Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				3) DATE SURVEY	
AND PLAN (PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:			COMPL	ETED		
		MHL041-905	B. WING		12/09/2024		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	ITE, ZIP CODE			
EI SWOD	TH COURT HOME	5 ELSWOR	RTH COURT				
LLOWOK	TH COOK! HOME	MCLEANS	VILLE, NC 273	301			
(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 SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS	;	V 000				
	A complaint survey was completed on December 9, 2024. The complaint was substantiated (intake #NC00224606). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.						
		d for 3 and has a current vey sample consisted of ents.					
V 105	27G .0201 (A) (1-7) G	Governing Body Policies	V 105				
	10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's						

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

(X6) DATE TITLE

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. , ,		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _		COMPLI	=1ED
	MHL041-905		B. WING		12/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
FI SWOR	TH COURT HOME	5 ELSWO	RTH COURT			
LLOWOK	THE COURT HOME	MCLEAN	SVILLE, NC 273	301		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 105	Continued From page	: 1	V 105			
	activities, including: (A) composition and a assurance and quality (B) written quality assimprovement plan; (C) methods for moniquality and appropriatincluding delineation outilization of services; (D) professional or cliar requirement that staprofessionals and proshall be supervised by that area of service; (E) strategies for importing (F) review of staff quadetermination made to treatment/habilitation (G) review of all fatality were being served in residential programs at (H) adoption of standard programmatic per applicable standards purpose, "applicable standards purpose, "applicable standards purpose, "applicable standards purpose, and the degmethods, and the degmethods, and the degmethods."	and quality improvement activities of a quality improvement committee; urance and quality toring and evaluating the teness of client care, of client outcomes and nical supervision, including aff who are not qualified vide direct client services y a qualified professional in roving client care; ulifications and a o grant privileges: ties of active clients who area-operated or contracted at the time of death; ards that assure operational rformance meeting of practice. For this standards of practice" petence established with				

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_ ` · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-905	B. WING		12	/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•		
EL 014/00	TH COURT HOME	5 ELSW	ORTH COURT				
ELSWOR	TH COURT HOME	MCLEAN	NSVILLE, NC 2730	l			
(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	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 105	Continued From page	e 2	V 105				
	facility failed to follow The findings are: Review on 12/6/24 of procedure on Drug To revealed: -"QLS is committed to that promotes the we supporttherefore, in Federal Drug-Free W state law, strictly propurchase or use of illowthe purpose of this maintain safe, healthy individuals we service responsible for the acceptance.	ews and interviews, the rits policy on drug testing. If the facility's policy and esting-Substance Abuse, or providing an environment lifare of the individuals we accordance with the lorkplace Act of 1988 and hibits staff fromsale, egal drugs while on the job policy is to (a) establish and y environment for the					
	tested for controlled so when a reasonable so is under the influence and/or alcohol while of suspicion exists that a violation of this policy corrective action, up to	substances and/or alcohol uspicion exists that the staff of any controlled substance on the job or if reasonable any staff is otherwise inany staff is subject to to and including discharge					
	Review on 12/6/24 of Report, dated 11/27/2 revealed: -"On 11/22/24, I begaincident that was reported that was reported to the compliant stated."	is controlled substance and" If the facility's Investigation 24, the President/Licensee, an my investigation of the ported by [care managers]. that QLS (Quality Life poide a safe environment for					

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Division of	of Health Service Regu	lation				
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL041-905	B. WING		12/0	9/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
		5 ELSW(ORTH COURT			
ELSWORT	TH COURT HOME		ISVILLE, NC 273	301		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	ON SHOULD BE COMPLETE HE APPROPRIATE DATE		
V 105	Continued From page		V 105			
	marijuana when the siduring a scheduled middle midd	nager] contacted [the al/Vice President (QP/VP)] she had visited the facility y w and when the staff (#2)				

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tolerated. In our conversation during an interview, [staff #1] stated that he had seen [staff #2] when he picked up the guys from the day center at approximately 3:00pm. He stated that he did not smell any odor at the home, and he did not seed to be impaired. He stated that when he went to the home, after the call, he did not smell anything at that time. He walked through the house and the guys were okay and there was not any odor present in the home. I advised him that I would be obtaining his written statement at a later time. On 11/25/24, at approximately 1:30pm, I interviewed [staff #2] to gather information regarding the marijuana smell. He stated that he had removed some clothes from his car and the smell may

