	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
MHL047-164		MHL047-164	B. WING		R 08/15/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AMAT GR	OUP HOMES 2		SPIA COURT RD, NC 28376			
	CLIMMA DV C					0.00
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	6	V 000			
	completed on Augus	and complaint survey was t 15, 2024. The complaint 4) was unsubstantiated. red.				
	category: 10A NCAC	ed for the following service 2 27G. 5600A r Adults with Mental Illness				
	census of 6.	ed for 6 and currently has a consisted of audits of 3				
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional professional as spece Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified profess professionals shall d (e) Competence sha exhibiting core skills (1) technical knowled (2) cultural awarene (3) analytical skills;	ified in Rule .0104 of this Is shall demonstrate d abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. all be demonstrated by including: edge; ess;				
	 (4) decision-making (5) interpersonal sk alth Service Regulation 					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R	
		MHL047-164	B. WING		30	к 3/15/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AMAT GR	OUP HOMES 2		SPIA COURT RD, NC 28376			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 1	V 110			
	 (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. 					
	two audited staff (#1) communication skills served. The findings	ew and interviews, one of) failed to demonstrate required for the population				
	revealed: -Hired date of 8/19/2	3 as the Paraprofessional.				
	-Staff #1 stayed at th -'It is frustrating talkin everything." -'It is hard to underst she watches everyth -''I don't think she un	ng to her; you have to repeat and her but she's nice and ing they do." derstands English; it's very es I don't understand her and				
	Interview on 8/15/24 -"We have problems #1]."	with Client #2 revealed: communicating with [staff to repeat and ask the same				
	-She had difficulties	understanding staff #1.				

Division of Health Service Regulation STATE FORM

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STATEMEN	of Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE COMF	SURVEY
		MHL047-164	B. WING			R / 15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
AMAT GR	OUP HOMES 2		SPIA COURT RD, NC 28376			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 110	Continued From page	e 2	V 110			
	-She lived at the facili -"I like it here." -She understands sta her you have to repea -"You have to repeat	ff #1 but when you talk to at yourself several times. stuff." with Client #4 revealed: h to staff #1 or ask her everything."				
	Interview on 8/15/24 -She liked it the group	with Client #5 revealed: o home. epeat questions to staff #1.				
	No interview with clie hospital.	nt #6 as she was in the				
	repeatedly asked for medication. -DHSR surveyor did r response and repeate -She would stare at s the requested informa -She was unable to te bedrooms were in the -Client #2 provided th surveyor. Interview on 8/15/24 y revealed:	revealed: egualation (DHSR) surveyor client #2's record and not get an appropriate ed the request two times. urveyor without providing ation. ell the surveyor how many e house. he information requested by with the House Manager				
	-"I had no issues com	hours 7 days a week. municating with staff #1." mmunicate with staff #1."				

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If continuation sheet 3 of 8

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
			B. WING		R		
	MHL047-164				80	/15/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
AMAT GR	OUP HOMES 2						
RAEFORD, NC 28376							
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From page	e 3	V 110				
	-"If staff #1 did not ur her a text and then ca understands."	nderstand she would send all her to ask if she					
	Professional revealed	with the Owner/Qualified d: someone who did not speak					
	-Clients never comple communicating with s -She reported it could	d be the accent based on the					
	country staff #1 was -She would schedule communication skills	staff #1 for training on					
V 114	27G .0207 Emergend	cy Plans and Supplies	V 114				
	AND SUPPLIES (a) Each facility shall and a disaster plan a these plans available to the county emerge request. The plans sh procedures and route (b) The plans shall be and evacuation proce posted in the facility. (c) Fire and disaster shall be held at least repeated for each shi	ency services agencies upon hall include evacuation es. e made available to all staff edures and routes shall be drills in a 24-hour facility quarterly and shall be ift. eted under conditions that response to fire					

