TATEMEN	of Health Service Re trof Deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 " "	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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		MHL001-131	B. WING		-	3/2024
AME OF F	PROVIDER OR SUPPLIER	STREET A	DORESS, CITY, S	TATE, ZIP CODE		
		207 FRII	ENDLY ROAD			
DEE & G	ENRICHMENT #2	BURLIN	GTON, NC 272			,
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO TH DEFICIENCY)		DATE
V 000	INITIAL COMMEN	TS	V 000			
	completed on Augu	int and follow up survey was ust 13, 2024. The complaint ed (intake #NC00220038). cited.				
	This facility is licen category: 10A NCA Living for Adults wi	sed for the following service AC 27G .5600A Supervised Ith Mental Illness.				ř
	This facility is licen census of 5. The saudits of 3 current	sed for 6 and has a current survey sample consisted of clients.				
V 112	27G .0205 (C-D) Assessment/Treat	ment/Habilitation Plan	V 112			
	PLAN (c) The plan shall assessment, and i	BILITATION OR SERVICE be developed based on the in partnership with the client or				
	of admission for cl receive services b (d) The plan shall (1) client outcome		3		eceived by HL & C 9/5	/24
	projected date of a (2) strategies; (3) staff responsil	achievement;				
	annually in consultresponsible perso (5) basis for evalue.	tation with the client or legally n or both; uation or assessment of				
	responsible party,	ment; and nt or agreement by the client o or a written statement by the hy such consent could not be	r			

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

ND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		SURVEY PLETED
		MHL001-131	B. WING			R 13/2024
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
FF & G	ENRICHMENT #2	207 FRIE	NDLY ROAD			
	,		3TON, NC 272	215		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 112	Continued From pa	ge 1	V 112			
,	facility failed to have written consent or a party, or a written st stating why such co	et as evidenced by: views and interview, the e a Person Centered Plan with greement by the responsible tatement by the provider nsent could not be obtained e clients (#1, and #2). The				
	-Admission date of solutions of Impu Disorder; Moderate Hypothyroidism; Mo-Client #1 had a legar-Client #1's Person of the Impulsion of the Im	lse Control and Conduct Intellectual Disorder; rbid Obesity				
	-Admission date of 3 -Diagnoses of Dyslip Reflux Disease; Atri- Disability; Essential -Client #2 had a lega -Client #2's Person (pidemia; Gastroesophageal al Fibrillation, Learning Hypertension, Benlgn.				

Division of Health Service Regulation					FORM AP	PROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		MHL001-131	B. WING		R 08/13/2	2024
NAMEOF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY.	STATE, ZIP CODE		
DEE & G	ENRICHMENT #2	207 FRIE	NDLY ROAL	•		
(X4) ID PREFIX TAG	EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OBE C	(X5) COMPLETE DATE
	Qualified Profession—She had sent out the treatment plans to the Some of the guard plans for the clients in their folders. She did not know why the information—She would resend and Client #2's legal Interview on 8/13/24 revealed: They had some issignardians sign the periodians sign the periodians sign the periodians of the treatment of the send that for clients #1 and #2 agreement by their research.	nal revealed: ne information from the heir guardians. ians had signed the treatment and Information was placed what may had happened and was not in their folder. the information to Client #1 I guardians to be signed. I with the Administrator ues in getting the legal paperwork. Commation is brought in to the w, it is lost. They will look into a secure the information. the Person Centered Plans had no written consent or responsible parties.	V 112	Dee G Assur That the clie PCPS Has be Signed by the Guardian And this citation been corrected to assure that doesn't reoccus Admin CY will monthly to as this is the threatment book cc	her they	
V 113	27G .0206 Client Re	cords	V 113			
to account to	 (a) A client record shindividual admitted to contain, but need no 	ace sheet which includes; middle, maiden); nber; I marital status;				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING: _ B. WING MHL001-131 08/13/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD DEE & G ENRICHMENT #2 **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 3 V 113 developmental disabilities or substance abuse diagnosis coded according to DSM IV; (3) documentation of the screening and assessment; (4) treatment/habilitation or service plan; (5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden Illness or accident and the name, address and telephone number of the client's preferred physician: (6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician; (7) documentation of services provided: (8) documentation of progress toward outcomes; (9) if applicable: (A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM); (B) medication orders: (C) orders and copies of lab tests; and (D) documentation of medication and administration errors and adverse drug reactions. (b) Each facility shall ensure that information relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143. This Rule is not met as evidenced by: Based on record reviews and interview, the facility falled to ensure records were complete affecting 3 of 3 current clients (#1, #2 and #3).

