	IDENTIFICATION NUMBER:				PLETED
MHL051-223		B. WING		01/	31/2024
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		SSITER ROAD			
WI CARE SERVICES,	BENSON	NC 27504			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC	TION SHOULD BE	(X5) COMPLET DATE
Continued From pa	ige 3	V 290			
This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 5 clients (3# & #4) were capable of remaining in the home without supervision for specified periods of time. The findings are:					
revealed:					
failed to ensure the	following clients were capable	e			
<ul> <li>admitted 5/1/22</li> <li>diagnoses: Sch</li> <li>Diabetes, Hyperten</li> <li>an unsupervise</li> </ul>	2 nizoaffective Disorder, Type 2 ision ed time assessment for 6 hours	5			
<ul> <li>admitted 5/1/22</li> <li>diagnoses: Maj Neurocognitive Dis Disorder, Dyslipide</li> <li>an unsupervise</li> </ul>	2 or Depressive Disorder, Major order, Epileptic Seizure mia & Hypothyroidism ed time assessment dated				
revealed the followi - a white female was client #4 - invited the Men facility	ing: came to door and stated she tal Health Surveyor into the				
	PROVIDER OR SUPPLIER M CARE SERVICES, SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa This Rule is not my Based on observati interview the facility (3# & #4) were cap without supervision The findings are: Review on 1/30/24 revealed: - they had unsu The following is an failed to ensure the of unsupervised tim Review on 1/30/24 - admitted 5/1/22 - diagnoses: Sch Diabetes, Hyperten - an unsupervised of approved time in Review on 1/30/24 - admitted 5/1/22 - diagnoses: Maj Neurocognitive Dis Disorder, Dyslipide - an unsupervised (3 a white female was client #4 - invited the Men facility - client #3 was a	AT OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL051-223       MHL051-223         PROVIDER OR SUPPLIER       STREET A MCARE SERVICES, LLC-KING MILL       1335 LA BENSON         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3       This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 5 clients (3# & #4) were capable of remaining in the home without supervision for specified periods of time. The findings are:         Review on 1/30/24 of clients #1 - #3's record revealed:       -         -       they had unsupervised time in the facility failed to ensure the following clients were capable of unsupervised time in the facility without staff:         Review on 1/30/24 of client #3's record revealed:       -         -       admitted 5/1/22         -       diagnoses: Schizoaffective Disorder, Type 2         Diabetes, Hypertension       -         -       an unsupervised time assessment for 6 hours of approved time in the facility         Review on 1/30/24 of client #4's record revealed:         -       admitted 5/1/22         -       diagnoses: Major Depressive Disorder, Major Neurocognitive Disorder, Epileptic Seizure Disorder, Dyslipidemia & Hypothyroidism	AT OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:       (X2) MULTIPLE A. BUILDING: DENTIFICATION NUMBER:         MHL051-223       B. WING	art of DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLENCUA IDENTIFICATION NUMBER:       (X2) MULTIPLE CONSTRUCTION A BUILDING:         mHL051-223       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         M CARE SERVICES, LLC-KING MILL       1335 LASSITER ROAD BENSON, NC 27504         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       Important PROVIDER'S PLAN O (EACH CORRECT MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 3       V 290         This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure 2 of 5 clients (3# & #4) were capable of remaining in the home without supervision for specified periods of time. The findings are:         Review on 1/30/24 of clients #1 - #3's record revealed: - they had unsupervised time in the facility failed to ensure the following clients were capable of unsupervised time in the facility without supers: Schizoaffective Disorder, Type 2 Diabetes, Hypertension - an unsupervised time assessment for 6 hours of approved time in the facility         Review on 1/30/24 of client #4's record revealed: - admitted 5/1/22 - diagnoses: Major Depressive Disorder, Major Neurcoognitive Disorder, Epileptic Seizure Disorder, Dyslipidemia & Hypothyroidism - a unsupervised time assessment dated 2/1/23 for 2 hours in the facility         Observation on 1/30/24 at 12:02pm & 12:20pm revealed the following: - a white female came to door and stated she was client #4 - invited the Mental Health Surveyor into the facility	OF DEFICIENCIES       [X1] PROVIDERSUPPLIENCLAL       [X2] MULTIPLE CONSTRUCTION       [X3] ADSTRUCTION       [X4] MULDING:       [X6] OTT       [X6] OTT

