	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		R		
		092-516	B. WING			0/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MARY'S MANOR II			N STREET N, NC 27597				
(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 CORREC (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 000 INITIAL COMMENTS		V 000					
	An annual & follow up survey was completed on 5/10/24. Deficiencies were cited.						
	This facility is licensed for the following service categories: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G .5100 Community Respite Services for Individuals of All Disability Groups. This facility is licensed for 6 and currently has a census of 6. The 5600A has a current census of 6 and the 5100 has a current census of 0. The survey sample consisted of audits of 3 current clients in the 5600A.						
V 108	27G .0202 (F-I) Pe	rsonnel Requirements	V 108				
	(g) Employee train provided and, at a following: (1) general organiz (2) training on clied delineated in 10A N 10A NCAC 26B; (3) training to mee client as specified in plan; and (4) training in infect bloodborne pathog (h) Except as perm .5602(b) of this Submember shall be at times when a client member shall be traincluding seizure member shall be traincluding seizure member shall seizure member shall be traincluding seizure member shall seizure seizure member shall seizure seizure membe	cation shall be documented. ing programs shall be minimum, shall consist of the zational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and t the mh/dd/sa needs of the n the treatment/habilitation					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.	A. Boilbino.		R	
		092-516	B. WING			0/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MARY'S	MARY'S MANOR II 501 BUN ZEBULO						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 108	techniques such as the American Heart equivalence for reli- (i) The governing b implement policies reporting, investigar	ge 1 lich maneuver or other first aid those provided by Red Cross, Association or their eving airway obstruction. Body shall develop and and procedures for identifying, ting and controlling infectious diseases of personnel and	V 108				
	failed to ensure 1 or Professional (QP)) mh/dd/sa needs of Review on 5/10/24 - Hired: 12/16/23 - no documentat pathogens, infection confidentiality or an Interview on 5/6/24 - been employed	view and interview, the facility f 2 audited staff (the Qualified had training to meet the the clients. The findings are: of the QP's record revealed: ion of training in bloodborne us diseases, clients rights, y client specific training the QP reported: I since December 2023 ted trainings and the owner					
	reported: - the QP didn't w and did not receive what she had from - she sent the QI	& 5/10/24 the Owner ork directly with the clients trainings but she would fax his personnel file P to a trainer that did all of ne trainer didn't keep copies of					

Division of Health Service Regulation

STATE FORM 6899 HU2O11 If continuation sheet 2 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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		092-516	B. WING		05/1	₹ 0/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
MARY'S	MANOR II	501 BUNN ZEBULON	I STREET I, NC 27597				
(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)	LD BE	(X5) COMPLETE DATE	
V 108	been boxed away bother facility before	the QP's trainings could have because he was the QP for her she sold it she could not locate any	V 108				
V 113	(a) A client record sindividual admitted contain, but need n (1) an identification (A) name (last, first (B) client record nu (C) date of birth; (D) race, gender ar (E) admission date; (P) discharge date; (2) documentation developmental disa diagnosis coded ac (3) documentation assessment; (4) treatment/habilit (5) emergency inforshall include the nanumber of the persudden illness or ac and telephone numphysician; (6) a signed statem responsible person emergency care from (7) documentation (8) documentation (9) if applicable:	consideration of control of the screening and testing to the screening and testing of the screening and testing of the client's preferred ent from the client or seek on a hospital or physician; of services provided; of progress toward outcomes;	V 113				
	(7) documentation ((8) documentation ((9) if applicable:(A) documentation	of services provided;					

