

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED 11/19/2024
NAME OF PROVIDER OR SUPPLIER JOHNSON & JOHNSON HEALTH CARE GROUP			STREET ADDRESS, CITY, STATE, ZIP CODE 1745 BURTON STREET WINSTON SALEM, NC 27105		
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS An annual survey was completed on November 19, 2024. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 2 and has a current census of 1. The survey sample consisted of an audit of 1 current client.	V 000			
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (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 on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) 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 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, the American Heart Association or their equivalence for relieving airway obstruction.	V 108			

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DEC 16 2024

DHSR-MH Licensure Sect

Division of Health Service Regulation

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

TITLE

(X6) DATE

STATE FORM

6809

OWXY11

If continuation sheet 1 of 17

[Signature] MHL 034-402 12/09/2024

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V 108	<p>Continued From page 1</p> <p>(i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility's Backup Staff and Qualified Professional (QP) had not received their refresher training in First Aid and Cardiopulmonary Resuscitation (CPR) for 2 of 3 staff. The findings are:</p> <p>Review on 11/19/24 of the Backup staff's personnel file revealed: -Her training certificate in First Aid and CPR expired 8/20/23. -No documentation of current training in First Aid and CPR.</p> <p>Review on 11/19/24 of the QP's personnel file revealed: -Her training certificate in First Aid and CPR expired in 6/2024.</p> <p>Interview on 11/19/24 with the QP revealed: -She thought she was current in her First Aid and CPR training. -She would look through her files to try and find her current certificate.</p> <p>Interview on 11/19/24 with the Chief Operations Officer /Director/Alternative Family Living Provider (COO/D/AFL) revealed: -She had not utilized the Backup staff to provide</p>	V 108	<p>10A NCAC 27G.0202 (5)(9)</p> <p>Qualified Professional, backup staff, and COO/D/AFL has received their refresher training in First Aid and Cardiopulmonary Resuscitation (CPR). These documents has been placed in the staff's files. Methods that will be used to keep the files updated will be monthly viewings of staff's files by the QP and COO/D/AFL. Expiration dates will be recorded in a yearly planner. Compliance date was on November 20, 2024. Files updated.</p>	

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V 108	Continued From page 2 care for Client #1 since his admission on 10/11/24. -She maintained the personnel files for the Backup staff and the QP. -She and the QP would follow up to make sure the trainings in First Aid and CPR were current for each staff. -She and the QP may have to set up refresher First Aid and CPR training.	V 108			
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 112			

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to develop and implement a treatment plan for 1 of 1 audited client (Client #1). The findings are:</p> <p>Review on 11/19/24 of Client #1's record revealed:</p> <ul style="list-style-type: none"> -Admission date of 10/11/24. -Diagnoses of Congenital Microcephaly, Cachexia, Chronic Obstructive Pulmonary Disease, Colorectal cancer, Aortic atherosclerosis, Seizure, Prostate cancer, and undetermined Individual Developmental Disorder (IDD). -No documented treatment plan or strategies. <p>Interview on 11/18/24 with Client #1 revealed: "I don't know what my goals are."</p> <p>Interview on 11/19/24 with the Chief Operations Officer /Director/Alternative Family Living (COO/D/AFL) Provider revealed:</p> <ul style="list-style-type: none"> -Client #1 did not have a treatment plan because she and the Qualified Professional (QP) were waiting to receive the findings from Client #1's psychological evaluation which was scheduled for 12/30/24. -She had no written strategies in place. -She assisted Client #1 with medication administration, meal preparation, transportation to his day program and supervision when present at the facility. 	V 112	<p>IDA NCAC 27G.0205 ASSESSMENT AND TREATMENT/ HABILITATION OR SERVICE PLAN</p> <p>CLIENTS Plan was completed by the QP for Johnson & Johnson Healthcare Group. Client's Assessment was completed by QPA Healthcare, Inc. Staff. Compliance date was on November 22, 2024. Client will receive a psychological evaluation on December 30, 2024 with The Neill Group. Johnson & Johnson Healthcare Group will take measures in the future by requesting documentation before clients are accepted into the AFL. COO/D/AFL will request all assessments and psychological evaluations are completed within the 30 day time frame upon move in date.</p>	

