FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-277 02/22/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1009-A EAST WEBB AVENUE ABUNDANT CARE HOMES, LLC **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual survey was completed on February 22. 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 6 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. V 290 27G .5602 Supervised Living - Staff V 290 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the RECEIVED following client-staff ratios when more than one child or adolescent client is present: 4/16/24 (1)children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by

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

(X6) DATE

STATE FORM

the governing body; or

ROGRAM DIRECTOR

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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			
		MHL001-277	B. WING		02/22/2024			
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STATE, ZIP CODE					
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V 290	Continued From pa	ge 1	V 290					
	developmental disa one staff present for present and two starts more clients present duspecified by the employer determined by the grade (d). In facilities which diagnosis is substart (1) at least or duty shall be trained withdrawal symptom secondary complication and (2) the service	th serve clients whose primary nee abuse dependency: ne staff member who is on it in alcohol and other drug ns and symptoms of ations to alcohol and other less of a certified substance all be available on an						
	facility failed to asset three audited clients unsupervised in the findings are: Reviews on 2/21/24 record revealed: -Admission date of 1-Diagnoses of Decrease Borderline Personalise	views and interviews, the ess the capability for two of (#1 and #3) to be home or community. The						

-No documentation the facility assessed client #1's capability to have unsupervised time in the Division of Health Service Regulation

Disease.

Lower Extremities and Gastroesophageal Reflux

Division	Division of Health Service Regulation									
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V 290	o o minuo a mom pa		V 290							
	home or community	1.								
	record revealed: -Admission date of -Diagnoses of Decre Borderline Personal Hyperplasia, Schizo Use Disorder, Chron Disease, Hyperlipide Reflux Disease, Net (upon standing) and -No documentation #3's capability to ha home or community	reased Intellectual Functioning, lity Disorder, Benign Prostatic paffective Disorder, Tobacco nic Obstructive Pulmonary emia, Gastroesophageal uropathy, Low Blood Pressure d Hypothyroidism. the facility assessed client twe unsupervised time in the 7.								
	-He had unsupervise -He walked to a stor -He walked by himse -He had been walkir unsupervised for "a	ng to the store in the area little over six months."								
	-He goes out in the cabout once a week. -He walked to a storfacility.	re across the street from the ow long he had been walking								
	-Clients #1 and #3 h community and in th -They walked to a st -They walked to the									

unsupervised.

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-They were gone about 15 minutes.
-Client #1's father gave approval for him to be

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V 290 Continued From page 3 -The Qualified Professional talked with client #1's father about the unsupervised time. -The unsupervised time was approved as far as she knew. -Client #1 and #3 "really" don't use the unsupervised time in the home. -She confirmed the facility failed to assess the capability for clients #1 and #3 to have unsupervised time in the home or community. Interview on 2/22/24 with the Manager revealed: -He didn't allow clients #1 and #3 to walk to the store alone whenever he worked with themHe walked with them to the storeHe called staff #1 saying something about client #1's father giving him permission to walk to the storeHe confirmed the facility failed to assess the capability for clients #1 and #3 to have unsupervised time in the home or community.	NIII AND FUTURE SSED BY A ESSIONAL, ETERNINED TO HAVE TO HAVE TO HAVE THE TO HAVE THE TO HAVE THE THE THE THE THE THE THE THE THE TH										