Division of Health Service Regulation

The findings are:

MML001-131 STRET ADDRESS, CITY, STATE, 2P CODE 207 FRIENDLY ROAD BURLINGTON, R. 27215 SUMMARY STATEMENT OF DEFICIENCIES (CA) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLLL FREET ADDRESS, CITY, STATE, 2P CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PLLL FREET TAB CROSS-REFERENCIE AT THE APPROPRIATE V113 Continued From page 4 Review on 8/13/24 of Client #1's record revealed: -Admission date of 5/31/23Diagnoses of Impulse control and conduct disorder; Moderate Intellectual Disorder; Hypothyroidism; Morbid ObesityClient #1 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency contract information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/6/24Diagnoses of Dystipidemie; Gastroesophageal Reflux Dease; Atlant Fibrillation, Learning Disability; Essential Hypertension, BenignClient #2 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency careThere was no documentation of progress toward outcomesThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency careThere was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 1/30/022Diagnoses of Diabetes Mellitus Type II, Mild intellectual Disability, Hypertension; Hypertinsion; Hypertinsion to a signed		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION	COM	SURVEY PLETED
DEE & G ENRICHMENT #2 207 FRIENDLY ROAD SUMMARY STATEMENT OF DEPICIENCIES (RACH LEDICIDENCY MUST BE PRECEDED BY PULL RECOMPLETE TAX REVIEW ON 8/13/24 of Client #1's record revealed: -Admission date of 5/31/23. -Dilegnoses of Impulse control and conduct disorder; Hypothyroidiem; Morbid Obesity. -Client #1 had a legal guardian. -There was no documentation of progress toward outcomes. -Client #1 did not have a completed emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/6/24. -Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disease; Atrial Fibrillation, Learning Disability; Essential Hypothyroidiem of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22. -Diagnoses of Diabeted emergency care. -There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22. -Diagnoses of Diabeted emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed stateme			MHL001-131	B. WING		2	
Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24Client #1 dla not have a completed emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disasses of Dyslipidemia; Fastorem the client's legally responsible person granting permission to seek emergency contact information of a signed statement from the client's legally responsible person granting permission to seek emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24Diagnoses of Dyslipidemia; Gastroesophageal statement from the client's legally responsible person granting permission to seek emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24Diagnoses of Dyslipidemia; Gastroesophageal statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. -There was no documentation o	VAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
OMBRENS TAGE SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAGE PROVIDERS I ALM OF CORRECTION ACTION SHOULD SEE CHOSS-REFERENCED TO THE APPROPRIATE DATE ONTE V 113 Continued From page 4 V 113 Review on 8/13/24 of Client #1's record revealed: -Admission date of 5/31/23Diagnoses of Impulse control and conduct disorder; Mederate Intellectual Disorder; Hypothyroidism; Morbid ObesityClient #1 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency careThere was no documentation of progress toward outcomesClient #2 did not have a completed emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/6/24Diagnoses of Dyslipidemia; Castroesophageai Reflux Olsease; Atrial Fibrillation, Learning Disability, Essential Hypertension, BenlgnClient #2 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency careThere was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22Diagnoses of Dilabetes Mellitus Type II, Milld Intellectual Disability; Hypertension; There was no documentation of a signed Deficiency V 113 PREFIX TAGE CORRECTION FOR CHORN REPREPRIOR CONTROLL PREFIX TAGE CORRECTION CORRECTION CONTROLL There was no documentation of a signed Deficiency There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22Diagnoses of Dilabetes Mellitus Type II, Milld Intellectual Disability; Hypertension; There was no documentation of a signed	DEE & G	ENRICHMENT #2					
PREFIX REGULATION OF MODIFICATION OF PREFIX TAG REGULATION ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF THE PROPRIATE DATE OF THE PROPRIAT		SUMMARY STA	TEMENT OF DEFICIENCIES		,	ECTION	(Y8)
Review on 8/13/24 of Client #1's record revealed: -Admission date of 5/31/23. Diagnoses of Impulse control and conduct disorder; Hypothyroidism; Morbid ObesityClient #1 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: -Admission date of 3/5/24Diagnoses of Dyslipidemia; Gastroesophageal Reflux Disease; Arrial Fibrillation, Learning Disability: Essential Hypotension, BenignClient #2 had a legal guardianThere was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care, -There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: -Admission date of 11/30/22Diagnoses of Diabetes Mellitus Type II, Mild Intellectual Disability; Hypertension; Hyperlipidemia; Tremors, Episodic Mood DisorderThere was no documentation of a signed		REGULATORY OR LE	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)		(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP	OULD BE	COMPLETE
Admission date of 5/31/23. Diagnoses of Impulse control and conduct disorder; Moderate Intellectual Disorder; Hypothyroidism; Morbid Obesity. Client #1 had a legal guardian. There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. There was no documentation of progress toward outcomes Client #1 fld not have a completed emergency contact information sheet in chart. Review on 8/13/24 of Client #2's record revealed: Admission date of 3/5/24. Diagnoses of Dyslipidemia; Castroesophageal Reflux Disease; Atrial Fibrillation, Learning Disability; Essential Hypertension, Benlgn. Client #2 had a legal guardian. There was no documentation of a signed statement from the client's legally responsible person granting permission to seek emergency care. There was no documentation of a mental illness diagnosis. Review on 8/13/24 of Client #3's record revealed: Admission date of 11/30/22. Diagnoses of Diabetes Mellitus Type II, Mild Intellectual Disability; Hypertension; Hyperlipidemia; Tremors, Episodic Mood Disorder. There was no documentation of a signed	V 113	Continued From page	ge 4	V 113		,	
		-Admission date of a Diagnoses of Impu disorder; Moderate Hypothyroidism; Mo -Client #1 had a legis-There was no docustatement from the operson granting periodicareThere was no docustatement and document on the contact information and contact	Ise control and conduct Intellectual Disorder; rbid Obesity. Intellectual Disorder; ration of a signed client's legally responsible mission to seek emergency sheet in chart. In Client #2's record revealed: 8/5/24. In point of a signed representation of a signed client's legally responsible mission to seek emergency mentation of progress toward mentation of a mental illness of Client #3's record revealed: 1/30/22. Ites Mellitus Type II, Mild representation of a signed		has docum thier progress to thier goal To prevent to reoccumna will review to assure the defiency wi reoccur, cc Ulients goals	enteres is is entered in the contract of the c	asies districts the prog

