		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/15/2024	
		MHL0411223				
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	, ZIP CODE		
JAW HOM	E		ORDON STREET SBORO, NC 27405			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COMPLE O THE APPROPRIATE DATE	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was completed on March 15, 2024. A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
		d for 3 and has a current vey sample consisted of nt clients.				
V 108	27G .0202 (F-I) Perso	onnel Requirements	V 108			
	 (g) Employee training provided and, at a mit following: (1) general organiza (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet the client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted 5602(b) of this Subch member shall be availatimes when a client is member shall be training including seizure mart to provide cardiopulm trained in the Heimlich 	tion shall be documented. g programs shall be nimum, shall consist of the tional orientation; rights and confidentiality as AC 27C, 27D, 27E, 27F and he mh/dd/sa needs of the he treatment/habilitation bus diseases and s. ed under 10a NCAC 27G hapter, at least one staff lable in the facility at all present. That staff need in basic first aid hagement, currently trained ionary resuscitation and h maneuver or other first aid hose provided by Red Cross, ssociation or their				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHL0411223			03/15/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1208 GO	RDON STREET				
JAW HOM	IE	GREENS	BORO, NC 27405				
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 108	Continued From page	e 1	V 108				
	reporting, investigatir	dy shall develop and nd procedures for identifying, ng and controlling infectious iseases of personnel and					
	facility failed to ensur was trained to meet t the clients as specifie	ews and interviews, the re 1 of 3 audited staff (#1) the individualized needs of					
	-A hire date of 5/17/2 -A job description of Paraprofessional/Dev	f staff #1's record revealed: 23 velopmental Technician ıf client specific training for					
	-An admission date c -Diagnoses of Moder Oppositional Defiant Hydrocephalus	f client #3's record revealed: of 11/25/16 rate Intellectual Disability, Disorder and Obstructive					
	complete his hygiene does require monitor support to complete I	ed 11/25/16 noted "can task fairly independently but ing and prompting, requires his chores and may lose on spending and budgeting,					
	can pay for purchase saying/doing many th (lots of individual atte	hings to get in the hospital ention), has a long history of hings to get in the hospital ention), has a long history of h, making up elaborate					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411223			(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL0411223	B. WING		03/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
JAW HON	IE		ORDON STREET SBORO, NC 27405			
(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 (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From page	e 2	V 108			
	become violent, breat staff when time to be is not to seek medicat the hospital as long at history of alleging mist as mandated but do ne everything he tells yo to be evaluated to mat properly, has a histor a history of elopemer -A treatment plan dat independently complet hygiene, will independ chores, will not walk at community with 3 or 1 needs to effectively m money, will independ meal, will maintain ap staff and others in the prompts, will learn to out in the community less prompts, after ea activity, he will pick u verbal prompts, will s step directions throug activity/task with 3 or his feelings appropriat aggression toward his than 4 or less prompts needs to use the bath need to use the bath need to use the bath prompts daily, will util communication skills others in the community	y of self-injurious behaviors, tt ed 3/1/24 noted "will et his personal care and dently complete household away from staff in the less verbal prompts per trial, nanage and budget his ently prepare a healthy opropriate boundaries with e community with 4 or less use his 'inside voice' while or inside buildings with 3 or ating or completing and p after himself with 2 or less tay on task and follow two ghout the duration of the less prompts, will express ately by having no physical s peer or staff with no more is, will always maintain his unity and home with no more s, will refrain from saying he noom and does not really room with no more than 4				

Division of Health Service Regulation STATE FORM

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL0411223	B. WING		03	8/15/2024
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
IAW HOM	E		ORDON STREET SBORO, NC 27405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE	
V 108	Continued From page 3		V 108			
	"will decrease physic decrease aggression decrease self-injuriou verbal aggression, wi sexual behavior (usu will decrease eloping others personal spac he wants to hurt/kill s Interview on 3/14/24 -All of his trainings we Interview on 3/15/24 Professional revealed -"All staff trainings we personnel records." -"Every time they (fac over the individual ne are also trained on the when there are updat trainings (of the facili -Was unable to produ #1's client specific training	with staff #1 revealed: ere current with the Qualified d: build be located in the cility staff) get hired we go eeds of the clients. The staff he Individual Support Plans tes. I am responsible for the ty staff)." uce documentation for staff aining for client #3 e future, all staffs' trainings				