STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL007-087	B. WING		03/	07/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
OUNTR	Y LIVING RAYWOOD	HOUSE	IERRY ROAD	889		
(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 AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMENT	ſS	V 000			
	An annual survey w 2024. Deficiencies	vas completed on March 7, were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
		sed for 6 beds and currently The survey sample consisted nt clients.				
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome( achieved by provisi projected date of ac (2) strategies; (3) staff responsible (4) a schedule for the annually in consultar responsible person (5) basis for evaluar outcome achievem (6) written consent responsible party, constant responsible par	ILITATION OR SERVICE be developed based on the a partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. nclude: (s) that are anticipated to be on of the service and a chievement; e; review of the plan at least ation with the client or legally or both; ation or assessment of	5			

STATE NO. OF CORRECTION     (X1) PROVIDERSUPPLIENCIAL IDENTIFICATION NUMBERSUPPLIENCIAL IDENTIFICATION NUMBERSUPPLIE	Division	of Health Service Re	egulation				OVED
MAIL: OP PROVIDER OR SUPPLIE       STREET ADDRESS, CITY, STATE, ZIP CODE         3766 CHERRY ROAD WASHINGTON, NC 27889       STREET ADDRESS, CITY, STATE, ZIP CODE         Mail: Department of the provider of the productions provider of the provider of the provider of the production provider of the provider of the provide				. ,			
3706 CHERRY ROD WASHINGTON, N.C. 27889       PROVIDER'S PLAN OF CORRECTION (EACH DEPICENCY MUST BE PRECEDED BY FULL TAG     IDEPICENCY (EACH CORRECTIVE ACTION SHOULD E (EACH CORRECTIVE ACTION SHOULD E (EA			MHL007-087	B. WING		03/07/202	24
COUNTRY LINKS RAWGOD HOUSE         WASHINGTON, NC 27889           Image: Contract of the contract of the prediction of the contract	NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
Prégrix TAG       (EACH DEPICIENCY MUST BE PRECEDED PY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PRÉINX TAG       (EACH CORRECTIVA CATION SHOULD BE DEFICIENCY)       Continued From page 1       V 112         V 112       Continued From page 1       V 112       V 112       Image: Continued From page 1       V 112         This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement treatment strategies for 1 of 3 client #1's record revealed: - 65 year old female. - Admission date of 10/27/22. - Diagnoses of Mid intellectual Developmental Disability (IDD). Gastroesophageal Reflux Disease, High Cholesterol, Diabetes Mellitus and Colon Cancer. - Physician order dated 01/4/24 Lantus (lowers blood sugar) - 5 units at bedtime.       Review on 03/05/24 of a signed FL-2 dated 12/23/23 for client #1 revealed: - Check finger stick blood sugar )25 milligrams (mg) - take once daily. - Januvia (controls blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 500mg - take twice daily. - Metformin (manages blood sugar) 500mg - take twice daily. - Metformin (manages blood sugar) 500mg - take twice daily. - Metformin	COUNTR	Y LIVING RAYWOOD	HOUSE		7889		
This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop and implement treatment strategies for 1 of 3 clients audited (Client #1). The findings are: Review on 03/05/24 of client #1's record revealed: - 65 year old female. - Admission date of 10/27/22. - Diagnoses of Mild intellectual Developmental Disability (IDD), Gastroesophageal Reflux Disease, High Cholesterol, Diabetes Mellitus and Colon Cancer. - Physician order dated 01/4/24 Lantus (lowers blood sugar) - 5 units at bedtime. Review on 03/05/24 of a signed FL-2 dated 12/23/23 for client #1 revealed: - Check finger stick blood sugar values once a day. - Januvia (controls blood sugar) 25 milligrams (mg) - take once daily. - Metformin (manages blood sugar) 500mg - take twice daily. Review on 03/05/24 of client #1's Person-Centered Profile (PCP) dated 08/24/23 revealed: - "8/24/23The previous provider locked locked the kitchen down and monitored portions via cameras. Many of these strategies presented as	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE COM	IPLETE
cameras. Many of these strategies presented as	V 112	This Rule is not me Based on record re facility failed to deve strategies for 1 of 3 The findings are: Review on 03/05/24 revealed: - 65 year old female - Admission date of - Diagnoses of Mild Disability (IDD), Ga Disease, High Chol Colon Cancer. - Physician order da blood sugar) - 5 uni Review on 03/05/24 12/23/23 for client # - Check finger stick day. - Januvia (controls I (mg) - take once da - Metformin (manag twice daily. Review on 03/05/24 Person-Centered P revealed: - "8/24/23The pre	et as evidenced by: views and interview, the elop and implement treatment clients audited (Client #1). 4 of client #1's record 5. 10/27/22. intellectual Developmental stroesophageal Reflux esterol, Diabetes Mellitus and ated 01/4/24 Lantus (lowers ts at bedtime. 4 of a signed FL-2 dated 41 revealed: blood sugar values once a blood sugar) 25 milligrams ily. ges blood sugar) 500mg - take 4 of client #1's rofile (PCP) dated 08/24/23 vious provider locked locked	V 112	DEFICIENCY)		
	Division of He	cameras. Many of t					