Division of Health Service Regulation

STATE FORM 6899 HU2O11 If continuation sheet 3 of 16

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		092-516	B. WING		1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MARY'S MANOR II 501 BUNI ZEBULOI					
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 113	of Diseases (ICD-9 (B) medication order (C) orders and copi (D) documentation administration error (b) Each facility sharelative to AIDS or ronly in accordance disease laws as specific as the control of the control o	-CM); ers; es of lab tests; and of medication and es and adverse drug reactions. all ensure that information related conditions is disclosed with the communicable ecified in G.S. 130A-143.	V 113			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete admission assessments for 3 of 3 audited clients (#2, #3, #6). The findings are: Review on 5/2/24 client #2's record revealed: - admitted: 12/6/23 - diagnoses: Major Depression, Seizures, and Traumatic Brain Injury - no documentation of an admission assessment being completed Review on 5/2/24 of client #3's record revealed: - admitted: 12/16/23 - diagnoses: Disorganized Schizophrenia, Borderline Intellectual Disability & Cocaine Use Disorder - no documentation of an admission assessment being completed Review on 5/2/24 of client #6's record revealed:					
	admitted: 12/16diagnoses: BipoDiabetes, Asthma	olar Disorder, Insomnia, Type				

Division of Health Service Regulation

STATE FORM 6899 HU2O11 If continuation sheet 4 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		A. BUILDING.		R	
	092-516	B. WING			0/2024
PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S MANOR II					
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	ge 4	V 113			
Hyperlipidemia - no documentat assessment being	ion of an admission completed				
Interview on 5/6/24 the Qualified Professional reported: - he had not done any admission assessments - he was not sure if that was one of his job duties - he was just told by the Owner that the QP was responsible for admission assessments but "I didn't know"					
reported: - she did not remassessments when facility - she would do thate so she could hate so she could hate so she was able to assessment templa was in the process client's records G.S. 131E-256 (D2 Verification G.S. §131E-256 HEREGISTRY (d2) Before hiring health care facility of health care facility of health care facility of personnel Registry	nember doing admission the clients' relocated to this nem although they would be ave them in the clients' record o get an admission ate from another provider and of completing them for all the HCPR - Prior Employment EALTH CARE PERSONNEL realth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident	V 131			
	PROVIDER OR SUPPLIER MANOR II SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Gastroesophageal Hyperlipidemia - no documentat assessment being Interview on 5/6/24 reported: - he had not don - he was not sure duties - he was just tole was responsible for "I didn't know" Interview on 5/2/24 reported: - she did not rem assessments when facility - she would do th late so she could ha - she was able to assessment templa was in the process client's records G.S. 131E-256 (D2 Verification G.S. §131E-256 HE REGISTRY (d2) Before hiring h health care facility of	OF CORRECTION O92-516 PROVIDER OR SUPPLIER STREET ADI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Gastroesophageal Reflux Disorder, Anemia and Hyperlipidemia no documentation of an admission assessment being completed Interview on 5/6/24 the Qualified Professional reported: he had not done any admission assessments he was not sure if that was one of his job duties he was just told by the Owner that the QP was responsible for admission assessments but "I didn't know" Interview on 5/2/24 & 5/10/24 the Owner reported: she did not remember doing admission assessments when the clients' relocated to this facility she would do them although they would be late so she could have them in the clients' record she was able to get an admission assessment template from another provider and was in the process of completing them for all the client's records G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL	OF CORRECTION O92-516 STREET ADDRESS, CITY, S 501 BUNN STREET ZEBULON, NC 27597 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 Gastroesophageal Reflux Disorder, Anemia and Hyperlipidemia no documentation of an admission assessment being completed Interview on 5/6/24 the Qualified Professional reported: he was just told by the Owner that the QP was responsible for admission assessments but "I didn't know" Interview on 5/2/24 & 5/10/24 the Owner reported: she did not remember doing admission assessments when the clients' relocated to this facility she would do them although they would be late so she could have them in the clients' record she was able to get an admission assessment template from another provider and was in the process of completing them for all the client's records G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident	OP CORRECTION DENTIFICATION NUMBER: B. WING	OPECORRECTION OBSTREET ADDRESS, CITY, STATE, ZIP CODE **ROVIDER OR SUPPLIER** **STREET ADDRESS, CITY, STATE, ZIP CODE **SOT BUNN STREET ZEBULION, NC 27597* **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **CRACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) **CROSS-REFERENCED TO THE ADDRESS.** **CROSS-REFERENCE TO THE ADDRESS.** **CROSS-REFERENCED TO THE ADDRESS.** **CRO

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Division of Health Service Regulation STATE FORM