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
MHL041-905		B. WING		12/0	9/2024		
					12/0	0,2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STA	TE, ZIP CODE			
ELSWORT	TH COURT HOME		ORTH COURT				
		MCLEAN	ISVILLE, NC 273	301			
(X4) ID	4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE	
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE	DATE	
				,			
V 105	Continued From page	2 4	V 105				
	have come from his c	lothes. He stated that he					
		ght his roommates clothes					
	_	that when [staff #1] called					
		e clothes and noticed the					
		ack in his car. He verbally					
	•	use any marijuana while at					
		When I asked him, if he was					
		pany policy regarding the					
	•	e stated that he was. On					
		d [client #1] and asked him					
		[2] smoking in the house. He					
		t. I also asked him if he					
		smelled 'funny' in the home					
		did not smell anything. On					
		d [client #2] and asked him					
		2] smoking in the house. He					
		lso asked him if he notified					
	anything that smelled	'funny' in the home and he					
	stated that he did not	smell anything. On					
	11/27/24, I spoke with	[the case manager] to					
	gather a couple of de	tails from the visit. She					
	stated that the odor th	nat she noticed was in the					
	foyer area of the hom	e and she did not smell					
	anything in or near the	e consumers' rooms. I					
	asked her if he (staff	#2) appeared to be impaired					
	at the time. She advis	ed that he did not appear to					
	be and held a brief co	nversation with her.					
	-Outcome: Because v						
	determine if [staff #2]	had used illegal drugs while					
		eported to work impaired, we					
		tantiated failure to provide a					
	safe environment for						
	-	pany policy, [staff #2] will be					
		a drug screening due to					
reasonable suspicion of potential use. The results							

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of the screening will determine what further actions will be taken relating to employment and/or referral for counseling. As per company operations, facility inspections occur on a

quarterly basis to access the operation and safety

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DIVISION	n nealth Service Negu	ialion			1	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR		
AND PLAN (AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETE	ED
	MUI 044 905		B. WING		42/00/	2024
		MHL041-905	1		12/09/	ZUZ4
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
EL OWOD	THE COURT HOME	5 ELSWO	RTH COURT			
ELSWOR	TH COURT HOME	MCLEANS	VILLE, NC 273	301		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 105	Continued From page	e 5	V 105			
	issues and also to mo	onitor for issues of this				
		unannounced visits to the				
		ensure that staff perform				
	their duties within con					
	their duties within con	nparty guidelines.				
	Review on 12/9/24 of	staff #2's record revealed:				
	-A hire date of 6/28/24					
	-A job description of F					
	(Habilitation Technicia					
	-A termination date of	•				
	-7 (terrimation date of	12/3/24				
	Interview on 12/6/24 v	with client #1 revealed:				
		iff #2] smokes p-o-t (spelled				
	the word out loud)."]				
	,	stairs in the living room."				
	-"I am upstairs in my					
	-"It smelled funny."					
	-"He holds it to his mo	outh."				
	-"It is a device. It is a	square device."				
	-"He keeps it (the dev	rice) on 'hisself.'"				
		with staff #2 revealed:				
		igo, someone said I smelled				
	like marijuana. It (the	smell of marijuana) was				
	actually in the clothes	in a bag that I had brought				
	into the facility to sepa	arate. Some of my				
	roommate's clothes w	vere in there. There were				
	fumes everywhere. O	nce I smelled the scent of it,				
	I took the bag back or	ut to my car"				
	-Denied smoking mar	ijuana on the facility's				
	premises					
	-"I used to smoke r	narijuana, but I stopped. It				
	has been a couple of	months when I stopped.				
		arted smoking marijuana				
		ly twenties. I was smoking				
		yy to be honest with you. I				
	•	like 2 or 3 times a weekI				
	was supposed to get	drug tested. It has not				
happened yet"						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL041-905	B. WING		12	2/09/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
ELSWOR ⁻	TH COURT HOME		ORTH COURT SVILLE, NC 2730	01		
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 105	Interview on 12/6/24 -Had not drug tested -"The lab we used properties of the lab we used properties of the lab we used properties of the lab way, it will go back up the light of the lab light of l	with the President revealed:	V 105			

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