

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL053-041	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 01/16/2025
NAME OF PROVIDER OR SUPPLIER LEE COUNTY GROUP HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 2412 KNOLLWOOD DRIVE SANFORD, NC 27330		
(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 and follow up survey was completed on January 16, 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 six and has a current census of four. The survey sample consisted of audits of three current clients.	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	Personnel has contacted pharmacy to schedule CPR training within 30 days. Training CPR March 2025	

Division of Health Service Regulation

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

TITLE

(X6) DATE

RECEIVED BY
MHL & C
2/27/25

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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 reviews and interviews, the facility failed to ensure one of four audited staff (#2) had client specific training and one of one audited staff (Qualified Professional) had training in Cardiopulmonary Resuscitation (CPR) and First Aid. The findings are:</p> <p>Review on 1/14/25 of staff #2's personnel record revealed: -Date of hire was 1/1/23. -There was no documentation of client specific training.</p> <p>Review on 1/14/25 of the Qualified Professional (QP) personnel's record revealed: -Date of hire was 6/20/11. -CPR and First Aid training expired on 9/15/24. -There was no documentation of current CPR and First Aid training.</p> <p>Surveyor attempted to interview staff #2 on 1/15/25 @ 5:41pm and 1/16/25 @ 8:17am.</p> <p>Interview on 1/14/25 with the QP revealed: -Worked Monday thru Friday 8am-8pm. -Only one staff worked per shift in the facility. -He had "forgotten" to complete the client specific training with staff #2.</p>	V 108	<p>Once certification is complete, certificate will be filed and place in appropriate files. 3/2025</p> <p>Client training will be done for new hires and current employees.</p>	

Division of Health Service Regulation

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V 108	Continued From page 2 -He was "not aware" that his CPR and First Aid training had expired. -He acknowledged the facility failed to ensure CPR/First Aid training and client specific training was completed.	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	Staff has contacted guardians to sign PCP. Some of the clients are their own personal guardians. Guardians will come in for signatures quarterly effective	2/10/25

Division of Health Service Regulation

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V 112	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to have treatment plans with written consents or agreement by the client or responsible party affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 1/14/25 of client #1's record revealed: -Admission date of 6/21/17. -Diagnosis of Autism. -The Person-Centered Plan was dated on 12/1/24. -There was no signature or written consent from the guardian or responsible party on client #1's treatment plan.</p> <p>Review on 1/14/25 of client #2's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual Developmental Disability, Schizophrenia- Paranoid, Type II Diabetes, Gastroparesis due to Type II Diabetes, Diabetic Insulin Dependent, Hyperaldosteronism, Gastroesophageal reflux disease (GERD) and End Stage Renal Failure on Dialysis. -He was his own guardian -The Person-Centered Plan was dated on 12/1/24. -There was no signature or written consent by client #2 on his treatment plan.</p> <p>Review on 1/14/25 of client #3's record revealed: -Admission date of 6/13/1989. -Diagnoses of Moderate Intellectual Developmental Disability, Epilepsy, Hyperlipidemia, Hypertension and Irritable Behavior. -The Person-Centered Plan was dated on</p>	V 112	<p>Staff has contacted guardians to sign PCP. Guardians will come in quarterly for signatures effective 2/10/25. Some of the clients are their own guardians.</p>	2/10/25

Division of Health Service Regulation

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V 112	Continued From page 4 12/1/24. -There was no signature or written consent from the guardian or responsible party on client #3's treatment plan. Interview on 1/15/25 with client #2 revealed: -He recalled having goals to take his medication and exercise. -He could not recall that he signed the paperwork. Interview on 1/14/25 with the Qualified Professional revealed: -The guardians were participants in the development of the treatment plans. -Client #2 was his own guardian and had "forgotten" to get him to sign his treatment plan. -He had forgotten to follow-up with guardians to sign the treatment plan due to the holidays. -He acknowledged client #1 and #3's treatment plans had not been signed by each of their legal guardians.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes. (b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.	V 114	Signatures for fire drills will be documented by staff moving forward.	2/10/25