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RRECTION DER OR SUPPLIER HOMES 2 SUMMARY ST		A. BUILDING: B. WING		COMPLETED R 08/15/2024
HOMES 2	STREET A			
HOMES 2				08/15/2024
	103 CAS	DDRESS, CITY, STATE	, ZIP CODE	
SUMMARY ST		PIA COURT RD, NC 28376		
			PROVIDER'S PLAN OF CORRECTION	(X5)
	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	E COMPLET
ntinued From page	e 4	V 114		
s Rule_is not met	as evidenced by:			
sed on record revi	ew and interview the facility			
ealed:				
2nd shift for the 2 ere were no fire a	nd quarter. nd disaster drills conducted			
3rd shift for the 2r ere were no fire a	nd and 3rd quarter. nd disaster drills conducted			
e was aware the	fire and disaster drills were			
e reported staff w	ere supposed to conduct fire			
ie would make sui	re staff conducted fire and			
G .0303(c) Facility	and Grounds Maintenance	V 736		
TERIOR REQUIR	EMENTS			
intained in a safe,	clean, attractive and orderly			
	s Rule is not met sed on record revi ed to ensure fire a npleted on each s lings are: view on 8/15/24 of ealed: ere were no fire a 2nd shift for the 2 ere were no fire a 3rd shift since 3/5 ere were no fire a 3rd shift since 1/4 erview on 8/15/24 fessional revealed be conducted at le re wore no fire a 3rd shift since 1/4 fessional revealed to conducted at le re would make sur aster drills on eacl G .0303(c) Facility A NCAC 27G .030 TERIOR REQUIR Each facility and i intained in a safe, nner and shall be	s Rule is not met as evidenced by: sed on record review and interview the facility ed to ensure fire and disaster drills were inpleted on each shift at least quarterly. The lings are: view on 8/15/24 of the facility's fire drills book ealed: ere were no fire and disaster drills conducted 2nd shift for the 2nd quarter. ere were no fire and disaster drills conducted 2nd shift since 3/5/24. ere were no fire and disaster drills conducted 3rd shift for the 2nd and 3rd quarter. ere were no fire and disaster drills conducted 3rd shift since 1/4/24. erview on 8/15/24 with the Owner/Qualified fessional revealed: e was aware the fire and disaster drills were be conducted at least quarterly on each shift. ere reported staff were supposed to conduct fire disaster drills monthly. e would make sure staff conducted fire and aster drills on each shift at least quarterly. G. 0303(c) Facility and Grounds Maintenance ANCAC 27G .0303 LOCATION AND TERIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly nner and shall be kept free from offensive or.	s Rule is not met as evidenced by: sed on record review and interview the facility ed to ensure fire and disaster drills were npleted on each shift at least quarterly. The lings are: view on 8/15/24 of the facility's fire drills book ealed: ere were no fire and disaster drills conducted 2nd shift for the 2nd quarter. ere were no fire and disaster drills conducted 2nd shift since 3/5/24. ere were no fire and disaster drills conducted 3rd shift for the 2nd and 3rd quarter. ere were no fire and disaster drills conducted 3rd shift since 1/4/24. erview on 8/15/24 with the Owner/Qualified fessional revealed: e was aware the fire and disaster drills were be conducted at least quarterly on each shift. re reported staff were supposed to conduct fire d disaster drills on each shift at least quarterly. G. 0303(c) Facility and Grounds Maintenance A NCAC 27G .0303 LOCATION AND TERIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly nner and shall be kept free from offensive or.	s Rule is not met as evidenced by: sed on record review and interview the facility ad to ensure fire and disaster drills were poleted on each shift at least quarterly. The lings are: view on 8/15/24 of the facility's fire drills book caled: ere were no fire and disaster drills conducted 2nd shift for the 2nd quarter. ere were no fire and disaster drills conducted 2nd shift for the 2nd quarter. ere were no fire and disaster drills conducted 3rd shift since 1/4/24. ere were no fire and disaster drills conducted 3rd shift since 1/4/24. erview on 8/15/24 with the Owner/Qualified fessional revealed: e was aware the fire and disaster drills were be conducted at least quarterly on each shift. te reported staff were supposed to conduct fire d disaster drills monthly. e would make sure staff conducted fire and aster drills on each shift at least quarterly. 3. 0303(c) Facility and Grounds Maintenance NCAC 27G. 0303 LOCATION AND TERIOR REQUIREMENTS Each facility and its grounds shall be intained in a safe, clean, attractive and orderly mner and shall be kept free from offensive <i>x</i> .

