AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		12/16/2024		
		DDRESS, CITY, STATE, ZIP CODE		12/	10/2024	
			EPH WILLETT			
BENYA A	AFL .	WINNAE	OW, NC 2847	9		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	An annual survey w 16, 2024. Deficienc	vas completed on December ies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living: Alternative Family Living in a Private Residence.					
		sed for 3 and has a current urvey sample consisted of clients.				
V 118	27G .0209 (C) Med	lication Requirements	V 118			
	 only be administered order of a person a drugs. (2) Medications shat clients only when a client's physician. (3) Medications, include the administered only builtiensed persons pharmacist or other privileged to prepare (4) A Medication Act all drugs administered current. Medication recorded immediate MAR is to include the (A) client's name; (B) name, strength, (C) instructions for (D) date and time the data or a data or	inistration: non-prescription drugs shall ed to a client on the written uthorized by law to prescribe all be self-administered by uthorized in writing by the cluding injections, shall be by licensed persons, or by a trained by a registered nurse r legally qualified person and re and administer medications dministration Record (MAR) of red to each client must be kep is administered shall be ely after administration. The				

	of Health Service Re					
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL010-077	B. WING		12/	16/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
BENYA A	NFL		EPH WILLETT OW, NC 2847			
(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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	drug. (5) Client requests checks shall be rec	ge 1 for medication changes or orded and kept with the MAR appointment or consultation	V 118			
	interviews, the facili medications as ord	view, observation and ity failed to administer ered by the physician and te MAR affecting 1 of 3 curren	t			
	revealed: -Admitted on 7/1/18 -Diagnoses of Epile intractable without s	4 of client #2's record 3. epsy unspecified not status epilepticus, Adjustment and Cerebral Palsy.				
	physician orders da -EryPed 200 200 m ml via feeding tube	4 of client #2's signed Ited 8/22/24 revealed: illigram(mg)/5 milliliter (ml) 4 3 times daily.(gastrointestinal) succinate 200mg/5ml 4ml (gastrointestinal)				
		4 of client #2's MARs from revealed EryPed 200mg was istered as ordered.				
	2:15pm of client #2	13/24 at approximately 's medications revealed: d Erythromycin Ethylsuccinate				

		egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 12/16/2024	
	MHL010-077					
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
BENYA A	AFL		EPH WILLETT OW, NC 2847			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 118	Continued From pa	ge 2	V 118			
	200mg were not av	ailable onsite for review.				
	Living Provider stat -Client #2's EryPed Ethylsuccinate 2000 -Both medications of gastrointestinal. -It was difficult for the medication so wher other medication wa -Client #2 missed he 12/12/24 and morn -She had contacted refill. -She had not docur	200mg and Erythromycin mg were the same medication. were his client #2's he pharmacy to get the n one was unavailable the as filled. is EryPed 200mg at night on				
V 539	10A NCAC 27F .01 ENVIRONMENT (a) Each client sha (1) an atmos uninterrupted sleep hours, consistent w provided and the ty (2) accessible for at least limited p determined inappro- habilitation team. (b) Each client sha his room, or his por with respect to choi and with respect for restrictions on this t		V 539			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL010-077	B. WING		12/	16/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
BENYA A	FL		EPH WILLETT OW, NC 2847			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 539	Continued From pa	ge 3	V 539			
	interviews, the facil areas for personal j audited clients (#1, Review on 12/13/24 revealed: -Admitted on 1/29/2	views, observation and ity failed to provide accessible privacy, affecting three of three #2, #3). The findings are: 4 of client #1's record 23. Intellectual Disability, Cortical				
	revealed: -Admitted on 7/1/18 -Diagnoses of Epile intractable without s	4 of client #2's record 3. epsy unspecified not status epilepticus, Adjustment and Cerebral Palsy.				
	revealed: -Admitted on 8/16/2	4 of client #3's record 23. Intellectual Disability and				
	10:57am a tour of t -There was a swive bedroom on the wa door. -There was a swive bedroom on the bo -There was a came	13/24 at approximately he facility revealed: al camera in client #1's all shelf next to the bedroom al camera in client #2's okshelf by the bedroom door. ara in client #3's bedroom on a b the right of the bedroom				
		13/24 at approximately nera views from the Alternative				

	of Health Service Re			CONSTRUCTION		
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL010-077	B. WING		12/	16/2024
NAME OF F	PROVIDER OR SUPPLIER			IATE, ZIP CODE		
BENYA A	FL		PH WILLETT: W, NC 28479			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE
V 539	Continued From pa	ge 4	V 539			
	 Family Living (AFL) Provider's cellphone revealed all client bedroom cameras had visual video views. Interview on 12/13/24 the AFL Provider stated: -She had cameras in the client bedrooms for audio only. Client #1 and #3 had camera's in their bedroom since their admission. Client #2 bedroom camera was placed in his room since December 2023. She was not aware video cameras in the client bedroom's did not allow for personal privacy. Interview on 12/13/24 the Qualified Professional stated: The facility had a "Consent for Rights Limitation" for use of camera's in the home. She was not aware video cameras in the client bedroom's did not allow for personal privacy. 					
	ealth Service Regulation					