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL051-223	B. WING		01/31/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
REEDO	M CARE SERVICES,	I I C-KING MILI	SITER ROAD NC 27504			
(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 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 290	office - client #4 knock no answer, she peee - client #4 stated wandered if she (st - client #3 woke hour ago - she took a pers - surveyor stepper called inside the fac - client #4 answer stated staff was not sure when she wou - 12:20pm: staff During interview on - she was gone f - had to take a cl physician's appoint - 5 clients were i unsupervised time During interview on - when staff were were not supposed facility - clients were no phone During interview on - she opened the Surveyor because t	staff #1 was in the staff's ed on the staff's door and after eped in the office nobody was in the office and aff#1) was outside up and stated staff #1 left and son to the physician's office ed back to the vehicle and cility ered the facility's phone, and t at the facility and was not ild return #1 arrived to the facility 1/30/24 staff #1 reported: for an hour lient from another facility to a	V 290			
		vered the facility's phone, she s, staff were not at the facility				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
	MHL051-223		B. WING		01/	01/31/2024	
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE	• •		
REEDO	M CARE SERVICES,		SSITER ROAD				
		BENSON	I, NC 27504			()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 290	Continued From pa	ge 5	V 290				
	unsupervised at the - clients were no unless they were fa - the facility had were written down	ur grace period to leave clients facility t to answer the facility's phone miliar with the phone number caller ID and staff numbers upposed to open the facility's					
	Professional report - clients normally was at the door the	1/31/24 the Qualified ed: / called him when someone y were not familiar with tacted on 1/30/24					
	reported:	1/31/24 the Licensee e retrained on unsupervised					
V 513	27E .0101 Client Ri Alternative	ghts - Least Restictive	V 513				
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the c (4) sharing of the client/legally res	all provide services/supports and respectful environment. least restrictive and most					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL051-223		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /	CONSTRUCTION		E SURVEY PLETED
		B. WING		01/	01/31/2024	
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		•
REEDO	M CARE SERVICES,		SSITER ROAD			
		BENSO	N, NC 27504		00000001001	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 513	Continued From pa	ige 6	V 513			
	always be accompa insure dignity and r intervention. These (1) using the and	d to reduce a behavior shall anied by actions designed to espect during and after the e include: intervention as a last resort; g the intervention by people				
	failed to promote a environment. The fi	ion and interview the facility safe and respectful indings are:				
	shall be placed in the the detailed reason restriction shall be a client's treatment of restriction is effection 30 days. An evalual conducted by the q least every seven do restriction maybe restriction maybe restriction and the seven seven do restriction maybe restriction and the seven seven do	2C-62 - "a written statement he client's record that indicates for the restriction. The reasonable and related to the r habilitation needs. A ive for a period not to exceed tion of each restriction shall be ualified professional (QP) at lays, at which time the emoved. Each evaluation of a documented in the client's				
	<ul> <li>admitted 4/19/2</li> <li>diagnoses: Sch Obesity, Hypothyro</li> <li>Disease &amp; Chronic</li> <li>a treatment pla</li> <li>regarding the constr</li> </ul>	of client #1's record revealed: 22 hizoaffective Disorder, Morbid idism, Incontinent, Chron Kidney Disease stage 3 n dated 3/28/23 with no goals umption of raw foods ion of rights restriction in the				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL051-223	B. WING		01/31/2024	
AME OF PROVIDER O	R SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
REEDOM CARE S	ERVICES. LI	C-KING MILI	SSITER ROAD			
		BENSO	N, NC 27504			
PREFIX (EACI	DEFICIENCY M	EMENT OF DEFICIENCIES (UST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
V 513 Continue	d From page	e 7	V 513			
