PRINTED: 06/13/2024 **FORM APPROVED** Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING MHL032-516 06/03/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4012 GUESS ROAD ROSHAUN'S HOUSE OF CARE DURHAM, NC 27705 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. PREFIX **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS A complaint and follow up survey was completed on June 3, 2024. The complaint was substantiated (intake #NC00217322). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness. This facility is licensed for 6 and has a current census of 5. The survey sample consisted of audits of 5 current clients. V 132 G.S. 131E-256(G) HCPR-Notification, V 132 Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: **RECEIVED BY** a. Neglect or abuse of a resident in a healthcare MHL & C 6/27/24 facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided.

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are being provided.

healthcare facility.

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

c. Misappropriation of the property of a

facility or to a patient or client.

b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201

d. Diversion of drugs belonging to a health care

e. Fraud against a health care facility or against

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		CONFLETED
		MHL032-516	B. WING		R-C 06/03/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE	
ROSHAUI	N'S HOUSE OF CARE	4012 GUES			
KOONAO	TO HOUSE OF SAINE	DURHAM, I	NC 27705		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 132	a patient or client for providing services). Facilities must have acts are investigated to protect residents fr investigation is in proinvestigations must be	evidence that all alleged and must make every effort om harm while the gress. The results of all e reported to the e working days of the initial partment.	V 132		
	Based on record revie facility failed to ensure reported to Health Ca	ew and interviews, the e an allegation of abuse was are Personnel Registry brking days. The findings		I will assure that	api
	[client #1], [the Licens on the telephone. [Cli Licensee] he had loca [Name sergeant with	m another city was 4 at 9:31 pm. [client #1's father] and see] called [client #1's father] ent #1's father] told [the ated [client #1] and with		I will assure that allegation of abuse within 50 cloys or less to the He care Personnel Regist Notation of Dagst reported will be a control will be a contro	inte

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A.		A. BUILDING:		COMPLETED		
		MHL032-516	B. WING		R-C 06/03/2024	
	ROVIDER OR SUPPLIER	STREET ADD 4012 GUES DURHAM,				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 132	so I was able to hear [the Licensee] state s [address for restaurar Licensee] then abrupt she could smell the a seeming to talk to a s softer tone of voice to bathroom and come softer tone of voice to bathroom and softer tone of voice to bathroom and set back. The Licensee said she medical emergency. The Licensee said she medical city. The Licensee said she found Foliocal city.	conversation. I could hear he located the vehicle at ht in local city]. [The tly yelled at someone stating lochol on him before econd person as she used a tell someone to go to the straight back" Carolina Incident Response (IRIS) on 5/28/24 revealed: I incident report submitted allegations of abuse (staff driving and staff driving with client #1's father ned the Licensee, Former at #1 at a ice cream shop in the would look into the with him. and said she spoke with FS to the thought FS #2 had a she spoke with FS to the could smell alcohol on FS and 6/3/24 with the cents after the incident on was "driving crazy" and said	V 132			

(X2) MULTIPLE CONSTRUCTION

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPLETED			
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100.00000000000000000000000000000000000	ROVIDER OR SUPPLIER	4012 GU	DDRESS, CITY, STATESS ROAD M, NC 27705	E, ZIP CODE		
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V 132	Continued From page	. 3	V 132			
V 132	window." -The other clients didrawhen she saw FS #2 restaurant she did not -She never said she sanyone. -She did not get close any alcohol on him the 5/20/24. -"Why would the policant did not see any alcohol of the incide and did not see any alcohol of the incide and did not see any alcohol of the incide and did not see any alcohol of the incide and did not see any allegations to HCPR. -She confirmed the agallegations of abuse to days.	n't tell her anything. 2 in the parking lot at the smell alcohol on him. 3 melled alcohol on FS #2 to smell e night of that incident on the put that in his report." 4 ent, she checked the van alcohol containers. 5 e should have reported the pency failed to report the potential of the potential of the pency failed to report th				
-V 366	allegations of abuse to HCPR within five working days. 27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and		V 366			

(X2) MULTIPLE CONSTRUCTION

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER		IDENTIFICATION NUMBER:	A. BUILDING:	COMPLETED	
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40-040 PANERSON NA PONCO	ROVIDER OR SUPPLIER	4012 GUE	DRESS, CITY, STA	ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 366	(6) adhering to set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to their Paragraph (a) of this shall address incident regulations in 42 CFR (c) In addition to their Paragraph (a) of this sproviders, excluding Id develop and implement their response to a lew while the provider is dor while the client is on The policies shall requipe to their response to a lew while the client is on The policies shall requipe (A) obtaining the (B) making a phonormal of the making a phonormal review team; (2) convening a review team within 24 internal review team swho were not involved were not responsible for with direct professional services at the time of review team shall comfollows: (A) review the condetermine the facts and the service of the ser	confidentiality requirements rticle 2A, 10A NCAC 26B, and 45 CFR Parts 160 and documentation regarding through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers as required by the federal Part 483 Subpart I. requirements set forth in Rule, Category A and B CF/MR providers, shall not written policies governing rel III incident that occurs relivering a billable service in the provider's premises. The provider to respond securing the client record recopy; a copy's completeness; and the copy to an internal hours of the incident. The shall consist of individuals in the incident and who for the client's direct care or all oversight of the client's the incident. The internal plete all of the activities as a repy of the client record to discusses of the incident ations for minimizing the	V 366		

(X2) MULTIPLE CONSTRUCTION

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL032-516	B. WING		R-C 06/03/2024		
	PROVIDER OR SUPPLIER	4012 GUE	ADDRESS, CITY, STATE, ZIP CODE UESS ROAD M, NC 27705				
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE		
V 366	(B) gather other (C) issue writter within five working da preliminary findings of LME in whose catchmolocated and to the LM if different; and (D) issue a final owner within three modinal report shall be secatchment area the property of the client final written report shall be secatchment area the property of the course and documents needed available within three LME may give the property of the LME responsible of the LME responsible of the LME who different; (C) the provider for maintaining and up treatment plan, if different of the Client's leapplicable; and	r information needed; n preliminary findings of fact ys of the incident. The fact shall be sent to the nent area the provider is E where the client resides, written report signed by the onths of the incident. The ont to the LME in whose rovider is located and to the resides, if different. The all address the issues hal review team, shall ments pertinent to the ke recommendations for ence of future incidents. If for the report are not months of the incident, the vider an extension of up to it the final report; and notifying the following: consible for the catchment es are provided pursuant to ere the client resides, if agency with responsibility dating the client's rent from the reporting	V 366				

