| Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.   | STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  MHL020-078 |  | IDENTIFICATION NUMBER:  |                 | (X2) MULTIPLE CONSTRUCTION A. BUILDING:                                  |             | (X3) DATE SURVEY<br>COMPLETED |  |
|--|--|--|---|-----------------|--|-------------|-------------------------------|--|
| THE CROSSING  ALE BRITTAIN TRACE ANDREWS, NC 28991  ANDREWS, NC 28991  RECH CORRECTIVE ACTION SHOULD BE PRECEDED BY PLLL PRETEX TAG  TOO INITIAL COMMENTS  V 000  INITIAL COMMENTS  V 111  This facility is licensed for the following service category: 10A NCAC 27G. 5800C Supervised Living for Adults with 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.  Assessment/Treatment/Habilitation Plan  10A NCAC 27G. 0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to (1) the client's presenting problem;  (2) the client's needs and strengths; (3) a provisional or admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;  (4) a pertinent social, family, and medical instory; and  (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's presenting problem shall be documented.  This will be monitored by the Director of IDD Services when resident transfers occur.   |  |  | B. WING   |                 |  |             |                               |  |
| INCOUNTING  SUMMARY STREAMS OF CORRECTION PREFIX ING  SUMMARY STREAMS OF CORRECTION SCHOEFFICH SAY MIST BE PRECEDED BY PILL SCHOEFFICH SAY MIST BE PILL SCHOEFFICH SAY | NAME OF P  | ROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, ST | TATE, ZIP CODE   |             |                               |  |
| ANDREWS, NC 28901  INTIAL COMMENTS TAG  V 000  INTIAL COMMENTS  An annual and follow up survey was completed on January 24, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 4 and has a current cansus of 4. The survey sample consisted of audits of 3 current clients.  V 111  27G. 0.205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G. 0.205 ASSESMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem; (2) the client's presenting problem; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission.  (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs, (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the clients' presenting problem shall be documented.   | THE CRO  | SSING  | 48 BRITT  | AIN TRACE       |  |             |                               |  |
| PRETIX TAG  V 000  INITIAL COMMENTS  An annual and follow up survey was completed on January 24, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G, 5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for the following service category: 10A NCAC 27G, 5600C Supervised Living for Adults with 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, 0.205 (A-B)  Assessment/Treatment/Habilitation Plan  10A NCAC 27G, 0.205 ASSESMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or order 24-hour medical program shall have an established diagnosis upon admission.  (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan." strategies to address the clients' presenting problem shall be documented.   | THE ONO  | oomo   | ANDREW  | S, NC 28901     |  |             |                               |  |
| An annual and follow up survey was completed on January 24, 2025. Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G.5600C Supervised Living for Adults with 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/Treatment/Habilitation Plan  10A NCAC 27G.0205 ASSESSMENT AND TREATMENTHABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem;  (2) the client's presenting problem;  (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;  (4) a pertinent social, family, and medical history; and  (5) evaluations or assessments, such as psychiatiric, substance abuse, medical, and vocational, as appropriate to the client's needs.  (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.   | PREFIX   | (EACH DEFICIENCY MUST BE PRECEDED BY FULL  |   | PREFIX          | (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE    |             | COMPLETE                      |  |
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| category: 10A NCAC 27G.5600C Supervised Living for Adults with 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/Treatment/Habilitation Plan  10A NCAC 27G.0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's speeds and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  |  |  |   |                 |  |             |                               |  |
| census of 4. The survey sample consisted of audits of 3 current clients.  V 111  27G .0205 (A-B) Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205  |  | category: 10A NCAC   | category: 10A NCAC 27G .5600C Supervised                                  |                 |  |             |                               |  |
| Assessment/Tréatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem;  (2) the client's needs and strengths;  (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;  (4) a pertinent social, family, and medical history; and  (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.  (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.   |  | census of 4. The surv  | ey sample consisted of  |                 |  |             |                               |  |
| TREATMENT/HABILITATION OR SERVICE PLAN  (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  | V 111  |  |   | V 111           | addendum will be completed for Client #1, Client #2 and Client #3 for an |             | 3/15/2025                     |  |
| client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to:  (1) the client's presenting problem;  (2) the client's needs and strengths;  (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission;  (4) a pertinent social, family, and medical history; and  (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs.  (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  |  | TREATMENT/HABILIT  | REATMENT/HABILITATION OR SERVICE  |                 |  |             |                               |  |
| (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  |  | client, according to governing body policy, prior to<br>the delivery of services, and shall include, but not<br>be limited to: |   |                 | again, CCA updates will occur when residents are transferred from one A  | n           |                               |  |
| detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  |  | <ul><li>(2) the client's needs</li><li>(3) a provisional or ac established diagnosis</li></ul>                                 | and strengths;<br>Imitting diagnosis with an<br>determined within 30 days |                 | IDD Services when resident transfe                                       | or of<br>rs |                               |  |
| and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.   |  | detoxification or other 2<br>shall have an establish<br>admission;   | 24-hour medical program<br>led diagnosis upon                             |                 |  |             |                               |  |
| vocational, as appropriate to the client's needs.  (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.   |  | and<br>(5) evaluations or ass  | essments, such as   | 40              |  |             |                               |  |
| treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.  |  | vocational, as appropri<br>(b) When services are   | ate to the client's needs. provided prior to the                          |                 |  |             |                               |  |
|  |  | treatment/habilitation o<br>referred to as the "plan   | r service plan, hereafter<br>," strategies to address the                 |                 |  |             |                               |  |
| rision of Health Service Regulation  |  |  | nem shall be documented.  |                 |  |             |                               |  |