Division of Health Service Regulation

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V 114	<p>Continued From page 5</p> <p>Drills shall be conducted under conditions that simulate the facility's response to fire emergencies. (d) Each facility shall have a first aid kit accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were completed quarterly on each shift. The findings are:</p> <p>Review on 1/14/25 of the facility's fire drill log from January 2024 to December 2024 revealed: -There was no documentation fire drills were conducted for the 4th quarter (October, November and December) of 2024. -There was no documentation fire drills were conducted for the 3rd quarter (July, August and September) of 2024 for 2nd and 3rd shift. -There was no documentation fire drills were conducted for the 2nd quarter (April, May and June) of 2024. -There was no documentation fire drills were conducted for the 1st quarter (January, February and March) of 2024 for 2nd and 3rd shift.</p> <p>Review on 1/14/25 of the facility's disaster drill log from January 2024 to December 2024 revealed: -There was no documentation disaster drills were conducted for the 4th quarter (October, November and December) of 2024 for 1st and 2nd shift. -There was no documentation disaster drills were conducted for the 3rd quarter (July, August and</p>	V 114	See previous page for corrective plan.	

Division of Health Service Regulation

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V 114	<p>Continued From page 6</p> <p>September) of 2024 for 3rd shift. -There was no documentation disaster drills were conducted for the 2nd quarter (April, May, June) of 2024 for 1st shift.</p> <p>Interview on 1/15/25 with client #2 revealed: -"Drills were completed sometimes". -When they have a fire drill they have to go outside and stand in the driveway near the road.</p> <p>Attempted interview on 1/15/25 with client #3 revealed: -He would repeat the statement said by the surveyor.</p> <p>Interview on 1/15/25 with staff #1 revealed: -Her primary shift worked was 8am-8pm during the weekday. -She "thought" fire and disaster drills were completed once a quarter. -She had not completed a drill on her shift for the month of January</p> <p>Interview on 1/15/25 with the Qualified Professional revealed: -Staff worked shifts of 8am-8pm and 8pm-8am during the weekday. -The shifts for the drills were first shift 7am-3pm, second shift 3pm-11pm and third shift 11pm-7am. -Staff completed some of the drills but were not documenting them as being done. -He confirmed the facility failed to conduct fire and disaster drills quarterly on each shift.</p> <p>This deficiency has been cited 4 times since the original cite on 5/27/22 and must be corrected within 30 days.</p>	V 114		

Division of Health Service Regulation

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V 118	Continued From page 7	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(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.</p> <p>This Rule is not met as evidenced by:</p>	V 118	<p>Neil Medical Group will be contacted to conduct training on medication administration. This will be done for anyone who has not been trained as well as new hires.</p>	3/31/25

Division of Health Service Regulation

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V 118	<p>Continued From page 8</p> <p>Based on observation, record reviews and interviews, the facility failed to keep the MARs current affecting one of three audited clients (#2). The findings are:</p> <p>Review on 1/14/25 of client #2's record revealed: -Admission date of 10/28/06. -Diagnoses of Mild Intellectual Developmental Disability, Schizophrenia- Paranoid, Type II Diabetes, Gastroparesis due to Type II Diabetes, Diabetic Insulin Dependent, Hyperaldosteronism, Gastroesophageal Reflux Disease and End Stage Renal Failure on Dialysis.</p> <p>Review on 1/14/25 of a physician order for client #2 dated 7/22/24 revealed: -Xalatan/Lantanoprost .005% (high eye pressure), instill 1 drop into each eye every evening.</p> <p>Observation at approximately 12:23pm on 1/15/25 of client #2's MARs for November 2024 to January 2025 revealed: - The Xalatan/Lantanprost was listed as prescribed, instill 1 drop into each eye every evening. -The eye drop was not onsite for administration to client #2. -Staff were initialing they were administering the Xalatan/Lantanoprost daily from 11/1/25 thru 1/14/25.</p> <p>Interview on 1/15/25 with client #2 revealed: -He was administered eye drops a while back. -He had not had eye drops for quite some months. -He could not recall the last time he had received the eye drops.</p> <p>Interview on 1/15/25 with the certified technician</p>	V 118	<p>Eye drops for Client #2 have been filled and are being administered by staff and signatures are in place.</p>	1/29/25

Division of Health Service Regulation

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V 118	Continued From page 9 with the pharmacy revealed: -The client had refills for the eye drops. -The eye drop was a 30 day supply per refill. -The eye drop was last filled on 7/1/24. -The facility would have to inform the pharmacy to refill prescriptions as this was not a cycle medication. -There were currently 5 refills for the Xalatan/Latanoprost available. Interview on 1/15/25 with the Qualified Professional revealed: -He "thought" the eye drops had been discontinued for client #2. -He was not aware of the remaining refills on the Xalatan/Latanoprost. -"There was so much going on and that was an oversight on my part." -He was responsible for communicating with the pharmacy for all client's medication needs. -He confirmed the MARs were not kept current for client #2. This deficiency has been cited 4 times since the original cite on 5/27/22 and must be corrected within 30 days.	V 118	Eye drops for Client #2 have been filled and are being administered by staff and signatures are in place.	1/29/25
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.	V 131	Director will ensure all staff receive ALL client specific trainings moving forward and will have access to the Health Care Personnel Registry.	3/15/25