_ Division	of Health Service Re	gulation	•		FORM APPROVED
STATEME AND PLAN	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		MHL001-131	B. WING		R 08/13/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE	
DEE & G	ENRICHMENT #2		NDLY ROAL		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	T ID	PROVIDER'S PLAN OF CORRECTI	ON NA
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V 113	Continued From pa	ge 5	V 113		
	-There was no docu	mentation of progress toward		Dee & G En	
	Interview on 9/14/23	3 with the Administrator		assures tho	* *{
	-They had some iss	ues in getting the legal		Quardians L	
	guardians sign the p	paperwork. Ormation is brought in to the	l	Sent thiers	19 poure
	facility, but somehow	w, It is lost. They will look into		page, or and	n documpa
	-She confirmed ther	secure the information. e was no documentation of a		that needs	In ho
i	signed statement from responsible person	om the clients or their legally granting permission to seek		inside of the	- Chects
	emergency care for	clients #1, #2 and #3. e was no documentation of		, ,	,
	progress toward out #3.	comes for clients #1.#2 and		Files, The	Admin
	This deficiency cons	tituten n en else d'allana		will review &	ا بر ه
	and must be correct	titutes a re-cited deficiency ed within 30 days.		to assure H	_ '
V 118	27G .0209 (C) Medic	cation Requirements	V 118	in formation	
	10A NCAC 27G ,020 REQUIREMENTS	9 MEDICATION		Clients Files	
	(c) Medication admir	nistration: on-prescription drugs shall		So this rea	tation
	only be administered	to a client on the written		So this reci- will no long	echel
	order of a person au drugs.	thorized by law to prescribe		00.1653.1	C. 13e
	(2) Medications shall clients only when aut	be self-administered by thorized in writing by the		an Issul,	
}	client's physician.	· ·			NC
	administered only by	Iding injections, shall be licensed persons, or by			,
-	unlicensed persons t	rained by a registered nurse, egally qualified person and	;		an Local
	privileged to prepare	and administer medications. inistration Record (MAR) of		8	-21 X 7