HU2O11 If continuation sheet 5 of 16

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		092-516	B. WING		R 05/10/2024	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II	501 BUNI	N STREET			
WAIT 5	WANOKII	ZEBULOI	N, NC 27597			1
(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 131	Continued From pa	ge 5	V 131			
V 133	failed to access the Registry (HCPR) praudited staff (Qualif findings are: Review on 5/10/24 - Hired: 12/16/23 - no documentati accessed Interview on 5/10/24 - she was resportor staff - the QP was als before they moved, before and everythinis chart with his barconfirmed that she HCPR	view and interview, the facility Health Care Personnel ior to hiring affecting 1 of 2 fied Professional (QP)). The the QP's record revealed:	V 133			
	G.S. §122C-80 CRI	MINAL HISTORY RECORD				
	CHECK REQUIRED APPLICANTS FOR					
	(a) Definition As ι	used in this section, the term				
		o an area authority/county rovider of mental health,				
	developmental disa	bility, and substance abuse nsable under Article 2 of this				
	Chapter.					
		An offer of employment by a nder this Chapter to an				

Division of Health Service Regulation

STATE FORM 6899 HU2O11 If continuation sheet 6 of 16

PRINTED: 05/15/2024 FORM APPROVED

Division	of Health Service Re	egulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
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		092-516	B. WING		05/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
MADWO	MANORII	501 BUNN	STREET			
WARY'S	MANOR II	ZEBULON	I, NC 27597			
(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 133	Continued From pa	ge 6	V 133			
	applicant to fill a po applicant to have all conditioned on conscriminal history received the applicant has be less than five years is conditioned on continual history recentional criminal history recentional criminal history recentional criminal history recentions and the applicant has be five years or more, on consent to a Stacheck of the applicant criminal history recention. Except as subsection, within fithe conditional offershall submit a requirement of the conduct as check required by the G.S. 114-19.10, the return the results of record checks for ecovered by Public L. Department of Heal Criminal Records C. Department of the personand Human Service Unit, shall notify the information received the applicant. In national criminal history of the personand criminal history of the applicant. In national criminal history of the applicant.	sition that does not require the noccupational license is sent to a State and national ord check of the applicant. If een a resident of this State for, then the offer of employment onsent to a State and national ord check of the applicant. The story record check shall he applicant's fingerprints. If een a resident of this State for then the offer is conditioned the criminal history record ant. A provider shall not the who refuses to consent to a ord check required by this otherwise provided in this inventual to the Department of 114-19.10 to conduct a ord check required by this mit a request to a private of the Check required by this mit a request to a private of the Department of 114-19.10 to conduct a ord check required by this mit a request to a private of the Department of Justice shall for a proposition of the positions not				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER SUPPLIER D92-516 STREET ADDRESS, CITY, STATE, ZIP CODE MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 7 Upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING PROVIDER'S PLAN OF CORRECTION (X5) PROVIDER'S PLAN OF CORRECTION PREFIX TAG (X2) DPROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE ON THE DATE (X3) DATE SURVEY COMPLETED (X5) PROVIDER'S PLAN OF CORRECTION (X6) PREFIX TAG (X7) PROVIDER'S PLAN OF CORRECTION (X6) PROVIDER'S PLAN OF CORRECTION (X7) PREFIX TAG (X7) PROVIDER'S PLAN OF CORRECTION (X6) PROVIDER'S PLAN OF CORRECTION (X7) PROVIDER'S PLAN OF CORRECTION (X6) PROVIDER'S PLAN OF CORRECTION (X7) PROVIDER'S PLAN OF CORRECTION (X6) PROVIDER'S PLAN OF CORRECTION (X7) PROVIDER'S PLAN OF CORRECTION (X8) PROVIDER'S PLAN OF CORRECTION (X9) PROVIDER'S PLAN OF CORRECTION (X8) PROVIDER'S PLAN OF CORRECTION (X9) PROVIDER'S P	Division	of Health Service Re	egulation	_			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARY'S MANOR II C(X4) ID PREFIX TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 7 upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this							
MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG (EACH DEFICIENCY) (EACH DEFICIENCY) (EACH DEFICIENCY) (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE			092-516	B. WING		II	
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PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 7 upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE V 133 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE OATE OA			501 BUNN	STREET			
upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	COMPLETE
request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant: (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.	V 133	upon request verific check has been corby this section. A compropriate local or the Division of Criminal history reconsection without the request to the Department of the Conditional offer of the Conditional history recorded the conditional offer of the Conditional offer	cation that a criminal history impleted on any staff covered county that has adopted an edinance and has access to be considered by that has adopted any interest of the provider a State cord check required by this provider having to submit a cartment of Justice. In such a cartment of Justice. In such a cartment of Justice. In such a cartment of Justice in such a cartment of Justice. In such a cart check required by the provider. Information received by the cartial and may not be disclosed, cant as provided in subsection for purposes of this in "private entity" means a care gaged in conducting cord checks utilizing public com a State agency. Coplicant's criminal history come or more convictions of the provider shall consider all cors in determining whether to ceriousness of the crime. Corime. Coreson at the time of the crime, if known. The core surrounding the crime, if known.	V 133			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					R	
		092-516	B. WING		05/10/2024	
NAME OF PRO	VIDER OR SUPPLIER	STREET ADD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S MA	NOP II	501 BUNN	STREET			
WART 3 WA	WOK II	ZEBULON	, NC 27597			
(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 APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133 C	ontinued From pa	ge 8	V 133			
a The shift country is the shi	relevant offense. he fact of convictionall not be a bar to sted factors shall be the provider disqueration of the rovider may disclosive criminal history of the criminal history of the criminal history of the criminal history opplicant. I) Limited Immunity of the criminal history opplicant. I) Limited Immunity opplicant. I) Limited Immunity opplicant. I) The failure of a promplies with this sivil liability for: I) The failure of the dividual on the base original history opplicance with this elevant offense in the dictment of a criminal history of the following opplication of the following eneral Statutes: A suing Monetary Sundangering Execurticle 6, Homicide; ex Offenses; Article didnapping and Abditional of the control of the following eneral Statutes: A suing Monetary Sundangering Execurticle 6, Homicide; ex Offenses; Article didnapping and Abditional of the control of the following eneral Statutes: A suing Monetary Sundangering Execurticle 6, Homicide; ex Offenses; Article didnapping and Abditional of the following and Abditional of the following eneral Statutes: A suing Monetary Sundangering Execuriticle 6, Homicide; ex Offenses; Article didnapping and Abditional of the following and Abditional of the following eneral Statutes: A suing Monetary Sundangering Execuriticle 6, Homicide; ex Offenses; Article didnapping and Abditional of the following eneral Statutes: A suing Monetary Sundangering Execurities 6, Homicide; ex Offenses; Article didnapping and Abditional of the following eneral Statutes: A suing Monetary Sundangering Execurities 6, Homicide; ex Offenses; Article didnapping and Abditional of the following eneral Statutes: A sundangering Execurities 6, Homicide; ex Offenses; Article didnapping and Abditional of the following eneral Statutes: A sundangering Execurities 6, Homicide; ex Offenses; Article didnapping and Abditional of the following eneral Statutes: A sundangering Execurities 6, Homicide; ex Offenses 6, Homicide; ex Offenses 6, Homicide; ex Offenses 6, Homicide; ex Offenses 6, Homicide	on of a relevant offense alone employment; however, the se considered by the provider. alifies an applicant after relevant factors, then the se information contained in record check that is relevant in, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal in the control of the individual in requested and received in	V 133			