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	ONSTRUCTION		E SURVEY PLETED
		MHL047-164	B. WING		08	R 8/ 15/2024
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	· · · · ·	
	OUP HOMES 2	103 CAS	PIA COURT			
		RAEFOF	RD, NC 28376			
(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 TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 5	V 736			
	This Rule is not met Based on observatior was not maintained ir attractive manner. Th	n and interviews, the facility n a safe, clean, and				
	revealed:	24 at 9:45 a.m. of the facility t #3's bedroom door was in.				
	weight of the curtain.	bent and unable to hold the the middle of client #5's				
	-She shared rooms w -They had dividers in					
	-She lived at the facili -"I like it here."					
	broke.	n with client #1. ity when the bedroom door the door with the curtain.				
	-She felt the curtain d privacy since the bed	lid not provide enough room was near the kitchen. ce the door was removed."				
	-She needed a dresse	with Client #5 revealed: er or night stand. the middle of her bed.				
	-"The box spring was the bed."	collapsing in the middle of				
	bed.					
	Interview on 8/15/24 Professional revealed	with the Owner/Qualfied				

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	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		SURVEY
		MHL047-164	B. WING		08	R / 15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
AMAT GR	OUP HOMES 2		SPIA COURT			
			RD, NC 28376			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	e 6	V 736			
	removed. -The door was a dou -The door broke from it. -She would put the d -She did know there #5's bed.	clients opening and closing oor back up. was a problem with client #5 had a new mattress.				
V 738	27G .0303(d) Pest C 10A NCAC 27G .030 EXTERIOR REQUIR (d) Buildings shall be rodents.	3 LOCATION AND	V 738			
	governing body failed kept free from insects Interview on 8/15/24 -She shared her bed -She saw a bed bug ago. -She told staff #1. -Staff #1 sprayed sor -"I think she sprayed Interview on 8/15/24 -She shared her bed	ew and interviews, the to assure the building was s. The findings are: with Client #2 revealed: room with client #4. on her bed about 2 or 3 days nething around the room. bed bug spray." with Client #4 revealed:				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION					(X3) DATE SURVEY COMPLETED	
		MHL047-164	B. WING			R / 15/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
AMAT GR	OUP HOMES 2		SPIA COURT RD, NC 28376			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 738	Continued From page	7	V 738	DEFICIEN		
	-She and client #2 rer -The bed bug was on -She and client #2 tol -Staff #1 sprayed arou- -She had not seen a la Interview on 8/15/24 was revealed: -She did not know the bugs. -Clients had chores a -Clients had chores a -Clients did a deep clu- -The protocol was to day at least 3 times a cleaning on Saturday -She was not aware t exterminator regardin sightings. Interview on 8/15/24 was Professional revealed -She heard client #2 a had bed bugs. -She checked to see -Yesterday she saw th #2 and client #4's roo -She reported contact -She scheduled an ap between 2 and 4 p.m -She placed a sticky to if there were any bugs	moved the bed bug. the end of her bed. d staff #1. und the room. bed bug since. with the House Manager ere was an issue with bed nd cleaned daily. eaning every Saturday. spray bug spray every other week and during deep he owner contacted an ig the recent bed bugs with the Owner/Qualified d: and client #4 reported they if there were bed bugs. races of bed bugs in client m. ting an exterminator. opointment for 8/20/24 trap that would let her know				