STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:		R 01/24/2025	
		MHL020-078				
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
THE CROS	SSING					
		ANDRE	WS, NC 28901			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	6	V 000			
		v up survey was completed . Deficiencies were cited.				
	category: 10A NCA	ed for the following service C 27G .5600C Supervised Developmental Disability.				
	This facility is licensed for 4 and has a current census of 4. The survey sample consisted of audits of 3 current clients.					
V 111	27G .0205 (A-B) Assessment/Treatme	ent/Habilitation Plan	V 111			
	10A NCAC 27G .020 TREATMENT/HABIL PLAN	05 ASSESSMENT AND ITATION OR SERVICE				
	client, according to g	shall be completed for a loverning body policy, prior to les, and shall include, but not				
	., .					
	of admission, except detoxification or othe	a determined within 50 days that a client admitted to a er 24-hour medical program shed diagnosis upon				
	(4) a pertinent social and	al, family, and medical history;				
	psychiatric, substand vocational, as appro	ssessments, such as ce abuse, medical, and priate to the client's needs.				
	establishment and in treatment/habilitation	re provided prior to the nplementation of the n or service plan, hereafter an," strategies to address the				
		oblem shall be documented.				

STATEMENT OF DEFICIENCIES (2 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		MHL020-078	B. WING		R 01/24/2025	
	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE	• • • •		
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HE CROS	SSING		NS, NC 28901			
(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	(X5) COMPLET DATE
V 111	Continued From page	e 1	V 111			
	failed to ensure an as prior to the delivery o	ew and interview, the facility ssessment was completed f services affecting 3 of 3				
		2, and #3). The findings are: Client #1's record revealed:				
		6/24. ual Developmental Disability ective Disorder (D/O);				
	Anxiety D/O; Type 2 I Hyperlipidemia; and					
	Review on 1/23/25 of	Client #2's record revealed:				
	-Admission Date: 9/10 -Diagnoses: IDD, Mod Control and Conduct	derate; Unspecified Impulse				
	Unspecified Bipolar a specified mental D/O	nd Related D/O; and Other				
		pleted prior to admission. Client #3's record revealed:				
	-Admission Date: 9/10 -Diagnoses: IDD, Mo					
	-	and Generalized Anxiety				

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		Iation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	LETED
		MHL020-078	B. WING		R 01/24/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE CRO	SSING		TAIN TRACE WS, NC 28901			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 111	Continued From page	2	V 111			
		with Client #1 revealed: from a sister facility, "a				
		with Client #2 revealed: ity before moving here.				
	-"Been here a long tir	with Client #3 revealed: ne, I love it." ity previously and moved				
	the sister facility. -Did not complete an					
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm					

If continuation sheet 3 of 7

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		R 01/24/2025		
		MHL020-078					
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
THE CRO	SSING		TAIN TRACE WS, NC 28901				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 118	Continued From pag	e 3	V 118				
	recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials o drug. (5) Client requests for checks shall be record	administered shall be y after administration. The e following: and quantity of the drug; dministering the drug; e drug is administered; and f person administering the or medication changes or rded and kept with the MAR opointment or consultation					
	current for all drugs a audited clients (#2). Review on 1/23/25 or -Admission Date: 9/1 -Diagnoses: Intellect (IDD), Moderate; Uns and Conduct Disorde Unspecified Bipolar a specified mental D/O -Physician Orde medications dated 7/ Propranolol 20 milligr (anxiety/cardiac), 1/2 morning and afternoor	n, record review and failed to keep the MAR administered affecting 1 of 3 The findings are: f Client #2's record revealed: 6/24. ual Developmental Disability specified Impulse Control er (D/O); and Related D/O; and Other b. rs for the following (23/24 included: ram (mg) tablet (tab) t tab by mouth, (PO) in the					

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
					R	
		MHL020-078	B. WING		01	/24/2025
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE <b>TAIN TRACE</b>	, ZIP CODE		
THE CROS	SSING		WS, NC 28901			
(X4) ID			ID		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 118	Continued From page	e 4	V 118			
	and 8:00PM daily.					
	Observation on 1/22/	25 at 1:00 PM of Client #2's				
	medications revealed					
	-Propranolol 20mg tab, take ½ tab in the AM and afternoon at 2:00PM, dispensed 12/30/24. Review on 1/23/25 of facility incident reports from					
	11/1/24 to 1/22/25 revealed: -11/1/24, medication error, "Propranolol 20mg					
	and Hydroxyzine 25mg2:00PMstaff forget to					
	administer medication	•				
	Review on 1/22/25 of Client #2's MARs from 11/1/24 to 1/22/25 revealed:					
	-MAR transcription reflected Propranolol 10mg					
	•	7:00AM and once daily at				
	-11/1/24, Propranolol administered on 11/1	-				
		25 mg, one tab PO TID at				
		d 8:00PM daily, initialed as				
	Interview on 1/22/25	with Staff #1 revealed:				
		MAR transcription and order				
	for the Propranolol fo same.	r Client #2 were not the				
		with the Director revealed:				
	-Responsible for med	lication oversight. f turnover at the pharmacy				
	the facility uses.	numover at the phannacy				
	-The Licensee was lo	ooking at going back to an				
	electronic MAR syste					
	-Staff were sent for re administration when	e-training on medication				