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V 112	Continued From page 4 -"[Client #1]'s mental and physical health information is sketchy and I with my QP are trying to work with the [DSS (Department of Social Services) social worker] to piece information together ..." Interview on 11/19/24 with the QP revealed: -She confirmed there were no written treatment strategies or plan for Client #1. -"We are waiting for the findings of his (Client #1)'s psychological evaluation for his plan."	V 112	G.S. 131E-256 (D2) HCPR - Prior Employment Verification Johnson & Johnson Healthcare Group and COO/D/AFL Completed a second HCPR due to misplacement of file documentation. A new HCPR was completed and placed in files on November 19, 2024.		
V 131	G.S. 131E-256 (D2) HCPR - Prior Employment Verification G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files. This Rule is not met as evidenced by: Based on record review and interview, the facility did not access the North Carolina Health Care Personnel Registry (HCPR) prior to the date of hire for 1 of 1 Qualified Professional (QP). The findings are: Review on 11/19/24 of the QP's personnel record revealed: -Hire date of 8/22/23.	V 131	Johnson & Johnson Healthcare Group, COO/D/AFL, and QP will address the method by always completing the HCPR prior to hiring staff in the future. There will be a file check list completed. The check list will be attached to the staff's file with initials to confirm documents and dates.		

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V 131	Continued From page 5 -Date HCPR accessed was 5/8/24. Interview on 11/19/24 with the QP revealed: -She started QP services to the facility on 8/22/23. -The HCPR accessed on 5/8/24 was not related to her employment with the AFL (Alternative Family Living) facility. -She believed the Chief Operating Officer/Director/AFL Provider (COO/D/AFL) accessed the HCPR when she started QP work for the facility. -Her personnel record was maintained by the COO/D/AFL Provider. Interview on 11/19/24 with the COO/D/AFL Provider revealed: -She thought she had accessed the HCPR for the QP on or before the QP's hire date. -She would search for the initial HCPR for the QP.	V 131			
V 133	G.S. 122C-80 Criminal History Record Check G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If	V 133			

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V 133	Continued From page 6 the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to	V 133			

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V 133	<p>Continued From page 7</p> <p>the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of the person and the job duties of the position to be filled. (6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed. (7) The subsequent commission by the person of a relevant offense. <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider.</p>	V 133			

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V 133	Continued From page 8 If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant. (d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for: (1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual. (2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section. (e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19,	V 133			

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V 133	Continued From page 9 False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5. (f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment. - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a	V 133		

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V 133	<p>Continued From page 10</p> <p>criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility did not request a State Bureau of Investigation (SBI) national background check within 5 days of making the conditional offer of employment for 1 of 1 Qualified Professional (QP). The findings are:</p> <p>Review on 11/19/24 of the QP's personnel record revealed: -Hire date of 8/22/23. -1/24/24 criminal background check.</p> <p>Interview on 11/19/24 with the QP revealed: -Her 1/24/24 criminal background check was requested by an employer unrelated to the AFL (Alternative Family Living) facility. -She would need to visit the facility and locate her criminal background check. -The facility's Chief Operating Officer/Director/ AFL Provider (COO/D/AFL) maintained her personnel record.</p> <p>Interview on 11/19/24 with the COO/D/AFL Provider revealed: -The QP had a criminal background check which could be provided for review.</p>	V 133	<p>G.S. 122 C-80 Criminal History Record Check</p> <p>Johnson & Johnson Healthcare Group completed a criminal history background check for the QP December 3, 2024. Misplaced the first criminal check, so to address the method that will be used in the future, the COO/D/AFL will complete all criminal background check prior to hiring employees. Employment will not start until file is completed.</p>	

