STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
74101 2741	or correction.	BERTH 10/11/01/NOMBER	A. BUILDING:	A. BUILDING:		
		MHL081-139	B. WING		03/0	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
HEALY HOME			NDALE DRIVI CITY, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMEN	ΓS	V 000			
	An annual and complaint survey was completed on 3/1/24. The complaints were substantiated (#NC00212182, NC00212233). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Individuals of all Disability Groups/Alternative Family Living. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of an audit of 2 current clients and 1 former client.					
V 112	27G .0205 (C-D) Assessment/Treatr	nent/Habilitation Plan	V 112			
	PLAN	ILITATION OR SERVICE				
	assessment, and in legally responsible	be developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days.				
	(d) The plan shall i (1) client outcome	nclude: (s) that are anticipated to be on of the service and a				
	(3) staff responsible (4) a schedule for annually in consultaresponsible person	review of the plan at least ation with the client or legally or both;				
	(5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL081-139	B. WING 03/0		03/0	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
HEALY F	IOME		IDALE DRIV			
		CITY, NC 28	PROVIDER'S PLAN OF CORRECTION	ON.	(VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 1	V 112			
	obtained.					
	This Rule is not met as evidenced by: Based on record reviews and interviews, the					
	assessment with cu	ate treatment plan and urrent strategies to address the ited client. The findings are:				
	Record review on fo	or Client #1 revealed:				
		intellectual development				
		deficit hyperactivity disorder. assessment to indicate client				
	-Treatment plan da	to move from group home. ted 5/1/23 did not indicate a ing situation in an AFL				
		ving) managed by the same				
		ence that an admission een completed for Client #1				
	since her arrival at	•				
		4 with Staff #1 revealed:				
	-Behaviors have mu	to her home 5/1/23. uch improved from behaviors				
	exhibited at the gro	up home.				
	Interview on 2/28/24 Professional reveal					
	-Client #1 lived in a	group home with 3 other] had too many behaviors with				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. Boilbird.			
		MHL081-139	B. WING		03/0	1/2024
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HEALY HOME			DALE DRIVI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 112	3 other female residuals -She was not the Q know who was invo Client #1 to moveShe did not know value -Confirmation of the would have to be recodesShe would make s		V 112			
V 118	10A NCAC 27G .02 REQUIREMENTS (c) Medication adm (1) Prescription or ronly be administered order of a person a drugs. (2) Medications share clients only when are client's physician. (3) Medications, incommodistered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered only bunlicensed persons pharmacist or other privileged to prepare (4) A Medication Administered immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the	inistration: non-prescription drugs shall ad to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse, a legally qualified person and the and administer medications. Iministration Record (MAR) of the does not be designed and the self administered shall be the left administration. The	V 118			

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STATE FORM 6899 PJVE11 If continuation sheet 3 of 8

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			SURVEY PLETED	
o. oo.u.20o		A. BUILDING:				
	MHL081-139	B. WING		03/	01/2024	
PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
HEALY HOME						
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
(5) Client requests checks shall be rec	for medication changes or orded and kept with the MAR	V 118				
This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1) and 1 of 1 audited former client (FC #3).						
-Date of admission -Diagnoses: severe disability, attention -Physician ordered included: -Benztropine 1n tablet twice daily. -Cetirizine 10m bedtime. -Denta 5000 pln night. -Divalproex ER twice daily. -Fish Oil 1000n twice daily. -Fluoxetine 20r -Fluticasone 50 spray each nostril to	e intellectual development deficit hyperactivity disorder. medications on 11/14/23 mg (milligram) (tremors) 1 g (allergies) 1 tablet at us (cavities) brush on teeth at 500mg (behaviors) 2 tablets ng (supplement) 1 capsule mg (mood) 1 tablet in morning. Omcg (microgram) (allergies) 1 wice daily.					
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa (5) Client requests checks shall be reciple followed up by a with a physician. This Rule is not me Based on record refacility failed to ensume administered on the and that MARs were audited clients (#1) client (FC #3). Record review on 2 -Date of admission -Diagnoses: severed disability, attention -Physician ordered included: -Benztropine 11 tablet twice dailyCetirizine 10m bedtimeDivalproex ER twice dailyFish Oil 1000m twice dailyFluoxetine 20m -Fluticasone 50 spray each nostril to -Levocarnitine	PROVIDER OR SUPPLIER STREET AI IOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1) and 1 of 1 audited former client (FC #3). Record review on 2/28/24 for Client #1 revealed: -Date of admission: 4/19/22 -Diagnoses: severe intellectual development disability, attention deficit hyperactivity disorderPhysician ordered medications on 11/14/23 included: -Benztropine 1mg (milligram) (tremors) 1 tablet twice dailyCetirizine 10mg (allergies) 1 tablet at bedtimeDenta 5000 plus (cavities) brush on teeth at nightDivalproex ER 500mg (behaviors) 2 tablets twice dailyFish Oil 1000mg (supplement) 1 capsule	MHL081-139 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STOREST CITY, NC 28 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1) and 1 of 1 audited former client (FC #3). Record review on 2/28/24 for Client #1 revealed: -Date of admission: 4/19/22 -Diagnoses: severe intellectual development disability, attention deficit hyperactivity disorderPhysician ordered medications on 11/14/23 included: -Benztropine 1mg (milligram) (tremors) 1 tablet twice dailyCetirizine 10mg (allergies) 1 tablet at bedtimeDenta 5000 plus (cavities) brush on teeth at nightDivalproex ER 500mg (behaviors) 2 tablets twice dailyFish Oil 1000mg (supplement) 1 capsule twice dailyFluoxetine 20mg (mood) 1 tablet in morningFluticasone 50mcg (microgram) (allergies) 1 syray each nostril twice dailyLevocarnitine 1gr(gram)/10ml (milliliters)	OF CORRECTION MHL081-139 B. WING	A BUILDING: MHL081-139 ROYUDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 121 GLENDALE DRIVE FOREST CITY, NC 28043 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TO Continued From page 3 Continued From page 3 Continued From page 3 Continued From page 3 Color in equests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure medications were administered on the written order of a physician and that MARs were kept current affecting 1 of 2 audited clients (#1) and 1 of 1 audited former client (FC #3). Record review on 2/28/24 for Client #1 revealed: -Date of admission: 4/19/22 -Diagnoses: severe intellectual development disability, attention deficit hyperactivity disorderPhysician ordered medications on 11/14/23 included: Benzitopine 1mg (milligram) (tremors) 1 tablet twice daily. -Cetirizine 10mg (allergies) 1 tablet at bedtime. -Denta 5000 plus (cavities) brush on teeth at night. -Divalproex ER 500mg (behaviors) 2 tablets twice daily. -Fish Oil 1000mg (supplement) 1 capsule twice daily. -Fish Oil 1000mg (mood) 1 tablet in morning, Fluidcasone 50mcg (microgram) (allergies) 1 spray each nostril twice daily. -Levocaritine 1 gr(graph) 10ml (millilitiers)	