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	VT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION		E SURVEY MPLETED
		MHL001-131	B. WING		08	R /13/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
DEE & G	ENRICHMENT #2		NDLY ROAD			
***************************************		**************************************	TON, NC 27	7215		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DBF	(X5) COMPLETE DATE
V 118	Continued From page	ge 6	V 118		<u> </u>	
	all drugs administer current. Medications recorded immediate MAR is to include th (A) client's name; (B) name, strength, (C) Instructions for a (D) date and time th (E) name or Initials of drug. (5) Client requests fichecks shall be recorded.	ed to each client must be kept administered shall be bly after administration. The				
	interview, the facility current affecting one The findings are: Review on 8/13/24 o -Admission date of 1 -Diagnoses of Diabe Intellectual Disability. Hyperlipidemla; Tren DisorderPhysician orders damedications: -Gabapentin 300 capsule twice a day.	on, records reviews and falled to keep the MAR of three audited clients (#3). f Client #3's record revealed: 1/30/22. tes Mellitus Type II, Mild				

Division of Health Service Regulation

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Division	of Health Service R	egulation		·	FORM APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION 3:	(X3) DATE SURVEY COMPLETED
		MHL001-131	B. WING		R 08/13/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY	STATE, ZIP CODE	
DEE & G	ENRICHMENT #2	207 FRIE	NDLY ROAL		
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	Observation on 8/13 Client #3's medicati "Gabapentin 300 m packs for the week. morning and an eve -Vitamin D 1.25 mg packs for the week. dosage for the week. dosage for the week. dosage for the week. dosage for the week. Review on 8/13/24 of 1, 2024 through Aug -June: -Vitamin D was from 6/1-6/30July: -Vitamin D was from 7/1-7/30August: -Vitamin D was from 8/1-8/13Gabapentin 30 medication as given Review on 8/13/24 of -Gabapentin was us seizuresVitamin D was used treatment of Vitamin Interview on 8/13/24 revealed: -She was not aware the 8pm dosage of 0 -She was not aware the Vitamin D as daf -She was sure that 0	3/24 at about 12:00 pm of lons revealed: g was packaged in bubble. Package contained both a ening daily dosage. was packaged in bubble. Package only contained one k. of Client #3's MARs for June gust 13, 2024 revealed: marked as administered daily marked as administered daily marked as administered daily of mg- Staff did not initial the from 8/1-8/12 @ 8pm. of www.webmd.com revealed: daily of the treatment of das a supplement and of D deficiency. with the the Administrator staff had not been initialing sabapentin for Client #3. that staff had been marking by for Client #3.	V 118	Dee G Admin was met on how to how to how to properly on oversignt in the medical and just sign so you don't real this oversion was the Admin was this oversion don't occur as don't occur as	thall so also document diff an ewnter four properties dout fast that
	-She acknowledged maintain an accurate	that facility staff failed to MAR for Client #3.			(63) CH