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OF DEFICIENCIES				- (X3) DATE SURVEY COMPLETED R	
	MHL020-078		0	1/24/2025	
ROVIDER OR SUPPLIER			, ZIP CODE		
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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
Continued From page	e 5	V 736			
27G .0303(c) Facility	and Grounds Maintenance	V 736			
EXTERIOR REQUIR (c) Each facility and it maintained in a safe,	EMENTS ts grounds shall be clean, attractive and orderly				
This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are:					
revealed: -A kitchen cabinet in t missing the cabinet fa -The overhead light in hallway was missing -The sink faucet in the dripping.	the lower right corner was ace. n the shared bathroom in the a cover. e shared bathroom was				
Deficiencies (SOD) b Service Regulation (E 4/24/23 revealed: -Cited for facility grou -"client bedroom ha	y the Division of Health DHSR) annual survey dated Inds and maintenance. ad no closet door."				
-had lived a the facilty 4 months). -The closet never had	y, "for awhile" (approximately d doors.				
	ROVIDER OR SUPPLIER SSING SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page 27G .0303(c) Facility 10A NCAC 27G .0303 EXTERIOR REQUIR (c) Each facility and ir maintained in a safe, manner and shall be odor. This Rule is not met Based on observation interview, the facility and maintained in an attra The findings are: Observation on 1/22/ revealed: -A kitchen cabinet in missing the cabinet fa -The overhead light in hallway was missing -The sink faucet in th dripping. -Client #1's bedroom Review on 1/22/25 of Deficiencies (SOD) b Service Regulation (I 4/24/23 revealed: -Cited for facility grou -"client bedroom ha -"shared bathroom cover." Interview on 1/22/25 -had lived a the facility 4 months). -The closet never had -The kitchen cabinet in -The kitchen cabinet (missing face).	IDENTIFICATION NUMBER:         IDENTIFICATION NUMBER:         INHL020-078         ROVIDER OR SUPPLIER         SSING         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 5         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, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are:         Observation on 1/22/25 at 12:35PM of the facility revealed:         -A kitchen cabinet face.         -The overhead light in the shared bathroom in the hallway was missing a cover.         -The sink faucet in the shared bathroom was dripping.         -Client #1's bedroom was missing closet doors.         Review on 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed:         -Client bedroom had no closet door."       -"client bedroom had no closet door."         -"client bedroom had no closet door."       -"client bedroom had no closet door."         -"client bedroom had no closet door."      ehared bathroom in hallway had n	IDENTIFICATION NUMBER:       A. BUILDING:         MHL020-078       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE         SSING       48 BRITTAIN TRACE ANDREWS, NC 28901         Continued From page 5       V 736         Continued From page 5       V 736         10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and Grounds Maintenance       V 736         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.       V 736         This Rule is not met as evidenced by: Based on observation, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are:       Notestation of 1/22/25 at 12:35PM of the facility revealed:         A kitchen cabinet in the lower right corner was missing the cabinet face. - The overhead light in the shared bathroom was dripping. -Client #1's bedroom was missing closet doors.       Notestation of 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed: - Cited for facility grounds and maintenance. - *client bedroom had no closet door." - *shared bathroom in hallway had no light cover."         Interview on 1/22/25 with Client #1 revealed: -had lived a the facility, "for awhile" (approximately 4 months). - The kitchen cabinet had always been like that (missing face).	F CORRECTION       IDENTIFICATION NUMBER:       A BUILDING:         MHL020-078       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SING       48 BRITAIN TRACE         ANDREWS, NC 28901       SUMMARY STATEMENT OF DEFICIENCIES         SUMMARY STATEMENT OF DEFICIENCIES       ID         REGULATORY OR LSC DENTIFYING INFORMATION)       PREFX         Continued From page 5       V 736         27G .0303 (c) Facility and Grounds Maintenance       V 736         10A NCAC 27G .0303 LOCATION AND       EXTERTION REQUIREMENTS         (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly mainter, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are:         Observation on 1/22/25 at 12:35PM of the facility revealed:         -A kitchen cabinet in the lower right corner was missing the cabinet face.         -The overhead light in the shared bathroom in the hallway was missing closet doors.         Review on 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed:         -Cilent #1's bedroom was missing closet doors.         Review on 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed:         -The closet never had doors. <td>r CORRECTION DIMENSION NUMBER A BUILDING: COM MHL020-078 B. WING 0 COM COMPARIANCE SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES PROVIDENT STATEMENT OF DEFICIENCY Continued From page 5 V 736 V 736 104 NCAC 27G 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds Maintenance V 736 104 NCAC 27G 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds when ot maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in an attractive and orderly manner. The findings are: Observation, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. The findings are: Observation on 1/22/25 at 12:35PM of the facility revealed: -The overhead light in the shared bathroom was dripping. -Clent #T's bedroom was missing closet doors. Review on 1/22/25 of the Statement of Deficiencies (SOD) by the Division of Health Service Regulation (DHSR) annual survey dated 4/24/23 revealed: -Cited for facility grounds and maintenance. </td>	r CORRECTION DIMENSION NUMBER A BUILDING: COM MHL020-078 B. WING 0 COM COMPARIANCE SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES PROVIDENT STATEMENT OF DEFICIENCY Continued From page 5 V 736 V 736 104 NCAC 27G 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds Maintenance V 736 104 NCAC 27G 0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds when ot maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintained in an attractive and orderly manner. The findings are: Observation, record review, and interview, the facility and its grounds were not maintained in an attractive and orderly manner. 