 $\frac{\textit{Victoria Singley}}{\textit{\tiny STATE FORM}}$ 

Director IDD Services

2/14/2025

FORM APPROVED 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: \_\_\_ R B. WNG\_ MHL020-078 01/24/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **48 BRITTAIN TRACE** THE CROSSING ANDREWS, NC 28901 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 111 Continued From page 1 V 111 This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure an assessment was completed prior to the delivery of services affecting 3 of 3 audited clients (#1, #2, and #3). The findings are: Review on 1/23/25 of Client #1's record revealed: -Admission Date: 9/16/24. -Diagnoses: Intellectual Developmental Disability (IDD) Mild; Schizoaffective Disorder (D/O); Anxiety D/O; Type 2 Diabetes Mellitus;

Division of Health Service Regulation

Disorder.

Hyperlipidemia; and Traumatic Brain Injury. -No assessment completed prior to admission.

-Admission Date: 9/16/24

Control and Conduct D/O

-Admission Date: 9/16/24.

specified mental D/O.

Review on 1/23/25 of Client #2's record revealed:

-Diagnoses: IDD, Moderate; Unspecified Impulse

Unspecified Bipolar and Related D/O; and Other

-No assessment completed prior to admission.

-No assessment completed prior to admission.

-Diagnoses: IDD, Moderate; Pervasive Depressive Disorder; and Generalized Anxiety

Review on 1/23/25 of Client #3's record revealed:

