MARE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE 31 ABBOTT MOORE ROAD (LYDE, NC 28721 (M4)D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULTORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on July 12, 2024. The complaint was substantiated (Intake #NC00218388). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G, 5500F Supervised Living for Alternative Family Living. V 108 V 108 27G.0202 (F-I) Personnel Requirements V 108 10A NCAC 27G, 0202 PERSONNEL REQUIREMENTS V 108 (1) Graning or defination; (2) training on clean rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 268; (3) training not intertions; (1) general organizational orientation; (2) training on clean rights and confidentiality as delineated in the treatment/habilitation plan; and (4) training in infectious diseases and bloodome pathogens. (h) Except as permitted under 10a NCAC 27G, 5602(b) of this Subchapter, at least one staff member shall be available in the facility at all	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
31 ABBOT MOORE ROAD LYDE, NC 28721 Image: Colspan="2">OWNERS STATEMENT OF DEFICIENCIES (EACH OPERCENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Image: Colspan="2">PREVIDENCIES CONSERTENCE (EACH OPRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on July 12, 2024. The complaint was substantiated (Intake #NC00218388). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living. V 108 V 108 27G .0202 (F-I) Personnel Requirements V 108 IOA NCAC 27G .0202 PERSONNEL REQUIREMENTS V 108 IOA NCAC 27G .0202 PERSONNEL REQUIREMENTS V 108 IOA NCAC 27G .0202 PERSONNEL REQUIREMENTS V 108 IOA NCAC 27G. 0202 PERSONNEL REQUIREMENTS V 108 IOA NCAC 27G. 0202 PERSONNEL REQUIREMENTS Iminium, shall consist of the following: Iminium, shall consist of the following: IO ANCAC 27G. 27E, 27F and 10A NCAC 27G. Iminium, shall consist of the citent as specified in the treatment/habilitation par. and Iminium, shall consist of the citent as specified in the treatment/habilitation par. and Iminium infectious diseases and bloodborne pathogense. () Training to meet the mIv(d/sa need			MHL044-070	B. WING		07	/12/2024
DADAMS FAMILY HOME CLYDE, NC 28721 (44) ID FREETX TAG ISUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC DENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPRORNATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on July 12, 2024. The complaint was substantiated (Intake #NC00218388). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 5600F Supervised Living for Alternative Family Living. V 108 The facility is licensed for 2 and has a current census of 1. The survey sample consisted of audits of 1 current client and 1 former client. V 108 V 108 27G.0202 (F-I) Personnel Requirements V 108 I0A NCAC 27G.0202 PERSONNEL REQUIREMENTS V 108 (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all	NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
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times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross,		bloodborne pathoger (h) Except as permitt .5602(b) of this Subc member shall be ava times when a client is member shall be train including seizure man to provide cardiopulm trained in the Heimlic	is. ed under 10a NCAC 27G hapter, at least one staff ilable in the facility at all s present. That staff ned in basic first aid nagement, currently trained nonary resuscitation and h maneuver or other first aid				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL044-070			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		07	7/12/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
DAMS F	AMILY HOME		OTT MOORE ROAD NC 28721			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From page	e 1	V 108			
	 (i) The governing bo implement policies an reporting, investigatir 	ving airway obstruction.				
	facility failed to ensur had current first aid/c resuscitation (CPR) t	ew and interviews, the re 1 of 3 staff (AFL Staff #1) cardiopulmonary raining. The findings are:				
	Record review on 7-9 revealed: -Job title: Direct Supp -Date of Hire: 11-29-3					
	-First Aid/CPR trainin					
	revealed:	with the AFL Staff #1 rday her first aid/CPR was				
	expired.	a class this coming Saturday				
	-Had not been alone 7-1-24.	with any clients since				
	Interview on 7-9-24 v Operations revealed:					
	-The last certification -The last certification -Had a tracking shee	class was 5-27-24.				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL044-070		(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:	A. BUILDING:			
		B. WING		07/12/2024			
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
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V 108	Continued From pag	e 2	V 108				
	-"I guess I had menta the list (of trained sta -"Moving forward I wi completed it (the first Interview on 7-10-24 -AFL staff #1 would r until recertified in firs	il ask for a roster of who : aid/CPR class)." with the Licensee revealed: not be alone with any clients					
V 118	27G .0209 (C) Medication Requirements		V 118				
	 only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluading administered only by unlicensed persons to pharmacist or other la privileged to prepare (4) A Medication Administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the 	istration: on-prescription drugs shall to a client on the written chorized by law to prescribe be self-administered by chorized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The					

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
	ROVIDER OR SUPPLIER	MHL044-070	DDRESS, CITY, STATE	07	/12/2024	
			DTT MOORE ROAD			
ADAMS FA	AMILY HOME		NC 28721			
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V 118	Continued From page 3 drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.		V 118			
	interviews, the facility current and administ a physician affecting #1). The findings are	n, record reviews, and y failed to keep the MARs er medications as ordered by 1 of 2 audited clients (Client				
	#1's record revealed -Admission Date: 12- -Diagnoses: Profoun Disability, Autism, Ol Disorder, Intermitten Bipolar Disorder. -Physicians' orders d	: -21-23. d Intellectual Developmental				
	MARs dated 5-1-24 t -Desmopressin 0.1 n from 5-1-24 to 6-28-2	ng, 1 tablet every evening 24. ng, 1 tablet every evening				
	medication revealed:	24 at 8:55 am of Client #1's ng, take 2 tablets by mouth				

STATE FORM

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
MHL044-070			B. WING		07	/12/2024
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
ADAMS F	AMILY HOME		OTT MOORE ROAD NC 28721			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 118	Continued From page	e 4	V 118			
	every evening.					
	Interview on 7-8-24 v	vith Executive Director				
	revealed:	on on icous with the facility "				
		en an issue with the facility " me to us in March"				
	-Had the medications moved to a different					
	pharmacy "and we still don't have all of them					
	(physician's orders).	 r of Member Services both				
	completed on site vis					
	Interview on 7-9-24 with the QP revealed:					
	-Did not review the MARs, as that was the responsibility of the Director of Member Services.					
	Interview on 7-9-24 with the Director of Member					
	Services revealed: -Would do quarterly home visits.					
		ied in by the 5th of every				
	month for the prior m					
	-Would review physic month.	cians orders and MARs every				
		cility had copies of the				
	physicians' orders.					
		ans orders for Client #1 until				
	recently. -Was going to recom	mend that the MARs be				
	reviewed by a second					
	Interview on 7-10-24	with the Licensee revealed:				
	-Would double check MARs and medications					
	against the physician	IS' Orders.				
		urately document medication				
		Id not be determined if				
	the physician.	medications as ordered by				