Division of Health Service Regulation

STATEMENT OF CORRECTION Comment	Division	of Health Service Re	equiation			FORM	MAPPROVED
MAKE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215 (A) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LISC IDENTIFYING INFORMATION) PREFIX TAG V 289 27G . 5601 Supervised Living - Scope 10A NCAC 27G . 5601 Supervised living is a 24-hour facility which provides residential services to inclividuals in a home environment where the primary purpose of these services is the care, habilitation or nahabilitation of Individuals who have a mential illness, a developmental disability of habilitation or results of the same facility. (c) Each supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients, Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed if the facility serves either: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental lilness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (5) "E" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (6) "E" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have	STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
DEE & G ENRICHMENT #2 DEA S C ENRICHMENT #2 REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG V 289 27G . 5601 Supervised Living - Scope 10A NCAC 27G . 5601 SCOPE (a) Supervised Riving is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of Individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence, (b) A supervised Riving facility shall be licensed if the facility serves either: (1) one or more minor clients; or who or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below. (1) "A" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but ma			MHL001-131	B. WING		1	
DEE & G ENRICHMENT #2 CAN ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES CAN IDENTIFY OF LIGO ENTRY IN PROCESS BY FULL PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CONSEREFERRINGED TO THE APPROPRIATE CONSERER CONSERVED TO THE APPROPRIATE CONSERVED T	NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	<u> </u>	
(24) 10 SUMMARY STATEMENT OF DESCREDED BY PULL PRECEDED BY FOLITION SHOULD BE CONCENTED TO THE APPROPRIATE DATE OF THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	DEE & G	ENRICHMENT #2	207 FRIE	NDLY ROAD			
10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of Individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below; (1) "A" designation means a facility which serves adults whose primary diagnosis is mental lilness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves between the diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;	PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	COMPLETE
(6) "F" designation means a facility in a		10A NCAC 27G .56 (a) Supervised fivir provides residential home environment these services is the rehabilitation of Indi illness, a development or a substance abus supervision when in (b) A supervised five the facility serves ei (1) one or mo (2) two or mo Minor and adult clies same facility. (c) Each supervised licensed to serve a serves adults whose lilness but may also (2) "B" design serves minors whose developmental disability diagnoses; (3) "C" design serves adults whose developmental disability diagnoses; (4) "D" design serves minors whose developmental disability diagnoses; (5) "E" designs serves adults whose substance abuse devother diagnoses; (5) "E" designs serves adults whose substance abuse devother diagnoses; or	of scope of is a 24-hour facility which services to individuals in a where the primary purpose of a care, habilitation or viduals who have a mental ental disability or disabilities, se disorder, and who require the residence. ing facility shall be licensed if ther: are minor clients; or re adult clients. In the shall not reside in the diving facility shall be specific population as a facility which a primary diagnosis is mental have other diagnoses; ation means a facility which a primary diagnosis is a bility but may also have other ation means a facility which a primary diagnosis is a bility but may also have other ation means a facility which a primary diagnosis is a bility but may also have other ation means a facility which a primary diagnosis is pendency but may also have ation means a facility which a primary diagnosis is pendency but may also have	V 289			

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL001-131 08/13/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD DEE & G ENRICHMENT #2 **BURLINGTON, NC 27215** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 289 Continued From page 9 V 289 private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and Interview, the facility falled to meet the scope of a 5600A facility which served adults whose primary diagnosis is a mental illness for one of three clients (#2). The findings are: Review on 8/13/24 of the facility's license revealed the facility was licensed as a 5600A Supervised Living Facility. Review of the Rules for Mental Health, Developmental Disabilities and Substance Abuse Facilities and Services revealed "A" designation means a facility which

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serves adults whose primary diagnosis is a