Division	of Health Service Re	egulation				
STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		092-516	B. WING		R 05/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADVIC	MANORII	501 BUNN	STREET			
WARTS	MANOR II	ZEBULON	I, NC 27597			
(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 133	Continued From pa	ge 9	V 133			
	Incendiary Device of and Other Housebr Other Burnings; Art Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of Oarticle 19B, Financi Act; Article 20, Frau 26, Offenses Again: Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 35, OPeace; Article 35, OPeace; Article 39, Protection of the Fallotoxication; and Ar Crime. These crimes ale of drugs in viol Controlled Substan 90 of the General Soffenses such as saviolation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furni applicant for employ supplies, or otherwian employment approximinal history reconstance of the gradient of the general Soffenses are the gradient of the gradient for employant applicant for employant applicant for employant applicant provides and the guilty of a Conditional Employant applicant obtaining the results of the gradient o	or Material; Article 14, Burglary eakings; Article 15, Arson and icle 16, Larceny; Article 17, Embezzlement; Article 19, de Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime ads; Article 21, Forgery; Article at Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public affenses Against the Public Riots and Civil Disorders; and Givil Disorders; and Minors; Article 40, amily; Article 59, Public aticle 60, Computer-Related as also include possession or ation of the North Carolina aces Act, Article 5 of Chapter attatutes, and alcohol-related ale to underage persons in B-302 or driving while and G.S. 20-138.1 through shing False Information Any yment who willfully furnishes, se gives false information on olication that is the basis for a pord check under this section class A1 misdemeanor. Cloyment A provider may the conditionally prior to so of a criminal history record applicant if both of the				

6899

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		R	
		092-516	B. WING		05/10/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARY'S	MANOR II		NSTREET N. NC 27597			
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 133	criminal history reco subsection (b) of th fingerprint cards as (2) The provider sh criminal history reco business days after conditional employr 2001-155, s. 1; 200	ge 10 ord check as required in is section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five the individual begins ment. (2000-154, s. 4; 4-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)	V 133			
	failed to request a conditional offer of audited staff (#1). The Review on 5/2/24 & revealed: - hired: 12/16/23 - title: Habilitation - no documentat check being requestion 15/6/24	view and interview, the facility criminal history record check days of making the employment affecting 1 of 2 The findings are: 5/10/24 staff #1's record Technician I ion of a criminal history record sted the Owner reported:				
	background checks - she could not fi check but she knew hired - "I honestly don"	nsible for requesting ind staff #1's background is she did one when she was it know what happened to it" is she could not locate staff #1's				

Division of Health Service Regulation STATE FORM

6899 HU2O11 If continuation sheet 11 of 16

	DIVISION OF FERDINALES AND PROVIDED (SUPPLIED OF A		(VO) MULTIPLE	E CONCEDUCTION	L(Va) DATE	CLIDVEV
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
7410 1 1241	or contribution	IDENTIFICATION NO.	A. BUILDING:			
					F	₹
		092-516	B. WING		05/1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AN	DDESS CITY S	STATE, ZIP CODE		
NAME OF F	-NOVIDEN ON SUFFEIEN			STATE, ZIF CODE		
MARY'S	MANOR II	501 BUNN	_			
			I, NC 27597			
(X4) ID	_	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION SHOULD		(X5) COMPLETE
PREFIX TAG	\	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		DATE
1710		,	17.0	DEFICIENCY)		
1/ 000	0 1	44	V 000			
V 290	Continued From pa	ge 11	V 290			
V 290	27G .5602 Supervised Living - Staff		V 290			
		-				
	10A NCAC 27G .56					
	(a) Staff-client ratio	s above the minimum				
	numbers specified i	n Paragraphs (b), (c) and (d)				
		determined by the facility to				
	enable staff to resp	ond 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					
		cuments that the client is				
		ng in the home or community				
		. The plan shall be reviewed				
		ess than annually to ensure				
		to be capable of remaining in				
		unity without supervision for				
	specified periods of					
		resent in a facility in the				
		ratios when more than one				
	child or adolescent					
	\ /	r adolescents with substance				
		all be served with a minimum				
		for every five or fewer minor				
		owever, only one staff need be ping hours if specified by the				
		ping flours it specified by the procedures determined by				
	the governing body					
		r adolescents with				
		bilities shall be served with				
		r every one to three clients				
		off present for every four or				
		it. However, only one staff				
		ring sleeping hours if				
		ergency back-up procedures				
	determined by the g					
		ch serve clients whose primary				
		nce abuse dependency:				
		ne staff member who is on				