<ul> <li>adm</li> <li>diag</li> <li>Neuroco</li> <li>Disorder</li> <li>right</li> <li>facility da</li> <li>served a</li> <li>consume</li> <li>assistand</li> <li>pantry ar</li> <li>without</li> <li>fridge if s</li> <li>a tre</li> <li>address</li> <li>no d</li> <li>rights res</li> <li>Observa</li> <li>a bl.</li> <li>refrigera</li> <li>Observa</li> <li>a bo</li> <li>popcorn,</li> <li>butter sa</li> <li>During in</li> <li>the r</li> <li>ate the o</li> <li>clien</li> <li>many tim</li> </ul>	ted 5/1/22 oses: Major pritive Disor Dyslipidemi restriction of ted 4/19/23: nd will stuff h when staff d refrigerator incident for taff is in immet plant #4 "stu- cumentation triction fon on 1/30/ ck wire wra or's handles fon on 1/30/ #4 ate a su h /as the last ion on 1/31/ / d on the kito apples & pa ndwiches serview on 1 sfrigerator w her clients' is s went in ar es during th	24 at 2:16pm revealed: b sandwich without stuffing client to finish her meal 24 at 11:38am revealed: chen table with: bags of ackaged strawberry peanut /30/24 client #3 reported: ras locked because clients food ad out the refrigerator too e day	r 5 6			
During ir	erview on 1 Regulation	/30/24 client #1 reported:				

IT OF DEFICIENCIES OF CORRECTION	( )		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
MHL051-223		B. WING		01/31/2024	
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
M CARE SERVICES,	I I C-KING MILI				
	TEMENT OF DEFICIENCIES	ID			(X5) COMPLET
		TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
Continued From pa	ige 8	V 513			
clients would drink - would rather th	juice instead of water e refrigerator not be locked				
<ul> <li>the refrigerator</li> <li>not want people in i</li> <li>would ask staff</li> </ul>	was locked because staff did it when she wanted something				
<ul> <li>the refrigerator</li> <li>"would eat and drin</li> <li>some clients hat</li> <li>the refrigerator</li> <li>not aware of ar</li> <li>choking</li> </ul>	was locked because client #4 k up everything" ad their own personal items in ny clients that was at risk of				
<ul> <li>the refrigerator</li> <li>"would eat and drin</li> <li>client #1 would</li> <li>client #4 would</li> <li>they could get v</li> <li>food items were</li> <li>eat</li> <li>not aware of ar</li> </ul>	was locked because clients k up everything" eat raw food items spill koolaid on the floor water from the sink e left out for them to grab and				
<ul> <li>was not aware</li> <li>client #4 was rebecause she took r</li> </ul>	the refrigerator was locked estricted from the pantry				
	OF CORRECTION PROVIDER OR SUPPLIER <b>M CARE SERVICES,</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - the refrigerator clients would drink - would rather th - "when you at your refrigerator" During interview on - the refrigerator During interview on - the refrigerator During interview on - the refrigerator During interview on - the refrigerator - not aware of ar choking - nobody was or During interview on - the refrigerator - not aware of ar choking - nobody was or During interview on - the refrigerator - not aware of ar choking - nobody was or During interview on - the refrigerator - not aware of ar choking - not aware of ar choking - not aware of ar choking During the interview - was not aware - client #4 was re because she took r to	OF CORRECTION       IDENTIFICATION NUMBER:         MHL051-223       MHL051-223         PROVIDER OR SUPPLIER       STREET A         M CARE SERVICES, LLC-KING MILL       1335 LA         BENSOI       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 8       -         -       the refrigerator was locked because the clients would drink juice instead of water         -       would rather the refrigerator not be locked         -       "when you at your house, no lock is on the refrigerator"         During interview on 1/30/24 client #4 reported:       -         -       the refrigerator was locked because staff did not want people in it         -       would ask staff when she wanted something from the refrigerator         During interview on 1/30/24 staff #1 reported:       -         -       the refrigerator was locked because client #4         "would ask staff when she wanted something from the refrigerator       -         During interview on 1/30/24 staff #2 reported:       -         -       not aware of any clients that was at risk of choking         -       not aware of any clients that was at risk of choking         -       not aware of any clients that was at risk of choking         -       client #4 would spill koolaid on th	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL051-223       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         M CARE SERVICES, LLC-KING MILL       1335 LASSITER ROAD BENSON, NC 27504         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDEDE BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREVIDERS PLAN OF (EACH CORRECTIVE AC COSS-REFERENCED TO UEFICIENC         Continued From page 8       V 513         - the refrigerator was locked because the clients would drink juice instead of water         - would rather the refrigerator not be locked         - "when you at your house, no lock is on the refrigerator"         During interview on 1/30/24 client #4 reported:         - the refrigerator was locked because staff did not want people in it         - would ask staff when she wanted something from the refrigerator         During interview on 1/30/24 staff #1 reported:         - not aware of any clients that was at risk of choking         - nobody was on a soft or mechanical diet         During interview on 1/31/24 staff #2 reported:         - they could get water from the sink         - food items were left out for them to grab and eat         - not aware of any clients that were at risk of choking         During the interview on 1/31/24 the QP reported:         - not aware of any clients that were at risk of choking <td>OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       01//         MHL051-223       B. WING       01//         PROVIDER OR SUPPLER       STREET ADDRESS, CITY, STATE, ZIP CODE         MALDON CONSCIPTION FOR CONSCIPTION ON STREET ADDRESS, CITY, STATE, ZIP CODE       1336 LASSITER ROAD         SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL       ID PRETRY       PROVIDER'S PLAN OF CORRECTION SHOULD BE CONSTREET ON SHOULD BE TAGE         Continued From page 8       V 513       V 513         - the refrigerator was locked because the clients would drink juice instead of water       V 513         - would rather the refrigerator not be locked       - "When you at your house, no lock is on the refrigerator"         During interview on 1/30/24 client #4 reported:       - the refrigerator was locked because staff did not want people in it         - would ask staff when she wanted something from the refrigerator was locked because client #4 "would eat and drink up everything"       -         - not aware of any clients that was at risk of choking       -       -         - not aware of any clients that was at risk of choking       -         - client #4 would expill koolaid on the floor       -         - the refrigerator was locked because clients       -         - client #4 would expill koolaid on the floor       -         - oto aware of any clients that were at risk of choking       -</td>	OF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       01//         MHL051-223       B. WING       01//         PROVIDER OR SUPPLER       STREET ADDRESS, CITY, STATE, ZIP CODE         MALDON CONSCIPTION FOR CONSCIPTION ON STREET ADDRESS, CITY, STATE, ZIP CODE       1336 LASSITER ROAD         SUMMARY STATEMENT OF DEFICIENCY MUST BE PRECEDED BY FULL       ID PRETRY       PROVIDER'S PLAN OF CORRECTION SHOULD BE CONSTREET ON SHOULD BE TAGE         Continued From page 8       V 513       V 513         - the refrigerator was locked because the clients would drink juice instead of water       V 513         - would rather the refrigerator not be locked       - "When you at your house, no lock is on the refrigerator"         During interview on 1/30/24 client #4 reported:       - the refrigerator was locked because staff did not want people in it         - would ask staff when she wanted something from the refrigerator was locked because client #4 "would eat and drink up everything"       -         - not aware of any clients that was at risk of choking       -       -         - not aware of any clients that was at risk of choking       -         - client #4 would expill koolaid on the floor       -         - the refrigerator was locked because clients       -         - client #4 would expill koolaid on the floor       -         - oto aware of any clients that were at risk of choking       -

7HT511

If continuation sheet 9 of 10

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
	OF CORRECTION	IDENTIFICATION NUMBER:			- COMPLETED	
MHL051-22		MHL051-223	B. WING		01/	31/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
REEDO	M CARE SERVICES,		SSITER ROAD			
			N, NC 27504	PROVIDER'S PLAN OF		(NE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 513	Continued From pa	ige 9	V 513			
	at the facility					
	reported: - client #1 ate ra - client #4 stuffed could result in a ch - she purchased refrigerator 2 month - the refrigerator client #1 ate raw fo	the wire to lock the hs ago will remain locked because od from the refrigerator ht #1's & #4's treatment plan				
ion of He	ealth Service Regulation		U.			1