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V 536	Continued From page 11	V 536		
V 536	<p>27E .0107 Client Rights - Training on Alt to Rest. Int.</p> <p>10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS</p> <p>(a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions.</p> <p>(b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented.</p> <p>(c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <p>(1) knowledge and understanding of the people being served;</p>	V 536		

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V 536	Continued From page 12 (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). (h) Service providers shall maintain documentation of initial and refresher training for at least three years. (1) Documentation shall include: (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may review/request this documentation at any time. (i) Instructor Qualifications and Training Requirements: (1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions. (2) Trainers shall demonstrate competence	V 536		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-402	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 11/19/2024
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**1745 BURTON STREET
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V 536	<p>Continued From page 13</p> <p>by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where attended; and</p> <p>(C) instructor's name.</p>	V 536		

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V 536	<p>Continued From page 14</p> <p>(2) The Division of MH/DD/SAS may request and review this documentation any time.</p> <p>(k) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(l) Documentation shall be the same preparation as for trainers.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the Chief Operations Officer /Director/Alternative Family Living Provider (COO/D/AFL), the Backup Staff and the Qualified Professional (QP) had not received refresher training on Alternatives to Restrictive Interventions. The findings are:</p> <p>Review on 11/19/24 of the COO/D/AFL Provider's personnel record revealed: -Her National Crisis Intervention in Prevention and Defensive (NCI+-) dated 7/11/22 expired 7/11/23. -No documentation of current training on Alternatives to Restrictive Interventions.</p> <p>Review on 11/19/24 of the Backup staff's personnel file revealed: -Her NCI +- training certificate dated 8/4/22</p>	V 536	<p>10A NCAC 27E . 0107 Training ON ALTERNATIVES TO RESTRICTIVE INTERV- ENTIONS</p> <p>Johnson & Johnson Healthcare Group updated ALL NCI training for the COO/D/AFL, Qualified Professional, and Backup Staff Training was completed on November 25 2024.</p> <p>Johnson & Johnson Health- Care Group will address methods to monitor Client and Staff files. COO/D/AFL will complete training for NCI yearly, will monitor files monthly, and also record expiration dates in the COO/D/AFL Planner and on the check list located on the front of Staff's employment folders.</p>	

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V 536	Continued From page 15 expired 8/4/23. -No documentation of current training on Alternatives to Restrictive Interventions. Review on 11/19/24 of the QP's personnel file revealed: -Her NCI +- training certificate dated 6/1/22 expired 6/2023. -No documentation of current training on Alternatives to Restrictive Interventions. Interview on 11/19/24 with the QP revealed: -She thought her training in NCI+- was current. -She planned to look through her personnel file to try and find her current training certificate. Interview on 11/19/24 with the COO/D/AFL Provider revealed: -She thought her training in NCI+- was up to date. -She would make sure all staff received refresher training.	V 536	27G .0303(c) Facility and Grounds Maintenance Johnson & Johnson Healthcare Group has updated the control knobs on the stove-top and changed out the light bulb that was blown out with a new light bulb on November 23, 2024. Johnson & Johnson Health-Care Group will update all maintenance and repairs inside and outside within a reasonable time after being notified of the problem.		
V 736	27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a safe and attractive manner. The findings are: Observation on 11/19/24 between 11:27 am and 12:00 noon of the facility revealed: -A control knob was missing from the stove for	V 736			

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V 736	<p>Continued From page 16</p> <p>the left rear burner. -Light bulbs were not working over the bathroom sink vanity.</p> <p>Interview on 11/18/24 with Client #1 revealed: -He did not know of any repairs needed at the facility.</p> <p>Interview on 11/19/24 with the Chief Operations Officer /Director/ Alternative Family Living Provider (COO/D/AFL) revealed: -She ordered a new control dial for the stove. -She thought only 1 light bulb had burned out over the bathroom sink vanity. -She would check the light bulbs and replace any of the bulbs that were not working.</p>	V 736			