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V 289	-Admission date of a Diagnoses of Dysli Reflux Disease; Atri Disability; Essential -Client #2 had no do diagnosis of a mental Interview on 8/13/24 revealed: -She was not aware diagnosis of a mental -Client #2 was going family care homes for she confirmed ther	of Client #2's record revealed: 3/5/24 pidemia; Gastroesophageal al Fibrillation, Learning Hypertension, Benign. ocumentation that indicated a al illness. with the Administrator that Client #2 did not have a al illness.	V 289	has corrected defrency be Chent back	talans fohis sicial nave		
	illness. 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIF (c) Each facility and maintained in a safe manner and shall be odor. This Rule is not met Based on observation failed to ensure the fafe, clean, and attraare: Observation on 8/13,-Kitchen:	y and Grounds Maintenance 33 LOCATION AND REMENTS its grounds shall be , clean, attractive and orderly kept free from offensive	V 736	morde of h The Admin renew Quar Assure that defrency does reoceur.	placed 15 book will to terly to this 1-24		

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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	JD	PROVIDER'S PLAN OF CORRECTI	ON NE
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V 736	and brokenHall Bathroom: -Tub lining was -Hallway leading to -Right side corr lifted, creating a trip Interview on 8/13/24 revealed: -She did not own the -Landlord had not b pastPlans were to not r particular facilities by -She acknowledged	peeling off. Bedrooms in the back: her of the carpet was lose and hazard. I with the Administrator e property. sen very cooperative in the enew the license for this d move the clients to openings the end of the year.	V 736	Surveyor care	the facility staff staff staff staff
A STATE OF THE STA	Water Systems 10A NCAC 27G .03 EQUIPMENT (b) Safety: Each factor constructed and equensures the physical visitors. (3) Electrical,	Intenance of Elec., Mech., & D4 FACILITY DESIGN AND cility shall be designed, iipped in a manner that I safety of clients, staff and mechanical and water iintained in operating	V 750	Cleaning Franciscone Clients that No First. But care been cleaned fightened, Tul been repain Admin will a monitor mon	emall sed Assort bethan dond be han tedetc enew y
-		n and interviews, the facility ctrical systems in safe		assure this p will not reach	instern logger

Division	of Health Service Re	egulation			FORM APPROVED
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	· · · · · · · · · · · · · · · · · · ·	MHL001-131	B. WING		R 08/13/2024
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V 750	Observation on 8/13 pm of the facility rev-Smoke detectors is to client's bedrooms leading to clients be house made the ala sounds) indicating the replacing. Interview on 8/13/24 revealed: -She did not know with changedShe had contacted see if the smoke detectors operating conditions 27G .0304(b)(4) Hot 10A NCAC 27G .030 EQUIPMENT (b) Safety: Each fact constructed and equipment is the physical visitors. (4) In areas of exposed to hot water shall be maintailed.	3/24 from 10:00 am to 4:30 vealed: peated by the kitchen, hallway in the front and hallway adroom in the back of the arm warning nolses (chirping hat the batteries needed with the Administrator why the smoke detectors were less had been recently the maintenance person to tector would need to be fixed the facility failed to ensure is were maintained in the two persons and the same amount of the facility shall be designed, sipped in a manner that I safety of clients, staff and the facility where clients are recently the temperature of the ained between 100-116	V750	This problem	He has He has He has He has extend Staff No shalls recourant extend extend residents recourant extend extend extend staff no shalls recourant extend extend recourant recourant extend extend recourant recourant extend ex
	This Rule is not met Based on observatio failed to maintain the	as evidenced by: n and interview the facility facility water temperature			