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		MHL007-087	B. WING		03/	07/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
COUNTI	RY LIVING RAYWOOD	HOUSE	ERRY ROAD GTON, NC 278	889		
(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 T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 112	client right's violatic quickly lifted by the decision has been pantry and kitchen and 6am for the we will be reflected in a #1] is very happy in - "Characteristics/C goal: Will likely rece excessive weight g increased blood su [Client #1] will work health as evidence house rules (refrige the hours of 10pm - No strategies to a or treatment. Interview on 03/05/ - She was her own - Staff checked her - She had no conce facility. Interview on 03/05/ (RN)/Associate Pro - The facility does r facility. Client #1's PCP m from previous provi Interview on 03/07/ Professional stated - He understood cli strategies to addres - He would ensure	<ul> <li>and the restrictions were new owners. However, the made to begin locking the between the hours of 10pm and being of the residents. This a new goal noted below. [Client her current placement: observation/Justification for this eive cancer treatments; ain over the last year; garOver the plan year, diligently to maintain physical d by:Remain complaint with erator and pantry will be locked and 6am)."</li> <li>ddress diabetes management</li> <li>24 client #1 stated: guardian. blood sugar daily. erns with treatment at the</li> <li>24 the Registered Nurse fessional stated: not lock the refrigerator in the hay not have been updated ders.</li> <li>24 the RN/Qualified</li> </ul>				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL007-087	B. WING		03/	07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, ST	TATE, ZIP CODE		
COUNTR	Y LIVING RAYWOOD	HOUSE	ERRY ROAD GTON, NC 278	389		
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 114	Continued From pa	ge 3	V 114			
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	<ul> <li>27G .0207 Emergency Plans and Supplies</li> <li>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES <ul> <li>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</li> <li>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</li> <li>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</li> <li>(d) Each facility shall have basic first aid supplies accessible for use.</li> </ul> </li> </ul>					
	facility failed to ens conducted quarterly The findings are:	views and interviews, the ure fire and disaster drills were y and repeated on each shift.	\$			
	revealed: - No fire or disaster quarter of 2023.	4 of facility records for 2023 r drills documented for the 3rd r drills documented for the 4th				
	Interview on 03/05/ Supervisor stated: - The facility had or - Staff worked from					

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
COUNTF	RY LIVING RAYWOOD	HOUSE	ERRY ROAD GTON, NC 27	889		
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V 114	Continued From pa	ge 4	V 114			
	Registered Nurse/C - He understood fire	24 and 03/07/24 the Qualified Professional stated: e and disaster drills had to be y and repeated on each shift.				
V 118	27G .0209 (C) Med	ication Requirements	V 118			
	<ul> <li>only be administered order of a person a drugs.</li> <li>(2) Medications shat clients only when an client's physician.</li> <li>(3) Medications, include the distribution of the privileged to prepare of the privileged to prepare of the privileged to prepare of the distribution of the distress of the distributication</li></ul>	inistration: non-prescription drugs shall ed 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, r legally qualified person and re and administer medications. Iministration Record (MAR) of red to each client must be kept s administered shall be ely after administration. The				

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL007-087	B. WING		03/	07/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
COUNTR	Y LIVING RAYWOOD	HOUSE	ERRY ROAD GTON, NC 278	889		
(X4) ID PREFIX	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE	(X5) COMPLET DATE
TAG	REGULATORTORE		TAG	DEFICIENC		
V 118	Continued From pa	ge 5	V 118			
	interviews, the facil medications were a order of a physiciar	views, observation and				
	Review on 03/05/24 revealed: - 60 year old female - Admission date of - Diagnoses of Mild Disability, Anxiety D Disorder with Depre - Provider visits for 02/02/24.	f 09/26/22. I Intellectual Developmental Disorder and Adjustment essed mood. injured ankle on 01/19/24 and 01/24 - Meloxicam (pain				
	thru March 2024 M. transcribed entry: - Meloxicam 7.5mg as needed for pain. - Staff initialed Melo 01/10/24, 01/11/24,	oxicam as administered on 01/19/24, 01/21/24, 01/23/24 , 02/03/24, and 02/05/24 thru				
		05/24 at approximately o Meloxicam available for				
	Interview on 03/06/	24 client #6 stated:				