(X2) MULTIPLE CONSTRUCTION

	MHL032-516				
	MHL032-516			R-C 06/03/2024	
NAME OF BROWINGS OR CURRULES	OTDEET ADD	DESC OITY ST	ATE 710 0005		
NAME OF PROVIDER OR SUPPLIER		RESS, CITY, STA	ATE, ZIP CODE		
ROSHAUN'S HOUSE OF CARE	4012 GUES DURHAM, I				
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failed to implement a pol response to Level III incifindings are: Review on 6/3/24 of an idated 5/20/24 revealed: -"On May 20, 2024 @apcall from [Client #1's fath had received a phone caresident at my facility Fand whose is his son. He said that he had been less shop] in [Name of other Staff (FS) #2] and ask wresidents, he stated that road, he said I'm going sto him I don't understand #2] and at that point he saddition to that he could that he was on the straig knew something was wrothat he was having a mear stroke, I asked him to place in which he could to located, he did not do so	evidenced by: and interview, the facility blicy governing their cidents as required. The in-house incident report prox 9:15 pm, received a her] and stated that he all from [client #1] who is Roshaun's House of Care e stated that [client #1] eft at [Name of ice cream city]so I called [Former where was he at with the the was on the straight straight [Licensee]I said d what you are saying [FS estated the same thing in n't get explain but just ght road. At that point I long, it sounded to me edical emergency such as pull vehicle over to a tell me where he was o, at this point I hung up led 911So at this point I lone and [FS #2] In to put [client #4] on was on the phone, I told by street sign in which he me type of location as to d, at time he couldn't so I lou to hang up I want you le so you can try to give	V 366	We will assure The facility imple a policy governing polypower to Level incidents as fea weidents as fea weidents as fea weidents as fea weidents implement preven measures protein yeasures protein incident.	ment OUV 7/26 III vii red project	

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
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V 366	Continued From page	7	V 366			
		andmark in which they were				
		of car dealership] [Name of				
	-	ent #4] to tell [FS #2] to pull				
		a few minutes and [client				
		S #2] was pulling over				
		le sure that all residents asked for [FS #2] to get out				
		aking with [FS #2] I asked				
why he out with the residents and what was he doing in [Name of other city], I could not make						
	sense of what he was					
		imself. After questioning him				
] left walking. I questioned				
		nappened, why did they				
	leave, they stated the	y wanted ice cream and [FS				
	#2] took them to get it	t, but none of them had ice				
	cream No one state					
		nt of May 20, 2024. I called				
	•	d take over shift, he came to				
		where we were, I called a				
		ompany] to take resident's				
	and [Staff #1] to facilit	ty"				
	Daview en 5/20/24 of	a nation report dated				
	Review on 5/28/24 of 5/20/24 revealed:	a police report dated				
	-The police officer from	m another city was				
	dispatched on 5/20/24	The same Control of the Control of t				
		[client #1's father] and				
		see] called [client #1's father]				
	-	ent #1's father] told [the				
		ated [client #1] and with				
	[Name Sergeant with					
	-	ne was on speaker mode				
	the state of the s	conversation. I could hear				
	[the Licensee] state sl	he located the vehicle at				
	[address for restaurar	nt in local city]. [The				
	Licensee] then abrupt	ly yelled at someone stating				
	she could smell the al	cohol on him before				
		econd person as she used a				
	softer tone of voice to	tell someone to go to the				

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUM		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL032-516	B. WING		R-C 06/03/2024		
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, ZIP CODE ESS ROAD //. NC 27705				
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V 366	bathroom and come s Review on 5/28/24 of Incident Response Im revealed: -There were no level I by the facility for the ir -There was no docum cause of the incident; implemented correctiv the provider specified 45 days; no measures according to provider exceed 45 days and a responsible for implem and preventive measu Interview on 5/31/24 v -She did an incident re incident when she got -She did not put that in because it happened if the facility"I thought I was only s report if an incident of	the North Carolina (NC) provement System (IRIS) Ill incident report submitted incident above. The lifthe facility developed and remeasures according to timeframes not to exceed its to prevent similar incidents specified timeframes not to essigning person(s) to be inentation of the corrections ares. With the Licensee revealed: The portion of the involved. The incident into the IRIS system in the community and not at incident at the facility." Collity failed to implement a	V 366				
V 367	level II incidents, exce the provision of billable consumer is on the pro	INCIDENT REMENTS FOR PROVIDERS providers shall report all pt deaths, that occur during	V 367				

(X2) MULTIPLE CONSTRUCTION

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED		
AND PLAN OF CORRECTION IDENTIFICATION	ON NUMBER.	A. BUILDING:		COMP	LETED
MHL032-5	516	B. WING	B. WING		-C 03/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	ATE, ZIP CODE		
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ROSHAUN'S HOUSE OF CARE	DURHAM, I	NC 27705			
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to whom the provider rendered any se 90 days prior to the incident to the LM responsible for the catchment area w services are provided within 72 hours becoming aware of the incident. The be submitted on a form provided by the Secretary. The report may be submit in person, facsimile or encrypted elect means. The report shall include the finformation: (1) reporting provider contact a identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determ cause of the incident; and (6) other individuals or authoriti or responding. (b) Category A and B providers shall missing or incomplete information. The shall submit an updated report to all report recipients by the end of the new day whenever: (1) the provider has reason to be information provided in the report may erroneous, misleading or otherwise unit (2) the provider obtains informated on the incident form that was unavailable. (c) Category A and B providers shall upon request by the LME, other informobtained regarding the incident, including or information; (2) reports by other authorities; (3) the provider's response to the Odd Category A and B providers shall of all level III incident reports to the Direction of all level III incident reports to the Direction of the lincident reports to the Direction of the LME of the LME of the LME of the LME of	there s of report shall he tted via mail, ctronic following and ion; nine the ies notified explain any he provider required ext business celieve that y be nreliable; or ation s previously submit, mation ding: confidential and he incident, send a copy	V 367			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	13. Sale Control Control	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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		MHL032-516	B. WING		06/0	03/2024
	ROVIDER OR SUPPLIER	4012 GUES		ATE, ZIP CODE		
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V 367	Mental Health, Develor Substance Abuse Serbecoming aware of the providers shall send a incidents involving a complete Health Service Regular becoming aware of the client death within sever or restraint, the provide immediately, as required .0300 and 10A NCAC (e) Category A and B report quarterly to the catchment area where The report shall be sure by the Secretary via experience include summary inform (1) medication of definition of a level II of (2) restrictive into the definition of a level (3) searches of (4) seizures of (4) seizures of (5) the total numincidents that occurred (6) a statement been no reportable incidents have occurred meet any of the criteria	opmental Disabilities and vices within 72 hours of e incident. Category A copy of all level III client death to the Division of ation within 72 hours of e incident. In cases of yen days of use of seclusion der shall report the death red by 10A NCAC 26C 27E .0104(e)(18). providers shall send a LME responsible for the eservices are provided. In bmitted on a form provided electronic means and shall remation as follows: Perrors that do not meet the or level III incident; a client or his living area; client property or property in ient; and indicating that there have cidents whenever no ed during the quarter that a as set forth in Paragraphs and Subparagraphs (1)	V 367			

