

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL035-050</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/16/2024</b>
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NAME OF PROVIDER OR SUPPLIER  <b>EASON COURT #2</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>124 GREGORY MANOR</b> <b>YOUNGSVILLE, NC 27596</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>An annual, complaint and follow up survey was completed on April 16, 2024. The complaint was unsubstantiated (Intake #NC00213882). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.</p>	V 000		
V 513	<p><b>27E .0101 Client Rights - Least Restrictive Alternative</b></p> <p>10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE</p> <p>(a) Each facility shall provide services/supports that promote a safe and respectful environment. These include:</p> <p>(1) using the least restrictive and most appropriate settings and methods;</p> <p>(2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others;</p> <p>(3) providing choices of activities meaningful to the clients served/supported; and</p> <p>(4) sharing of control over decisions with the client/legally responsible person and staff.</p> <p>(b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include:</p> <p>(1) using the intervention as a last resort; and</p> <p>(2) employing the intervention by people trained in its use.</p>	V 513		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

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V 513	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive and most appropriate method. The findings are:</p> <p>Observation at 10:35am on 4/11/24 revealed:</p> <ul style="list-style-type: none"> <li>- A sign on the pantry door that indicated the pantry door should be kept locked at all times</li> </ul> <p>Interview on 4/11/24 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- The pantry door was kept locked</li> <li>- Was instructed by management to keep the pantry door locked</li> <li>- The pantry door had been locked since she started working there</li> </ul> <p>Interview on 4/16/24 the Qualified Professional reported:</p> <ul style="list-style-type: none"> <li>- Was aware the pantry door was kept locked</li> <li>- The pantry door was "always kept locked"</li> <li>- They "previously kept knives in there"</li> </ul> <p>Interview on 4/16/24 the Director reported:</p> <ul style="list-style-type: none"> <li>- Was aware the pantry door was kept locked</li> <li>- Told staff to unlock the pantry door yesterday (4/10/24)</li> <li>- The facility had clients that would steal food</li> <li>- "Nothing is off limits to them (clients)"</li> <li>- She "already revolved" the issues and unlocked the pantry doors</li> </ul>	V 513		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND	V 736		

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V 736	<p>Continued From page 2</p> <p><b>EXTERIOR REQUIREMENTS</b></p> <p>(c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in an attractive manner. The findings are:</p> <p>Observation at 10:35am on 4/11/24 revealed:</p> <ul style="list-style-type: none"> <li>- Client #3's bedroom light fixture had missing lightbulbs</li> <li>- The light fixture in the foyer was missing a cover and 2 of the 3 lightbulbs were blown</li> </ul> <p>Interview on 4/11/24 client #3 reported:</p> <ul style="list-style-type: none"> <li>- His "lights not working"</li> <li>- He used a lamp for lighting</li> <li>- His light fixture hadn't worked since he's moved in December 2022</li> </ul> <p>Interview on 4/16/24 the Director reported:</p> <ul style="list-style-type: none"> <li>- Was responsible for overseeing the repairs in the facility</li> <li>- Visited the facility "a lot"</li> <li>- Was unaware client #3's light fixture didn't work</li> <li>- Staff was supposed to email or fax work orders for needed repairs to her</li> <li>- Planned to get the light fixtures repaired as soon as possible</li> </ul>	V 736		