of Health Service Re OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
	MHL007-087	B. WING		03/	07/2024
ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
LIVING RAYWOOD	HOUSE	-	889		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE	(X5) COMPLET DATE
Continued From pa	ge 6	V 118			
- She had followed her ankle injury. - She still had pain	up with her provider regarding in her ankle.	9			
<ul> <li>She had worked a 2023.</li> <li>She had training in All clients had recercised.</li> <li>Client #6 had recercised.</li> <li>She failed to propertion.</li> </ul>	at the facility since November n medication administration. eived their medications. eived her medication as erly document when she gave	•			
(RN)/Associate Pro - The pharmacy had supply of Meloxicar - The facility staff had was administered 1 - Staff had failed to doses of Meloxican Interview on 03/07/2	ofessional stated: d sent client #6 a 30 day n. ad documented the Meloxicar 1 days. document when the other n were given. 24 the RN/Qualified	n			
- Clients received th - Facility staff are fr documentation of m Due to the failure to medication adminis	heir medications as ordered. equently inserviced on nedication administration. o accurately document stration, it could not be ient received their medication	S			
	ROVIDER OR SUPPLIER <b>LIVING RAYWOOD</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa - She had fractured - She had followed her ankle injury. - She still had pain Interview on 03/06/ - She had worked a 2023. - She had training i - All clients had rece needed. - She failed to prop client #6 her as need Interview on 03/05/ (RN)/Associate Proc - The pharmacy ha supply of Meloxicar - The facility staff her was administered 1 - Staff had failed to doses of Meloxican Interview on 03/07/ Professional stated - Clients received th - Staff are fr documentation of n Due to the failure to medication administered 1	IDENTIFICATION NUMBER:         MHL007-087         ROVIDER OR SUPPLIER       STREET A         ATOM CHARAYWOOD HOUSE       3706 CH         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES         Continued From page 6       She had fractured her ankle recently.       She had followed up with her provider regarding ther ankle injury.         She still had pain in her ankle.       She had followed at the facility since November 2023.         She had training in medication administration.         All clients had received their medications.         Client #6 had received ther medication as needed.         She failed to properly document when she gave client #6 her as needed medication.         Interview on 03/05/24 the Registered Nurse (RN)/Associate Professional stated: The pharmacy had sent client #6 a 30 day supply of Meloxicam.         The facility staff had documented the Meloxicar was administered 11 days.         Staff had failed to document when the other doses of Meloxicam were given.         Interview on 03/07/24 the RN/Qualified Professional stated: Clients received their medications as ordered.         Facility staff are frequently inserviced on documentation of medication administration.         Due to the failure to accurately document medication administration, it could not be determined if the client received their medication	IDENTIFICATION NUMBER:       A. BUILDING:         MHL007-087       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S'         SUMMARY STATEMENT OF DEFICIENCIES       3706 CHERRY ROAD         SUMMARY STATEMENT OF DEFICIENCIES       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         PREFIX       TAG         Continued From page 6       V 118         She had fractured her ankle recently.       She had followed up with her provider regarding her ankle injury.         She had followed up with her provider regarding her ankle injury.       V 118         She had training in medication administration.       All clients had received their medication as needed.         She failed to properly document when she gave client #6 her as needed medication.       Interview on 03/05/24 the Registered Nurse (RN)/Associate Professional stated:         The pharmacy had sent client #6 a 30 day supply of Meloxicam.       Staff had documented the Meloxicam was administered 11 days.         Staff had failed to document when the other doses of Meloxicam were given.       Facility staff are frequently inserviced on documentation of medication administration.         Interview on 03/07/24 the RN/Qualified Professional stated:       - Facility staff are frequently inserviced on documentation of medication administration.         Due to the failure to accurately document medication.       - Facility staff are frequently inserviced on documentation of me	IDENTIFICATION NUMBER:       A. BUILDING:         MHL007-087       B. WING         COVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES       IDENTIFICATION, N.C. 27889         SUMMARY STATEMENT OF DEFICIENCIES       IDENTIFICATION, N.C. 27889         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         Continued From page 6       V 118         She had fractured her ankle recently.       She had fractured her ankle recently.         She had followed up with her provider regarding her ankle injury.       She she lollowed up with her provider regarding her ankle injury.         She had training in medication administration.       A. Builcent administration.         All clients had received their medications as needed.       She failed to properly document when she gave client #6 had received the medication.         Interview on 03/05/24 the Registered Nurse (RN)/Associate Professional stated:       The failed to document when the other doses of Meloxicam.         The failed to document when the other doses of Meloxicam was administered 11 days.       Staff had failed to document when the other doses of Meloxicam were given.         Interview on 03/07/24 the RN/Qualified Professional stated:       Client #6 har aff requently inserviced on documentation.         Out to the failure to accurately document medication administration.       Due to the failure to accurately document methered.         Clientst rec	F CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:       03//         MHL007-087       B. WING       03//         NOVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCY       3706 CHERRY ROAD         WASHINGTON, NC 27889       IPROVIDER'S PLAN OF CORRECTION         SUMMARY STATEMENT OF DEFICIENCY       IPREFIX         REQULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         YAG       PREFIX         SUMMARY STATEMENT OF DEFICIENCY       PROVIDER'S PLAN OF CORRECTION         (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX         TAG       COSS-REFERENCED TO THE APPROPRIATE         DEFICIENCY       Continued From page 6       V 118         Continued From page 6       V 118         She had followed up with her provider regarding her ankle injury.       She had incluss         She had training in medication administration.       All clents had received their medications.         Client #6 had received their medication.       She had followed up with hen she gave client #6 had received their medication.         Interview on 03/05/24 the Registered Nurse (RN)Associate Professional stated:       The Abarmacy had sent client #6 a 30 day supply of Meloxicam.         The facility staff had document when