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	DENTIFICATION NOMBER.	A. BUILDING: _		OOWI E	
	MHL032-516	B. WING		R- 06/ 0	C 03/2024
NAME OF PROVIDER OR SUPPLIER	STREET ADDR	RESS, CITY, STA	TE, ZIP CODE		
DOCUMENTS HOUSE OF CARE	4012 GUES	S ROAD			
ROSHAUN'S HOUSE OF CARE	DURHAM, N	IC 27705			
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V 367 Continued From page 11		V 367			
This Rule is not met as expased on record review and failed to ensure incidents of Local Management Entity/Organization (LME/MCO) where services are provided becoming aware of the incomplete o	and interview, the facility were reported to the Managed Care for the catchment area ded within 72 hours of cident. The findings are: Inhouse incident report Incox 9:15 pm, received a der and stated that he form [client #1] who is oshaun's House of Care stated that [client #1] at [Name of ice cream dity]so I called [Former there was he at with the dite was on the straight raight [Licensee]I said what you are saying [FS dited the same thing in the get explain but just alter to ad. At that point I dited emergency such as all where he was at this point I hung up de 911So at this point I he and [FS #2] to put [client #4] on as on the phone, I told of street sign in which he de type of location as to at time he couldn't so I at to hang up I want you so you can try to give		I will assure all incidents are report to the Local Man ment Entity with of becoming aware of incident gard will have Notation of Drawe of with time of with the decamented.	age- 12hous the 1	7/25/24

- 8	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTI	PLE CONSTRUCTION			
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ŀ			MHL032-516	B. WING _		06	/03/2024	
I	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
l	ROSHALI	N'S HOUSE OF CARE	4012 GUE	SS ROAD				
l	KOOHAO		DURHAM	NC 27705				
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
	V 367	Continued From page	12	V 367				
		was able to give me la coming up on [Name or restaurants]. I told [clie over vehicle took him a #4] finally said that [FS When I arrived, I made were safe, and then as of the vehicle. In speak why he out with the restain disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense of what he was significant disparent of the sense	ndmark in which they were of car dealership] [Name of ent #4] to tell [FS #2] to pull a few minutes and [client if #2] was pulling over a sure that all residents iked for [FS #2] to get out sing with [FS #2] I asked sidents and what was he reity], I could not make saying he was very inself. After questioning him left walking. I questioned appened, why did they wanted ice cream and [FS but none of them had ice specific answers to of May 20, 2024. I called ake over shift, he came to here we were, I called a mpany] to take resident's" police report dated another city was at 9:31 pm. Ilient #1's father] and it #1's father] the dicaled [client #1's father] told [the dicaled [client #1] and with her city's police was on speaker mode inversation. I could hear located the vehicle at in local city]. [The yelled at someone stating	V 367				

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATI	E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		G:		PLETED
		MHL032-516	B. WING		1	R-C 6/03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ROSHAU	ROSHAUN'S HOUSE OF CARE		SS ROAD			
(VA) ID	SUMMADVICTA		NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	Continued From page	13	V 367			
	bathroom and come s	traight back"				
	Incident Response Imprevealed:	the North Carolina (NC) provement System (IRIS) I incident report submitted cident above.				
	-She did an incident re incident when she got -She did not put that in	cident into the IRIS system the community and not at upposed to do an IRIS curred at the facility." ility failed to report the				
	10A NCAC 27D .0101 If RESTRICTIONS AND I (a) The governing body assures the implements G.S. 122C-65, and G.S (b) The governing body implement policy to ass (1) all instances of abuse, neglect or exploreported to the County I Services as specified in G.S. 7A, Article 44; and	NTERVENTIONS y shall develop policy that ation of G.S. 122C-59, . 122C-66. y shall develop and ure that: of alleged or suspected attation of clients are Department of Social G.S. 108A, Article 6 or and safeguards are with sound medical tion that is known to ne client is prescribed. I be given to the use of	V 500			