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION |   | (X3) DATE SURVEY       |                          |
|--|--|--|----------------------------|---|------------------------|--------------------------|
| THE TENTO SOUNDED THE                            |  | IDENTIFICATION NOWIBER.  | A. BUILDING:               |   | COMPLETED              |                          |
| MHL020-078                                       |  | B. WING  | B. WNG                     |   | R<br><b>01/24/2025</b> |                          |
| NAME OF F  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S             | TATE, ZIP CODE  |                        |                          |
| THE CRO  | SSING  | 48 BRITTA  | AIN TRACE                  |   |                        |                          |
|  |  | ANDREW   | S, NC 28901                |   |                        |                          |
| (X4) ID<br>PREFIX<br>TAG                         | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   |  | ID<br>PREFIX<br>TAG        | PREFIX (EACH CORRECTIVE ACTION SHOULD BE  |                        | (X5)<br>COMPLETE<br>DATE |
| V 111  | Continued From page  | 2  | V 111                      |   |                        |                          |
|  | The state of the s | vith Client #1 revealed:<br>from a sister facility, "a   |                            |   |                        |                          |
|  | Interview on 1/22/25 w<br>-Lived at a sister facilit   | vith Client #2 revealed:<br>ty before moving here.   |                            |   |                        |                          |
|  | Interview on 1/22/25 with Client #3 revealed: -"Been here a long time, I love it." -Lived at a sister facility previously and moved due to flooding.  Interview on 1/23/25 with the Qualified Professional #2 revealed: -Completed discharge paperwork for clients from the sister facilityDid not complete an admission assessment for Client #1 prior to her admission to the facility.  |  |                            |   |                        |                          |
|  |  |  |                            |   |                        |                          |
|  | only be administered to order of a person authordrugs.  (2) Medications shall be clients only when authordient's physician.  (3) Medications, including administered only by lie unlicensed persons train pharmacist or other leg privileged to prepare are (4) A Medication Administered of the property of t | MEDICATION  tration: -prescription drugs shall o a client on the written orized by law to prescribe e self-administered by orized in writing by the ing injections, shall be | V 118                      | In order to correct the deficiencies, a to-face review of the MAR will occur ensure the MAR is current. An audit medication orders and MAR will be completed to ensure all current mediorders are appropriately documented the MAR.  In order to prevent the deficiencies froccurring again, a weekly face-to-face review will be completed by the Direct IDD Services or designee. | to of ication d on rom | 2/21/2025                |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA  | (X2) MULTIPLE CONSTRUCTION |   |                                   | (X3) DATE SURVEY |  |
|---|---|--|----------------------------|---|-----------------------------------|------------------|--|
|   |   | IDENTIFICATION NUMBER:   | A. BUILDING                | :   | COMPLETED                         |                  |  |
| MHL020-0  |   | MHL020-078   | B. WNG                     |   | R<br>01/24/2025                   |                  |  |
| NAME OF P   | PROVIDER OR SUPPLIER  | STREET AL  | DRESS, CITY, S             | TATE, ZIP CODE  |                                   |                  |  |
| THE CRO   | CCINC   |  | AIN TRACE                  |   |                                   |                  |  |
| THE CRO   | SSING   | ANDREW   | S, NC 28901                |   |                                   |                  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | TION SHOULD BE<br>THE APPROPRIATE |                  |  |
| V 118   | V 118  Continued From page 3  current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:  (A) client's name;  (B) name, strength, and quantity of the drug;  (C) instructions for administering the drug;  (D) date and time the drug is administered; and (E) name or initials of person administering the drug.  (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician. |  | V 118                      |   |                                   |                  |  |
|   | Based on observation, interview, the facility facurrent for all drugs ad audited clients (#2). The Review on 1/23/25 of C-Admission Date: 9/16/-Diagnoses: Intellectua (IDD), Moderate; Unspand Conduct Disorder Unspecified Bipolar anspecified mental D/O.  -Physician Orders medications dated 7/23 Propranolol 20 milligrar (anxiety/cardiac), 1/2 tamorning and afternoon. Hydroxyzine 25 mg, (an  | record review and siled to keep the MAR ministered affecting 1 of 3 he findings are:  Client #2's record revealed:  /24.  Il Developmental Disability ecified Impulse Control (D/O);  d Related D/O; and Other  for the following  8/24 included:  m (mg) tablet (tab)  ab by mouth, (PO) in the |                            |   |                                   |                  |  |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|--|---|--|----------------------------|--|-------------------------------|--------------------------|
|  |   | IDENTIFICATION NOWDER.   | A. BUILDING                |  |                               |                          |
| MHL020-078                                       |   | B. WNG   |                            | R<br>01/24/2025  |                               |                          |
| NAME OF P  | ROVIDER OR SUPPLIER   | STREET ADD   | RESS, CITY, ST             | TATE, ZIP CODE   |                               |                          |
| THE CRO  | SSING   | 48 BRITTA  | IN TRACE                   |  |                               |                          |