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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		
		MHL081-139	B. WING		03/0	1/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
UEALVU	OME	121 GLEN	DALE DRIV	E		
HEALY HOME FOREST C		CITY, NC 28	043			
(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 APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 118	Continued From page	ge 4	V 118			
V 110	-Multivitamin (si-Quetiapine 200 dailyTrazodone 50r Review on 2/28/24 orevealed: -Benztropine was administered on 12/3 am doseCetirizine was on 12/31/23Denta 5000 was on 12/31/23 pm doseFish Oil was not 12/31/23 pm dose are Fluoxetine was on 2/2/24Fluticasone was on 12/31/23 pm dose are Levocarnitine was on 12/31/23 pm dose are Multivitamin was administered on 12/3 am doseMultivitamin was on 12/31/23 pm dose are Quetiapine was on 12/31/23 pm dose are Trazodone was on 12/31/23.	upplement) 1 tablet daily. Omg (behaviors) 1 tablet twice ong (sleep) 1 tablet at bedtime. Of MARs 12/1/23-2/28/24 as not initialed as //31/23 pm dose and 2/2/24 not initialed as administered as not initialed as administered on and 2/2/24 am dose. as not initialed as administered as not initialed as //21/24 am dose. as not initialed as //24/. as not initialed as //24/. as not initialed as administered //28/24 for FC #3 revealed: 1/28/24 for FC #3 revealed:				
	-Diagnoses: modera disability, autism, he	ate intellectual development earing loss, cecostomy. medications on 12/28/23				

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-Levocetirizine 5mg (allergies) 1 tablet once

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL081-139		B. WING		03/0	1/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•	
HEALY F	IOME		DALE DRIV			
		CITY, NC 28				
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 5	V 118			
	(supplement) 1 cap	ng (agitation) give ½ tablet 3 is needed). 0.1% cream (corticosteroid) is daily on Monday, Wednesday ing (sleep) 1 tablet at bedtime. (sleep) 1 tablet at bedtime (laxative) crush 2 tablets and lush mix (slycol 17gr (laxative) mix 34gr h mix ush daily- mix 600ml warm is alt, polyethylene glycol and and flush. of MARs for FC #3 revealed:				
	-Completed MARs medications. Her ir on 12/31/23 or 2/2/2 forgotten to docume Client #1Administered medirecorded on the MA #3's personal prope with her medication gave day program so Qualified Profession might have happen Interview on 2/28/24-Had handwritten the creating an electron	4 with Staff #1 revealed: when she administered nternet might have been out 24 or she may have just ent the administration for ications to FC #3 and ARs. She had returned FC erty to the day program along is and MARs in a box. She estaff instruction to give to the nal but did not know what ed to the MARs. 4 with the QP revealed: ine MARs for FC #3 rather than inic MAR because FC #3 was AFL (alternative family living)				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	CONSTRUCTION		E SURVEY PLETED
		MHL081-139	B. WING		03/	01/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE		
HEALY H	IOME		NDALE DRIVE CITY, NC 280			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From pa	ge 6	V 118			
		ng the MARs for FC #3. mom took the MARs with FC ons.				
V 541	27F .0104 Client Ri Cloth/Poss	ghts - Stor. & Protect of	V 541			
	protect each client's possessions from the loss, and misplacer limited to, assisting maintaining an inve					
	facility failed to prot	et as evidenced by: view and interviews, the ect client's personal items and misplacement. The				
	revealed: -Date of admission: -Date of discharge: -Diagnoses: moder					
	-"[FC #3] did well be called multiple time	4 with Staff #1 revealed: ut mom was difficult. Mom s a day and expected us to ly. We've got 2 other clients				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED	
		MHL081-139	B. WING		03/0	01/2024
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
HEALY I	HOME		IDALE DRIV CITY, NC 28			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 541	to take care of." -"It just got to be too wanted to come pick would have disrupted and transported eventhat her more could and transported by the day and transported and tra	o much. [FC #3]'s momesk up her things from here. It ed [Client #2]." d FC #3's things onto a trailer erything to the day program so I pick it up there. The confronted so things were program staff) and I left." 4 with FC #3's mom/guardian ent me a check for \$264.54 I is they threw out." It appointed guardian; only I own out." 4 with the Qualified ed: Were damaged (during the	V 541			

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