Division of Health Service Regulation STATEMENT OF DEFICIENCIES

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:				E SURVEY
			A. BUILDING:		COM	IPLETED
1					1	R-C
		MHL032-516	B. WING			6/03/2024
NAME OF P	PROVIDER OR SUPPLIER	CTDEET.	DDDD500 0			3/03/2024
			ADDRESS, CITY, STATI	E, ZIP CODE		
ROSHAU	N'S HOUSE OF CARE		JESS ROAD			
	1		M, NC 27705			
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD I	BE	COMPLETE
		TO THE INTERNATION	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IATE	DATE
14500	0 11 1-			DEI IOIENCT)		
V 500	Continued From page	14	V 500			
	(c) In addition to those	e procedures prohibited in				
	10A NCAC 27F 01026	(1), the governing body of				
	each facility shall deve	elop and implement policy				
	that identifies:	stop and implement policy				
		o interventing that the				
		e intervention that is				
	prohibited from use wit (2) in a 24-hour	facility the racility; and				
		facility, the circumstances				
	the rights of a client.	prohibited from restricting				
	(d) If the governing boo	dy allows the use of				
	restrictive interventions	or if, in a 24-hour facility,				
	the restrictions of client	t rights specified in G.S.				
1	122C-62(b) and (d) are	allowed, the policy shall				
	identify:					
	(1) the permitted	restrictive interventions or				
	allowed restrictions;					
	(2) the individual	responsible for informing				
	the client; and					
	(3) the due proce	ess procedures for an				
	involuntary client who re	efuses the use of				
	restrictive interventions.					
1.5	(e) If restrictive interver	ntions are allowed for use				
,	within the facility, the go	overning body shall				
	develop and implement	policy that assures				
	compliance with Subcha	apter 27E, Section .0100,				1
	which includes:					
	(1) the designatio	n of an individual, who				- 1
	has been trained and wi					
(competence to use restr	rictive interventions, to				- 1
ļ ķ	provide written authoriza	ation for the use of				
r	estrictive interventions	when the original order is				- 1
r	enewed for up to a total	l of 24 hours in				
a	accordance with the time	e limits specified in 10A				
1	NCAC 27E .0104(e)(10)	(E);				- 1
	the designation	n of an individual to be			1	1
r	esponsible for reviews of	of the use of restrictive				
ir	nterventions; and	- 00005005 0				- 1
	3) the establishme	ent of a process for				
а	ppeal for the resolution	of any disagreement				- 1
		, <u> </u>				- 1
ision of Health	Service Regulation					

Div

PRINTED: 06/13/2024 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED. IDENTIFICATION NUMBER: A. BUILDING: R-C B. WING MHL032-516 06/03/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 4012 GUESS ROAD ROSHAUN'S HOUSE OF CARE DURHAM, NC 27705 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5)(X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 500 V 500 Continued From page 15 over the planned use of a restrictive intervention. I will assure that This Rule is not met as evidenced by: and notation of days his will be documented. Based on record review and interviews, the governing body failed to report an allegation of abuse to the Department of Social Services (DSS). The findings are: Review on 5/28/24 of a police report dated 5/20/24 revealed: -The police officer from another city was dispatched on 5/20/24 at 9:31 pm. -"While speaking with [client #1's father] and [client #1]. [the Licensee] called [client #1's father] on the telephone. [Client #1's father] told [the Licensee] he had located [client #1] and with [Name Sergeant with other city's police department]. The phone was on speaker mode so I was able to hear conversation. I could hear [the Licensee] state she located the vehicle at [address for restaurant in local city]. [The Licensee] then abruptly yelled at someone stating she could smell the alcohol on him before seeming to talk to a second person as she used a softer tone of voice to tell someone to go to the bathroom and come straight back..."

reckless).

Review of the North Carolina Incident Response Improvement System (IRIS) on 5/28/24 revealed: -There was no level III incident report submitted by the facility for the allegations of abuse (staff drinking alcohol while driving and staff driving

-There was no indication DSS was contacted

Interview on 5/28/24 with client #1's father

about the above allegation of abuse.

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION		E SURVEY IPLETED
		MHL032-516	B. WING		1	R-C 5/03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E ZIP CODE	1 06	5/03/2024
DOCHALI	NIC HOUSE OF CARE		ESS ROAD	E, ZIF CODE		
RUSHAU	N'S HOUSE OF CARE		M, NC 27705			
(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 CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(X5) COMPLETE DATE
	revealed: -On 5/20/24 he inform Staff (FS#2) left clien another cityThe Licensee said sh incident and get back -The Licensee called a #2 over the telephone -The Licensee said sh medical emergencyThe Licensee said FS -Around 10:30 pm the and said she found FS local cityThe Licensee said she #2. Interviews on 5/31/24 a Licensee revealed: -She talked to the clien 5/20/24Client #4 said FS #2 w "[FS #2] was throwing s window." -The other clients didn's -When she saw FS #2 ir restaurant she did not se -She never said she sm anyoneShe did not get close e any alcohol on him the 5/20/24"Why would the police -The night of the incider and did not see any alcohol	led the Licensee, Former to #1 at a ice cream shop in the would look into the with him. In and said she spoke with FS in the the test after the incident on the with him. In the parking lot at the smell alcohol on FS in the parking lot at the smell alcohol on FS #2 to smell night of that incident on the put that in his report. In the should have reported the incy failed to report the would look in the parking lot at the smell alcohol on him. In the parking lot at the smell alcohol on FS #2 to smell night of that incident on the put that in his report. In the should have reported the more failed to report the smell alcohol the report the smell alcohol to report the sm	V 500	DETICIENCY)		

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: A. BUILDING: COMPLETED R-C MHL032-516 B. WING 06/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4012 GUESS ROAD** ROSHAUN'S HOUSE OF CARE DURHAM, NC 27705 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 REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 | Continued From page 17 V 512 V 512 27D .0304 Client Rights - Harm, Abuse, Neglect V 512 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. All staff has been trained on Client Abuser 1/24 neglect & exploitation, This Rule is not met as evidenced by: Based on record reviews and interviews, one of one audited former staff (FS #2) neglected five of five clients (#1, #2, #3, #4 and #5). The findings are: Review on 5/29/24 of the personnel record for FS #2 revealed:

Division of Health Service Regulation

-Date of hire was 10/4/22.