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STATEMENT OF DEPICEMENTS AND PLAN OF CORRECTION MHL001-131 MAHL001-131 MHL001-131 MHL001-131 STREET ADDRESS, CITY, STATE, 2IP CODE 207 FRIENDLY ROAD RURLINGTON, NC 27215 SUMMARY STATEMENT OF DEPICEMENTS UNDER CONTINUENCE ON THE PRECEDED BY PLLL FROM THE CONTINUENCY MUST BE PRECEDED BY PLLL FROM FROM THE CONTINUENCY MUST BE PRECEDED BY PLLL FROM FROM FROM FROM FROM FROM FROM FROM	Division	of Health Service Re	egulation			FORM	APPROVED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 207 FRIENDLY ROAD BURLINGTON, NC 27215 (A41)D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 Continued From page 13 between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/13/24 at approximately 3:30 PM revealed: -The kitchen sink water temperature was 128 degrees Fahrenheit. -The water temperature on the bathroom sink located between client #5 and clients #1 and #3's bedroom was 126 degrees Fahrenheit. Interview on 8/13/24 with the Administrator revealed: -She did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -She believed a staff may had messed around with the temperature of the water heaster as clients did not have access to it. -Staff assisted clients with their showers and normally adjusted the water temperature, but Staff assisted clients with their showers and normally adjusted the water temperature, but STATE ZIP CODE PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTION COMPLETE COMPLETE ACTION SHOULD BE (EACH CORRECTIVE ACTION S	STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA				
NAME OF PROVIDER OR SUPPLIER DEE & G ENRICHMENT #2 207 FRIENDLY ROAD BURLINGTON, NC 27215 (X4) ID PREPIX REGULATORY OR ISC IDENTIFYING INFORMATION) PREPIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) V752 Continued From page 13 between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/13/24 at approximately 3:30 PM revealed: -The kitchen sink water temperature was 128 degrees Fahrenheit. -The water temperature on the bathroom sink located between client #5 and clients #1 and #3's bedroom was 126 degrees Fahrenheit. Interview on 8/13/24 with the Administrator revealed: -She did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -Sta believed a staff may had messed around with the temperature of the water heater as clients did not have access to it. -Staff assisted clients with their showers and normally adjusted the water temperature, but			MHL001-131	B. WING			
BURLINGTON, NC 27215 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCE PROPERTY OF DEFICIENCE PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) V752 Continued From page 13 between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/13/24 at approximately 3:30 PM revealed: -The kitchen sink water temperature was 128 degrees Fahrenheit. -The hall bathroom's sink water temperature was 126 degrees Fahrenheit. -The water temperature on the bathroom sink located between client #5 and clients #1 and #3's bedroom was 126 degrees Fahrenheit. Interview on 8/13/24 with the Administrator revealed: -She did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -She believed a staff may had messed around with the temperature of the water heater as clients did not have access to it. -Staff assisted clients with their showers and normally adjusted the water temperature, but	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
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between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/13/24 at approximately 3:30 PM revealed: -The kitchen sink water temperature was 128 degrees Fahrenheit. -The hall bathroom's sink water temperature was 126 degrees Fahrenheit. -The water temperature on the bathroom sink located between client #5 and clients #1 and #3's bedroom was 126 degrees Fahrenheit. Interview on 8/13/24 with the Administrator revealed: -She did not realize the water temperature in the kitchen sink was over 116 degrees Fahrenheit. -She believed a staff may had messed around with the temperature of the water heater as clients did not have access to it. -Staff assisted clients with their showers and normally adjusted the water temperature but	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH	IN SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
		between 100-116 de findings are: Observation of the fapproximately 3:30 -The kitchen sink wadegrees Fahrenheit -The hall bathroom's 126 degrees Fahren clie bedroom was 126 degrees Fahren located between clie bedroom was 126 degrees Harender was 126 degrees Fahrenheit was overshe believed a staff with the temperature clients did not have staff assisted client normally adjusted the staff assisted client hormally adjusted the staff with the temperature clients did not have staff assisted client normally adjusted the staff assisted client hormally adjusted the staff assisted client had already low still would have som heater's temperature degrees Fahrenheit. She confirmed the tracking water temperature degrees fahrenheit.	acility on 8/13/24 at PM revealed: atter temperature was 128 as sink water temperature was whelt. ture on the bathroom sink ent #5 and clients #1 and #3's egrees Fahrenheit. With the Administrator the water temperature in the er 116 degrees Fahrenheit. If may had messed around of the water heater as access to it. Is with their showers and we water temperature for them wered the temperature, but eone adjust the water of to be between 100-116 facility falled to maintain the ature between 100-116	V 752	Dec & Gh. Corrected & water ten And were Staff Conce area. The was ajustic Surveyor with the Admin weekly to pomo occur	as he peratured training to temper ed will in merent ming	with his ature le renew this