|  | T   |  | , NC 28901                 |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                         | (EACH DEFICIENC)  | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY) | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 118  | Continued From page   | 4  | V 118                      |  |                               |                          |
|  | and 8:00PM daily.   |  |                            |  |                               |                          |
|  | medications revealed: -Propranolol 20mg tab afternoon at 2:00PM, or 11/1/24 to 1/22/25 reve- 11/1/24, medication e and Hydroxyzine 25mg administer medication: Review on 1/22/25 of 0 11/1/24 to 1/22/25 reve- MAR transcription refitab, 1 tab PO BID at 7 2:00PM11/1/24, Propranolol 2 administered on 11/1/2 -11/1/24 Hydroxyzine 2 7:00AM, 2:00PM, and administered on 11/1/2 Interview on 1/22/25 w -Didn't know why the M for the Propranolol for same.  Interview on 1/24/25 w -Responsible for medications. | o, take ½ tab in the AM and dispensed 12/30/24.  facility incident reports from ealed: error, "Propranolol 20mg g2:00PM staff forget to s."  Client #2's MARs from ealed: lected Propranolol 10mg:00AM and once daily at 2:00PM. 25 mg, one tab PO TID at 8:00PM daily, initialed as //24 at 2:00PM.  with Staff #1 revealed: MAR transcription and order Client #2 were not the |                            |  |                               |                          |
|  | the facility usesThe Licensee was loo electronic MAR system -Staff were sent for re- administration when the  | training on medication   |                            |  |                               |                          |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                          |
|---|---|--|---|--|-------------------------------|--------------------------|
|   |   |  | 71. BOILDING                            | · <del></del>  |                               | R                        |
| MHL020-078  |   | B. WING  |   | 100  | 24/2025                       |                          |
| NAME OF F   | PROVIDER OR SUPPLIER  |  | DRESS, CITY, S                          | TATE, ZIP CODE   |                               |                          |
| THE CRO   | SSING   |  | NIN TRACE<br>S, NC 28901                |  |                               |                          |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY  |  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD I<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY)  | BE                            | (X5)<br>COMPLETE<br>DATE |
| V 736   | Continued From page   | 5  | V 736                                   |  |                               |                          |
| V 736   | 27G .0303(c) Facility   | and Grounds Maintenance                            | V 736                                   |  |                               |                          |
|   | (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 in the lower right corner was missing the cabinet faceThe overhead light in the shared bathroom in the hallway was missing a coverThe sink faucet in the shared bathroom was drippingClient #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: -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 facilty, "for awhile" (approximately 4 months)The closet never had doorsThe kitchen cabinet had always been like that |  | V 750                                   | In order to correct the deficiencies, kitchen cabinet missing the cabinet face has been ordered and is scheduled for install 2/19/2025. The overhead light in the bathroom that is missing a cover will be replaced 2/21/2025. The sink faucet in the shared bathroom that was dripping will be repaired 2/21/2025. The missing closet doors will be replaced 2/21/2025. The Director of IDD Services will ensure the above listed corrections are completed.  In order to prevent these deficiencies from occurring again in the future, a weekly on site review will occur to identify and address maintenance issues. This will be completed by the Director of IDD Services or designed. | f es a                        | 2/21/2025                |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   |   | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  | (X2) MULTIPLE CONSTRUCTION |   |                 | (X3) DATE SURVEY<br>COMPLETED |  |
|--|---|---|----------------------------|---|-----------------|-------------------------------|--|
| Joenn of the transfer of the t |   | JOENNI VO MICH NOMBEN.  | A. BUILDING:               |   | COMPLETED       |                               |  |
| MHL020-078   |   | B. WING   |                            |   | R<br>01/24/2025 |                               |  |
| NAME OF P  | ROVIDER OR SUPPLIER   |   | DRESS, CITY, ST            | TATE, ZIP CODE  |                 |                               |  |
| THE CRO  | SSING   | 48 BRITTA<br>ANDREWS  | IN TRACE<br>5, NC 28901    |   |                 |                               |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG        | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPR<br>DEFICIENCY) | BE              | (X5)<br>COMPLETE<br>DATE      |  |
| V 736  | Continued From page   | 6   | V 736                      |   |                 |                               |  |
| V 730  | Interview on 1/22/25 v -The kitchen cabinet of refrigerator.  Interview on 1/22/25 v -The cabinet face in kit since she started work (2024)Unaware of any physic concerns with the facilitation of the faci | with Client #2 revealed: door was behind the  with Staff #1 revealed: itchen had been missing king at this facility last year ical plant/facility ground lity.  and 1/24/25 with the House tenance of the facilities. renovations done prior to to the facility. e citation from 2023 cover and closet door, "It sure the maintenance was  utes a re-cited deficiency | V 730                      |   |                 |                               |  |
|  |   |   |                            |   |                 |                               |  |