		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		E SURVEY MPLETED
		MHL032-516	B. WING _			R-C 6/03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
DOCUAL	NICHAL COLOR	4012 GUE				
RUSHAU	N'S HOUSE OF CARE		NC 27705			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	PDECTION	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 512	Continued From page	18	V 512			
	-Hired as a Care Give					
	-He was terminated or	n 5/20/24.				
		client #1's record revealed:				
	-Admission date of 5/1					
	-Diagnoses of Anoxia I	Brain Injury, Bipolar				
	Disorder, Seizure Disorder	rder, Attention Deficit Chronic Lower Back Pain				
	and Gastroesophagea	Reflux Disease.				
	Review on 5/29/24 of c	client #2's record revealed:				
	-Admission date of 9/6/					
	-Diagnoses of Schizop	hrenia, History of				
	Substance Abuse and	Tobacco Dependence.				
	Review on 5/29/24 of c	lient #3's record revealed:				
	-Admission date of 1/7/					
	 -Diagnoses of Autism S Major Depressive Disor 	Spectrum Disorder and				
	Review on 5/29/24 of c	lient #4's record revealed:				
	-Admission date of 7/8/					
	-Diagnosis of Schizophi	renia.				
	Review on 5/29/24 of cl	ient #5's record revealed:				
	-Admission date of 10/2					
	-Diagnosis of Schizophi	renia.				
	Review on 6/3/24 of an	in-house incident report				
	dated 5/20/24 revealed:					
	-"On May 20, 2024 @ a	pproximately (approx)				
	and stated that he had	from [Client #1's father]				
	folient #11 who is a resid	eceived a phone call from				
	[client #1] who is a resid	re and whose is his son.				
	He stated that [client #1]					
	left at [Name of ice crea	m shon (15 miles from				- 1
	facility)] in [Name of other	er city] so I called IFS				- 1
	#2] and ask where was	he at with the residents,				
	he stated that he was or	the straight road, he				
						1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		
		construction and antiques and the second section in the section in the second section in the section in the second section in the section	A. BUILDING:		R-C 06/03/2024	
		MHL032-516	B. WING	·		
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE		
DOCUALI	NIC HOUSE OF CARE	4012 GUE	ESS ROAD			
KUSHAU	N'S HOUSE OF CARE		, NC 27705			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	Continued From page	19	V 512			
	said I'm going straight don't understand what at that point he stated to that he couldn't get on the straight road. A something was wrong, was having a medical stroke, I asked him to in which he could tell in he did not do so, at this with him and called 91 the facility call phone at told him to put [client ##4] was on the phone, any street sign in which some type of location a located, at time he cou want you to hang up I we phone so you can try to about 5-8 minutes (minable to give me landma coming up on [Name of restaurants]. I told [client over vehicle took him a #4] finally said that [FS When I arrived, I made were safe, and then ask of the vehicle. In speaking why he out with the resident of the was so disoriented and not him for some time, [FS #2] for some time, [FS #2] for some time, [FS #2] took them to get it, but cream No one stated squestions on this night of the country is the stated they we was supported to the service of the service o	[Licensee]I said to him I you are saying [FS #2] and the same thing in addition explain but just that he was that point I knew it sounded to me that he emergency such as a pull vehicle over to a place ne where he was located, is point I hung up phone 1So at this point I called and [FS #2] answered, and I 4] on phone, once [client I told him to please look for in he was able to give me as to where they were ldn't so I told him I do not east to where they were ldn't so I told him I do not east owner was able to give me of car dealership] [Name of int #4] to tell [FS #2] to pull few minutes and [client #2] was pulling over sure that all residents and what was he city], I could not make anying he was very self. After questioning him eft walking. I questioned opened, why did they wanted ice cream and [FS but none of them had ice	V 512			

PRINTED: 06/13/2024 Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED R-C B. WING MHL032-516 06/03/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **4012 GUESS ROAD** ROSHAUN'S HOUSE OF CARE DURHAM, NC 27705 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5)PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 Continued From page 20 V 512 [Name of ride share company] to take resident's and [Staff #1] to facility..." Review on 5/28/24 of a police report dated 5/20/24 revealed: -The police officer from another city was dispatched on 5/20/24 at 9:31 pm. -"While speaking with [client #1's father] and [client #1], [the Licensee] called [client #1's father] on the telephone. [Client #1's father] told [the

Interview on 5/30/24 with client #1 revealed:

Licensee] he had located [client #1] and with [Name Sergeant with other city's police department]. The phone was on speaker mode so I was able to hear conversation. I could hear [the Licensee] state she located the vehicle at [address for restaurant in local city]. [The

Licensee] then abruptly yelled at someone stating she could smell the alcohol on him before seeming to talk to a second person as she used a softer tone of voice to tell someone to go to the

- -There was an incident on 5/20/24 with FS #2.
- -FS #2 asked if they (clients) wanted to go out and get ice cream.
- -They left the facility around 4:45 pm.

bathroom and come straight back..."

- -They stopped by the other facility and stayed there for about 15-20 minutes.
- -They then stopped by the Alcohol Beverage Control (ABC) store and was there for about 5-8 minutes.
- -When they were at the ABC store FS #2 came back to the van with a bag "full of liquor."
- -There were "4-5 pint sized" bottles of alcohol in the bag.
- -They also stopped at someone's house and FS #2 went inside and stayed for 10 minutes.
- -All 5 of them stayed on the van unsupervised whenever FS #2 stopped at those places in the

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MHL032-516	B. WING		R-C 06/03/2024
NAME OF F	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1 00/00/2024
DOSHALI	N'S HOUSE OF CARE	4012 GUE			
KOSHAU	N 3 HOUSE OF CARE	DURHAM,	NC 27705		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX TAG	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 512	Continued From page	21	V 512		
	local city. -FS #2 was speeding a lanes the entire time hepeople in other vehicle horns at FS #2. -He was "afraid of the He thought "[FS #2] was driving the van." -He thought FS #2 was way he was driving. -When they arrived in the 8:00 pm. -FS #2 drove by the ice because he was driving. -When they arrived in the because he was driving. -FS #2 drove by the ice because he was driving. -FS #2 had to circle the plastic crosswalk sign. -"[FS #2] parked the van." -The other 4 clients state unsupervised. -They went into the ice ordered ice cream for and FS #2 said he needed it was parked in the bike. -FS #2 told the guy worthat he would be back and FS #2 told the guy worthat he would be back and FS #2 drove away and shop. -He waited about 15 min FS #2 was just circling the waited about 15 min FS #2 was just circling the He walked outside and minutes and saw the variashers on. -He thought FS #2 was up.	and going in and out of e was driving the van. es were beeping their way" FS #2 was driving. //as going to wreck the van." ttles of the alcohol while he s also "high" because of the he other city it was close to e cream place twice g "too" fast. e block twice and hit a un in a bike lane and he yed on the van cream shop and FS #2 Ill 5 of them. to move the van because e lane. king in the ice cream shop and "watch my client." e cream shop and walked left him in the ice cream nutes because he thought he block.	V 512		
	direction.				