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OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
	MHL020-078			01	/24/2025
ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
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(EACH DEFICIENC	TATEMENT OF DEFICIENCIES	ID PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
Continued From pag	e 6	V 736			
Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024). -Unaware of any physical plant/facility ground concerns with the facility.					
Manager revealed: -Responsible for mai -The facility had som moving clients back i -When asked about t including missing ligh probably was."	ntenance of the facilities. e renovations done prior to into the facility. the citation from 2023 nt cover and closet door, "It				
,	5				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag Interview on 1/22/25 -The kitchen cabinet refrigerator. Interview on 1/22/25 -The cabinet face in since she started wo (2024). -Unaware of any phy concerns with the fac Interviews on 1/23/25 Manager revealed: -Responsible for mai -The facility had som moving clients back i -When asked about t including missing ligh probably was." -Would follow up to e completed. This deficiency const	MHL020-078         SURG         STREET / 48 BRIT ANDRE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 6         Interview on 1/22/25 with Client #2 revealed: -The kitchen cabinet door was behind the refrigerator.         Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024).         -Unaware of any physical plant/facility ground concerns with the facility.         Interviews on 1/23/25 and 1/24/25 with the House Manager revealed: -Responsible for maintenance of the facilities.         -The facility had some renovations done prior to moving clients back into the facility.         -When asked about the citation from 2023 including missing light cover and closet door, "It probably was."         -Would follow up to ensure the maintenance was	MHL020-078       B. WING         ROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE,         SSING       48 BRITTAIN TRACE ANDREWS, NC 28901         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 6       V 736         Interview on 1/22/25 with Client #2 revealed: -The kitchen cabinet door was behind the refrigerator.       V 736         Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024).       V 736         Unaware of any physical plant/facility ground concerns with the facility.       Interviews on 1/23/25 and 1/24/25 with the House Manager revealed: -Responsible for maintenance of the facilities. -The facility had some renovations done prior to moving clients back into the facility.         When asked about the citation from 2023 including missing light cover and closet door, "It probably was."       When asked about the citation from 2023 including missing light cover and closet door, "It probably was."         -Would follow up to ensure the maintenance was completed.       This deficiency constitutes a re-cited deficiency	MHL020-078       B. WING         B. WING       B. WING         SSING       48 BRITTAIN TRACE ANDREWS, NC 28901         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG       PROVIDER'S PLANG (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE         Continued From page 6       V 736       V 736         Interview on 1/22/25 with Client #2 revealed: -The kitchen cabinet door was behind the refrigerator.       V 736         Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024).       V 736         Unavare of any physical plant/facility ground concerns with the facility.       Interviews on 1/23/25 and 1/24/25 with the House Manager revealed: -The facility had some renovations done prior to moving clients back into the facility.         When asked about the citation from 2023 including missing light cover and closet door, "It probably was."	MHL020-078     B. WING     Other       ROVIDER OR SUPPLER     STREET ADDRESS, CITY, STATE, ZIP CODE     48 BRITTAIN TRACE ANDREWS, NC 28901     90       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WENT OF DEFICIENCIES (EACH DEFICIENCY WINT BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)     pp PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY       Continued From page 6     V 736       Interview on 1/22/25 with Client #2 revealed: -The kitchen cabinet door was behind the refrigerator.     V 736       Interview on 1/22/25 with Staff #1 revealed: -The cabinet face in kitchen had been missing since she started working at this facility last year (2024). -Unaware of any physical plant/facility ground concerns with the facility.     Interviews on 1/23/25 and 1/24/25 with the House Manager revealed: -Responsible for maintenance of the facilities. -The facility had some renovations done prior to moving clients back into the facility.       -When asked about the citation from 2023 including missing light cover and closet door, "It probably was." -Would follow up to ensure the maintenance was completed.     Interviews an e-cited deficiency