Division of Health Service Regulation

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V 131	Continued From page 10 This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to access the Healthcare Personnel Registry (HCPR) prior to the hire for one of four audited staff (#2). The findings are: Review on 1/14/25 of staff #2's personnel record revealed: -Date of hire was 1/1/23. -She was hired as a Home Manager. -Staff worked alone during their assigned shift. -There was no documentation of the HCPR was accessed. Interview on 1/14/25 with the Qualified Professional revealed: -He had failed to submit the request for the HCPR check to be completed. -He acknowledged that staff #2's HCPR check was not completed	V 131	Staff is proceeding to check the NC Registry list on all staff moving forward.	2/10/25
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	V 133	Staff is proceeding to check criminal history of all staff before hire.	2/10/25

Division of Health Service Regulation

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V 133	Continued From page 11 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 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	V 133	Notes on page 11.	

Division of Health Service Regulation

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V 133	Continued From page 12 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 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. (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: (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	V 133	Notes on page 11	

Division of Health Service Regulation

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NAME OF PROVIDER OR SUPPLIER LEE COUNTY GROUP HOME II		STREET ADDRESS, CITY, STATE, ZIP CODE 2412 KNOLLWOOD DRIVE SANFORD, NC 27330		
(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 133	Continued From page 13 a relevant offense. 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. 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	V 133	Notes on page 11	

Division of Health Service Regulation

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V 133	Continued From page 14 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, 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	V 133	Notes on page 11	

Division of Health Service Regulation

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V 133	<p>Continued From page 15</p> <p>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 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 reviews and interviews, the facility failed to ensure the criminal history record check was requested within five business days of making the conditional offer of employment affecting one of four audited staff (#2). The findings are:</p> <p>Review on 1/14/25 of staff #2's personnel record revealed: -Date of hire was 1/1/23. -She was hired as a Home Manager. -Staff worked alone during their assigned shift. -There was no documentation of the criminal background check.</p> <p>Interview on 1/14/25 with the Qualified Professional revealed: -He had forgotten to submit the request for the criminal background check to be completed. -He acknowledged that staff #2's criminal background check was not completed.</p>	V 133	Notes on page 11.	

Division of Health Service Regulation

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V 736	Continued From page 16	V 736		
V 736	<p>27G .0303(c) Facility and Grounds Maintenance</p> <p>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.</p> <p>This Rule is not met as evidenced by: Based on observation and interview, the facility was not maintained in a clean attractive and orderly manner. The findings are:</p> <p>Observation of the facility on 1/14/25 at approximately 11:20am revealed: -Client #3's bedroom had crumbs, dirt and paper on the floor and food wrapping under the bed. -Bathroom #1 had brown stains on the toilet seat and brown stains running down the outside of the toilet bowl. -Bathroom #1 had dry water spots splattered on the wall and mirror. -Bathroom #1 sink had stains of soap scum and black spots with hardened toothpaste and toilet tissue pieces in the sink. -Wall behind the trash can in the kitchen was stained from splattered food.</p> <p>Interview on 1/14/25 with the Qualified Professional revealed: -He was definitely going to have the clients do some cleaning. -Clients are expected to clean up their bedrooms and bathrooms. -He acknowledged the facility was not maintained in a clean, attractive and orderly manner.</p> <p>This deficiency has been cited 4 times since the original cite on 5/27/22 and must be corrected</p>	V 736	<p>A new vacuum cleaner has been purchased and the bedroom of Client #3 has been cleaned.</p> <p>Bathroom #1 toilet has been cleaned Sink in Bathroom #1 has also been cleaned.</p> <p>The facility is in the process of being deep cleaned by a cleaning company. The wall behind trash can in the kitchen has been cleaned and will be repainted.</p> <p>The board of directors for the group home are in the process of removing carpet and putting new floors down. New furniture in living room will be purchased as well.</p>	<p>2/15/25</p> <p>2/10/25</p> <p>3/31/25</p> <p>3/31/25</p>

Division of Health Service Regulation

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V 736	Continued From page 17 within 30 days.	V 736			