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTU	PLE CONSTRUCTION	Love D.	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	7000 - 100			TE SURVEY MPLETED
			A. BUILDIN	G:		WIFELIED
			D MANO			R-C
		MHL032-516	B. WING _			6/03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
POSHAII	N'S HOUSE OF CARE	4012 GUE	SS ROAD			
KOSHAU	N 3 HOUSE OF CARE	DURHAM	NC 27705			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S DI ANI OF C	ODDECTION	
PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH	E APPROPRIATE	DATE
				DEFICIENCY		
V 512	Continued From page	22	V 512			
	-"I said to myself, why	did be leave "				
	- I said to mysell, why	e ice cream shop and ate				
	his ice cream and sat	there about another 10				
	minutes.	there about another 10				
		m and already ded to the	1			
	He called his father a	m and already dark outside. nd reported FS #2 "left me				
	ahandoned" at a ico or	ream shop in another city.				
	-He had been at the in	e cream shop about 45				
	minutes before he called his father. -A police officer from the other city picked him up					
	from the ice cream sho	on and took him to the				
	police department.	pp and took him to the				
		the police department and				
	he went home with his					
	THE WELL HOLLE WITH THIS	lattiet.				
	Attempt to interview cli	ent #2 on 5/30/24				
	revealed:					
	-He could not be interv	iewed because his				
	responses were not rel	ated to questions.				
	Interview on 5/29/24 wi					
	-Last week they (clients	s) went to get ice cream in				
		left client #1 in that other				
	city.					
		other city FS #2 stopped a				
	few places.					
	inside for about 30 minu	eone's house and stayed				
	remained on the van un					
	about 20 minutes, they	re and stayed in there for				
	about 30 minutes, they unsupervised.	all stayed on the van				
		the ABC store in the level				
	city and was only in the	the ABC store in the local re for about 5 minutes. All				
	of them stayed on the v	an unsuponiced				
	-FC #2 came back to the	an unsupervised.				
	after he walked out of th					
	-He saw FS #2 drink 2 s					
	alcohol while driving the					
	1 5 #2 tillew the empty	bottles out the window of				

Division of Health Service Regulation STATE FORM

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL032-516	B. WING		R-C 06/03/2024	
NAME OF P	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	,	
ROSHAU	N'S HOUSE OF CARE		ESS ROAD I, NC 27705			
(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 SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE COMPLETE	
V 512	Continued From page	23	V 512			_
	the van after he drank -They were on the hig city when FS #2 was of the empty bottles out t -They made it to the ic city and only FS #2 an vanFS #2 and client #1 w shopAbout 20 minutes late van and client #1 was -He asked where clien "ignored me." -FS #2 left the ice crea to the local cityIt was close to 9:00 pr cream shop, it was dar -When FS #2 was drivi was driving "dangerous -He was "scared" beca the wrong side of the ro blowing their horns at ti -"I thought we were goi -The Licensee called F- to pull the van overFS #2 pulled over at a -The Licensee talked to to the restaurantFS #2 walked away fro minutes laterStaff #1 met them at th rode back to the facility -"We didn't get our ice of all of that."	them. hway headed to the other drinking alcohol and threw he window. He cream shop in the other d client #1 got out of the alked into the ice cream If FS #2 walked back to the not with him. He #1 was and FS #2 If when they left the ice k outside. If when they left the ice k outside. If was driving on back to the local city he say." If was and other people were hem. If yet get hit." If #2's phone and told him restaurant in the local city. If FS #2 when she arrived hem the parking lot a few he restaurant and they in a ride share vehicle. If yet going through	V 312			
- (- t	Interview on 5/29/24 with Last Monday (5/20/24) (clients) wanted to go of They left the facility and their way to the other cit	FS #2 asked if they ut and get ice cream. If made a few stops on		4		

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL032-516	B. WING		R-C
NAME OF S	200//050 00 0//05/				06/03/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	
ROSHAU	N'S HOUSE OF CARE		ESS ROAD 1, NC 27705		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT 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 COMPLETE
V 512	Continued From page	24	V 512		
	-They stopped at som -All 5 of them stayed in about 30 minutes whill person's houseFS #2 also stopped a in there about 5 minuteThey stayed on the vare was in the liquor storeHe didn't see anything returned to the vanHe never saw FS #2 of was driving the vanFS #2 drove them to teClient #1 and FS #2 gonever saw them go intoHe (client #4) and the the vanAbout 30 minutes later and client #1 was not we"It was dark at this point asked where client #1 vanythingThey didn't get any iceFS #2 got into the vanClient #1 had an issue"[FS#2] shouldn't haveWhen FS #2 was driving was "driving erratic." -FS #2 was "swerving at the wrong side of the hilt was dark outside andHe thought they were gaccidentThe Licensee called hil and told FS #2 he needFS #2 pulled over at a	eone's house. In the van unsupervised for the FS #2 was in that It the liquor store and stayed thes. In unsupervised while FS ore. In the brought from the liquor the brought from the liquor the drinking alcohol while he the other city. In the other city the other is the istayed on the ista			

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD	COM OF	E SURVEY PLETED R-C 6/03/2024
MHL032-516 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD	RRECTION SHOULD BE	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4012 GUESS ROAD	RRECTION SHOULD BE	
ROSHAUN'S HOUSE OF CARE 4012 GUESS ROAD	RRECTION SHOULD BE	103/2024
ROSHAUN'S HOUSE OF CARE 4012 GUESS ROAD	SHOULD BE	
NOSHAUN'S HOUSE OF CARE	SHOULD BE	
DURHAM, NC 27705	SHOULD BE	
(VALID SLIMMADY CTATEMENT OF DEFICIENCIES	SHOULD BE	
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE ADDITIONAL PREFIX CROSS-REFERENCED TO THE ADDITIONAL PROPERTY.	APPROPRIATE	(X5) COMPLETE DATE
V 512 Continued From page 25 V 512		
-"[FS #2] didn't seem like himself, I didn't know what was wrong with [FS #2]."		
Interview on 5/30/24 with client #5 revealed: -FS #2 took them (clients) out to get ice cream about a week ago (5/20/24)They left the facility around 6:30 pmFS #2 stopped at another facility in the local cityFS #2 stayed in that facility for about an hourAll of them stayed on the van unsupervised while staff was in that other facilityFS #2 also stopped at the ABC store in the local city and was in that store between 10-12 minutesAll of them stayed on the van unsupervised while FS #2 was in the ABC storeWhen FS #2 came out of the ABC store he had a paper bag with 3-4 small bottles of liquor in itFS #2 drank 3-4 bottles of alcohol while he drove to the other cityFS #2 was speeding while he drove the vanHe was "afraid" of the way FS #2 was drivingFS #2 was "speeding the entire time he drove the van." -When they arrived to the ice cream shop only FS #2 and client #1 got out of the vanThe rest of them stayed in the van unsupervisedFS #2 and client #1 walked to the ice cream shopAbout 30-45 minutes later FS #2 came back to the van aloneThey all asked FS #2 why client #1 was not with himFS #2 didn't say anything and started the van and leftHe could not remember the exact time FS #2 returned to the van.		
-"It was dark outside at that point." -They rode around the other city for about 20 minutes. -They made it back to the local city and FS #2		