6899

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` 'c) DATE SURVEY COMPLETED		
		A. BUILDING:			R			
	092-516		B. WING			0/2024		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MARY'S	MANOR II		N STREET N, NC 27597					
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE		
V 290	duty shall be trained withdrawal symptor secondary complicating addiction; and (2) the service	d in alcohol and other drug ms and symptoms of ations to alcohol and other d ces of a certified substance hall be available on an ir each client.	V 290					
	Based on record refailed to ensure a nwas present at all titreatment plan doctapable of remaining clients (#4, #5, #6). Review on 5/2/24 c	eview and interview the facility ininimum of one staff member times except when the client's umented the client was ang in the community for 3 of 6. The findings are:						
	- diagnoses of M Personality Disorde	lood Disorder, Borderline er, & Bipolar Mood disorder ion of an unsupervised time						
	Interview on 5/2/24 - she drove hers - she had her ow	elf to and from work						
	 admitted 12/16 diagnoses of S Bipolar Disorder no documentat assessment being 	chizophrenia, Insomnia, & ion of an unsupervised time completed						
	Review on 5/2/24 c - admitted 12/16	lient #6's record revealed: /23						

Division of Health Service Regulation

STATE FORM 6899 HU2O11 If continuation sheet 13 of 16

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` '			(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		092-516	B. WING		R 05/10/2024		
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MADVIC	MANOR II	501 BUNN	N STREET				
WIARTS	WANOK II	ZEBULON	N, NC 27597				
(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 290	Continued From page 13		V 290				
	- diagnoses of Bi Type 2 Diabetes, As Gastroesophageal Hyperlipidemia - no documentati assessment being of Interview on 5/2/24 - she attended a - the bus took he bought her back to - there was no st staff at the day prog	ipolar Disorder, Insomnia, sthma, Hypertension, Reflux Disorder, Anemia, and ion of an unsupervised time completed client #6 reported: day program er to the day program and the facility aff on the bus but there was gram					
	Interview on 5/2/24 - client #4 worke drove herself to and	d at a local gas station and					
	(QP) reported: - unsupervised ti of his responsibilitie	the Qualified Professional me assessments was not one as and had never done them ar mentioned anything about					
	reported: - she hadn't done assessments because unsupervised time - client #4 had he and from work - client #5 & client transportation to an stated that she public transportation because there was client #4 was unsupherself to work	& 5/10/24 the Owner e unsupervised time use no one really used er own car and was driving to at #6 caught public d from their day program understands now that riding is unsupervised time no staff on the bus and that pervised when she was driving the QP and he would be					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED				
		A. BUILDING.		R				
092-516		B. WING		05/10/2024				
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MARY'S MANOR II 501 BUNN STREET ZEBULON, NC 27597								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE		
V 290	coming to the facilit	y to revise the clients' care supervised time in them stitutes a re-cited deficiency	V 290					
V 752	 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. 		V 752					
	failed to maintain the between 100-116 defindings are: Observation on 5/2/2 revealed: - upstairs bathroodegrees in the sink	on and interview, the facility se temperature of the water egrees Fahrenheit. The //24 at approximately 10:45am om water temperature was 94 and the bath tub sink downstairs by the laundry es						
	adjust it - the maintenanc	staff #1 reported: e man came out last week to e man had been out 3 times was either too hot or not hot						

NAME OF PROVIDER OR SUPPLIER NAMY'S MANOR II STREET ADDRESS, CITY, STATE, ZIP CODE 501 BUNN STREET ZEBULON, NC 27597 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 15 enough Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and									
MARY'S MANOR II SUMMARY STATEMENT OF DEFICIENCIES CEACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CONSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	092-516			B. WING		05/1	0/2024		
(X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 15 enough Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and	NAME OF								
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 15 enough Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE V 752 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	MARY'S	MANOR II							
enough Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE		
Interview on 5/2/24 the Owner reported: - the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low - she would call him to come back out and	V 752	Continued From pa	ige 15	V 752					
 the maintenance man came out last week because she got a water reading of 124 degrees so he must have adjusted the water temp too low she would call him to come back out and 		enough							
		Interview on 5/2/24 - the maintenance because she got a so he must have ac - she would call	ce man came out last week water reading of 124 degrees djusted the water temp too low						

6899