STATEMEN	T OF DEFICIENCIES	(V4) PDO///DED/OURD/ JED/OU					
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTII	PLE CONSTRUCTION	1)	(X3) DATE	SURVEY
		IDENTIFICATION NOMBER.	A. BUILDIN	G:	i	COMP	PLETED
1					- 1		
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-		WITE032-516	O. WING			06/	03/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	STATE, ZIP CODE			
		4012 GUI	ESS ROAD				
ROSHAU	N'S HOUSE OF CARE		I, NC 27705				
(XA) ID	SUMMARY ST		1, 110 27703				
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF			(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T	ION SHOULD BE	: TC	COMPLETE
		,	140	DEFICIENC		IE	DATE
V 512	0 1						
V 512	Continued From page	26	V 512				
	pulled over to a restau	ırant.					
	-The Licensee met the						
		rom the restaurant when the					
	Licensee showed up.	on the restaurant when the					
		the facility in a ride share					
	vehicle.	the facility in a fide share					
	vernore.						
	Attempted interviews	on 5/30/24 and 5/31/24 with					
	FS #2 revealed:	511 5/30/24 and 5/31/24 With	1				
		mber provided for FS #2					
	was the work cell phor	o for the agency	1				
	-FS #2 did not answer						
	returned.	nim requesting the call be					
		in managed and and					;
1	-FS #2 was called on h	ils personal cell phone.					
	trying to reach was a message	stating the person you are					
		accepting phone calls.					
1	-A text message was s	ent to FS #2 requesting the	1				
	phone call be returned.						
	-The phone call was no						
	prior to the exit on 6/3/2	24.					
	Interview on 5/29/24 wi						
	and the Licenses as it	ound 9:00 pm on 5/20/24					
	and the Licensee said s	she needed his help.					
		n around because he did					
	not have a driver's licer		1				1
	-His girifriend dropped i	him off at the restaurant.					i
		ride share vehicle and he					1
	rode with the clients ba			1			- 1
		ith him in the ride share					- 1
	vehicle because client #						I
		arking lot at the restaurant.					
	He told FS #2, "you are						- 1
	came here to better our						ı
	FS #2 looked "confuse						- 1
-	He wasn't sure what wa	as going on with FS #2.					- 1
							- 1
1	nterview on 5/28/24 wit	h client #1's father					- 1
r	evealed:						

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	50 GE.	(X2) MULTIPLE CONSTRUCTION		
		A. BUILDING:		COMPL	LETED
	MHL032-516	B. WING			-C 03/2024
NAME OF PROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STAT	E, ZIP CODE		
ROSHAUN'S HOUSE OF CARE	4012 GU	ESS ROAD			
	DURHAN	I, NC 27705			
PREFIX (EACH DEFICIENCE	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETE DATE
V 512 Continued From pag	e 27	V 512			
-Client #1 called arous aid FS #2 left him arcity. -He called 911 and as Commander for the ordepartment. -The Watch Commander for the police statished to call FS #2 up. -He was able to get in the informed the Lice the ice cream shop in the Licensee said should find the state over the telephone. -The Licensee said should find the licensee said should emergency. -The Licensee said "[F slurred." -Around 10:30 pm the and said she found FS local city. -The Licensee said should find the licensee revealed: -On 5/20/24 there was collent #1's father called didn't answer. -Client #1's father sent back. -She was informed by left client #1 at the ice unsupervised.	and 9:00 pm on 5/20/24 and that a ice cream shop in another sked to talk to the Watch other city's police and for the other city picked ice cream shop and took on around 9:46 pm. 2, however she did not pick an contact with the Licensee. The would look into the with him. It and said she spoke with FS and another city. The would look into the with him. It and said she spoke with FS and another city. The thought FS #2 had another city and said she spoke with FS and another city. The would look into the with him. It and said she spoke with FS and another city and said she spoke with FS and another city and said she spoke with FS and another city and said she spoke with FS and another city and another city. The would look into the with him. It is another city and another city and another city. The would look into the with him and said she spoke with FS and another city. The would look into the with him and said she spoke with FS and another city. The would look into the with him and said she spoke with FS and another city. The would look into the with him and said she spoke with FS and another city. The would look into the with him and said she spoke with FS and another city. The would look into the with him and said she spoke with FS another city. The would look into the with him and said she spoke with FS another city.	V 512			

STATEMENT OF DEFICIENCIES

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTU	(X2) MULTIPLE CONSTRUCTION (X3) D/			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	2442 3755			(X3) DATE SURVEY COMPLETED	
1			A. BUILDIN	G:		VIPLETED	
						R-C	
MHL032-516		B. WING		0	6/03/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DDBESS CITY S	STATE, ZIP CODE		0.00.2027	
				STATE, ZIP CODE			
ROSHAU	N'S HOUSE OF CARE		ESS ROAD				
100 200 100			I, NC 27705				
(X4) ID PREFIX	SUMMARY STA	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)	
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200,000			TAG	CROSS-REFERENCED TO THE DEFICIENCY		DATE	
1/540			+				
V 512	Continued From page	28	V 512				
	-She called FS #2 on	the phone and asked why					
	were they out so late.	, and defined may					
		2 why did they drive all the					
	way to another city for	ice cream.					
		any sense when she talked					
	to him.	A STATE OF THE STA					
	-"[FS #2's] speech was	s slurred, I thought he was					
	having a stroke."	Š .					
	-She asked FS #2 whe	ere was he and told him to					
	pull the van over.						
	-FS #2 was not able to	tell her where they were.					
	-She called 911 and re	ported the incident.					
	-A few minutes later sh	e called the facility cell					
	phone and FS #2 answ	vered it.					
	-She told FS #2 to put client #4 on the phoneClient #4 was able to tell her where they were.						
	-She told client #4 to put the phone on speaker						
	and she told FS #2 to pull the van over.						
		re in the local city near a					
	car dealership and a re						
	-She knew where they were and drove over to						
	that area.						
	-FS #2 parked the van in the parking lot near the						
	restaurantWhen she arrived FS #2 was in the van and the 4 clients were outside of the vanFS #2 "did not look right, I thought he had a						
	stroke."						
		what was wrong with FS					
	#2.						
	-She checked the van a	nd did not see any alcohol					
	containers.						
		nol on FS #2 while he was					
	n the parking lot.					I	
	-r 5 #2 never gave her a	an explanation as to why					
1	ne left client #1 at the ic	e cream shop.					
	FS #2 left the parking lo						
		eard from FS #2 since that					
	ncident on 5/20/24.						
	one called a ride share	and Staff #1 met her at					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) P.

STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTI	DIE CONOTRI IOTION			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION		(X3) DATE SURVEY	
1			A. BUILDIN	G:	COMP	PLETED	
						2.0	
		MHL032-516	B. WING			R-C	
					06	/03/2024	
NAIVIE OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
ROSHAU	N'S HOUSE OF CARE	4012 GUE	SS ROAD				
		DURHAM	NC 27705				
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	DBO/(IDED)S DI ANI OF CO	DDEOTION		
PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION	KRECTION I SHOULD BE	(X5) COMPLETE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE	APPROPRIATE	DATE	
				DEFICIENCY)			
V 512	Continued From page	29	V 512				
			1 012				
	the restaurant.						
	-Staff #1 rode back to	the facility with the clients.					
		ound 10:45 pm when they					
	left the restaurant.						
	-Police Officers from the	ne local police department					
	showed up around 11:						
		t when the police officers	1				
	showed up.						
	-She talked to the clier	nts after the incident on					
	5/20/24.						
	-Client #4 said FS #2 v	vas "driving crazy" and said					
	"[FS #2] was throwing	something out of the					
	window." -The other clients didn't tell her anythingFS #2 was terminated the same night of that						
	incident on 5/20/24.						
		Plan of Protection written					
	by the Licensee dated 6/3/24 revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? [Staff #2] was terminated on onset date of May 20, 2024. Other staff will be trained on protection, harm, neglect, and exploitation of residents. A					1	
						1	
	curfew for time out with	residents will be put in				1	
	place. Describe your place.	ans to make sure the				1	
	above happens. Trainin	ig will be completed by				- 1	
	6/14/24. [Qualified Profe	essional]/[Licensee] will do				- 1	
12	quarterly interviews with	residents/staff to assure				- 1	
	that all persons are beir	ng kept in a safe					
	environment."						
	Olianda di .						
	Cilents diagnoses includ	ded Anoxia Brain Injury,					
!	Bipolar Disorder, Seizur	e Disorder, Attention				- 1	
[Deficit Hyperactivity Dis	order, Schizophrenia,				- 1	
1	Autism Spectrum Disord	der, Major Depressive				1	
[Disorder, History of Sub	stance Abuse and				1	
(Chronic Lower Back Pai	in. On 5/20/24, FS #2				1	
t	ook clients #1, #2, #3, #	#4, and #5 on a				1	
	community outing and m	nade several stops during					

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL032-516	B. WING		R-C 06/03/2024	
NAME OF P	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	STATE, ZIP CODE	1 00/03/2024	
ROSHAU	N'S HOUSE OF CARE		IESS ROAD M, NC 27705			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES				
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 512	Continued From page	30	V 512			
	van between 5 minute stop, FS #2 purchased alcohol at a local ABC consumed the alcohol clients in the van. FS # he swerved and switch caused fear amongst to cream shop, FS #2 left unsupervised having dolients #2-#5. The Lice the safety of the clients alcohol consumption a client #4 to identify the	while driving with the #2 drove in a manner where hed lanes erratically which he clients. At a local ice to client #1 alone and riven off in the van with insee was unable to ensure is based upon FS #2's and actions and relied upon location of the clients as keys once the vehicle was untered a Type A1 rule glect and must be				
	10A NCAC 27G .0303 I EXTERIOR REQUIREM (c) Each facility and its maintained in a safe, climanner and shall be ke odor. This Rule is not met as Based on observation a was not maintained in a porderly manner and kep The findings are:	MENTS grounds shall be ean, attractive and orderly pt free from offensive evidenced by: nd interviews, the facility safe, clean, attractive, t free from offensive odor. at approximately 11:40	V 736	I will assure facili grands be maintained kept in a safe 1 chear, altractive orderly municipe	(+)	
rision of Health	Service Regulation			wee how oda will inspec	TMOCHE	

STATE FORM

KNM811 Will be downer to If continuation sheet 31 of 32

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	(X2) MULTIPLE CONSTRUCTION		
		IDENTIFICATION NUMBER:	A. BUILDING:			(X3) DATE SURVEY COMPLETED
		MHL032-516	B. WING			R-C 06/03/2024
NAME OF	PROVIDER OR SUPPLIER	STREET	DDRESS, CITY, S	TATE, ZIP CODE		
ROSHAL	JN'S HOUSE OF CARE		IESS ROAD M, NC 27705			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
	-Clients #2 and #4's b odor. There were approclothing in a pile on the bedroom doorBathroom in clients # blinds had two missing walls. Grayish/brownist Caulking substance or on wall behind the sint-Client #5's bedroom-Eend. Walls had brownit-Clients #1 and #3's bewalls. Interview on 5/29/24 we-There was a leak in the months agoHe thought that could substance was on the end was "constantly" to the facility"I can't make them cle want to clean the home-She confirmed the facility as afe, clean, attractive with the facilityThe Licensee was away with the facilityShe confirmed the facilityShe confirmed the facility.	edroom-A strong musty roximately 10 items of e floor. Peeling paint on the 2 and #4's bedroom-The g slats. Paint peeling on the sh stain on the floor. In the wall. Black substance k. Blinds slat broken on the sh/grayish stains. Pedroom-Peeling paint on with staff #1 revealed: Peeling the clients to clean an the home if they don't e." Peeling the clients to clean and orderly manner. The the Supervisor In the Supervisor In the same of some of the issues the cited 3 time(s) since the since the since the since the cited 3 time(s) since the sinc	V 736			