

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 02/26/2025
--	---	--	---

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PATRIOTS

**1208-L EAST HUDSON BOULEVARD
GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR EFI X TA G	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET E DATE
V 000	INITIAL COMMENTS An annual and follow-up survey was completed on 02/26/2025. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of audits of 2 current clients and 1 former client.	V 000	Opportunity Awaits, Inc. is licensed for the following services category. 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disability. The facility is licensed for 3 and has a current census of 2. The survey sample consisted of 2 current clients and 1 former client.	COMPLETE Current license to for 5600C Supervised Living for Adults for 3 -December 31, 2025. License Number: MHL-036- 329
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and	V 105	Governing Body - Immediate action was taken: all records, medication administration records and confidential information were immediately stored and locked in a secure storage closet. The group home manager will monitor daily and qualified professional monitor weekly. This will ensure confidentiality and proper record management. 2-5-2025. Immediate retraining in confidentiality and record management with all Patriot Group Home employees and Qualified professional, and group home manager. (2-11-2025) The governing body responsible for each facility or service shall develop and implement written policies for the following: The Chief Operating Officer or designee shall establish procedures to fully implement compliance. Opportunity Awaits, Inc. reviews the information by the referral source and determines if Opportunity Awaits, Inc. can meet the needs of the consumer. Opportunity Awaits will access the information of the agency's admission criteria within a two-week period. If consumers meet the admissions criteria, they are processed for services with Opportunity Awaits, Inc. within a three-week period. A referral may be deferred for admission to another provider if an exclusion or exception applies that Opportunity Awaits, Inc. are unable to support. A. ADMISSION CRITERIA B. Age: All ages are served. Disability Group(s): Developmental Disabilities and Mental Health and co-existing disorders. Geographical locations: Counties in North Carolina in which Opportunity Awaits, Inc. has been approved by the responsible Local Management Entities (LME) Partners Behavioral Health Management to provide services Burke, Cabarrus, Catawba, Cleveland, Davidson, Davie, Forsyth, Gaston, Iredell, Lincoln, Rutherford, Stanly, Surry, Union or Yadkin counties. Exclusions and Exceptions: A waiting period may occur while the required documentation is forwarded from the referring agency.	COMPLETE 2-11-2025

RECEIVED

APR 01 2025

DHSR-MH Licensure Sect

Rhonda Williams, MSL/BSQP/COO 3-28-2025

Division of Health Service Regulation

If a potential consumer does not meet eligibility for services, Opportunity Awaits, Inc. will help refer consumers with other resources or support agencies that may meet the consumer's needs.

Staffing Patterns:

The Human Resources office will be informed to recruit additional staff prior to entry of the program.

DISCHARGE CRITERIA

1. Death: Consumer expires.
2. Consumer moves out of the service area.
3. Consumer no longer wants or refuses services.
4. Consumer no longer meets medical necessity.
5. A consumer achieves his or her goals and services are no longer needed.
6. Consumer's needs are met by referrals to other providers (i.e. therapy, medication clinic, physical, occupational and speech therapy or other community resources).
7. Opportunity Awaits, Inc., is unable to contact the consumer or there is no response from the customer for a period of thirty (30) days.
8. Lack of participation or cooperation from the legally responsible person such as a parent/guardian.
9. Immediate health and safety concerns including maltreatment of the consumer.

Opportunity Awaits, Inc. has no refusal policy, except when individuals do not meet medical necessity or the company's service capacity has been reached. Additionally, no person shall be excluded based on their ability to pay, the availability of funding from third party sources, age, sex, race, ethnicity, national origin, gender, gender identity, religion, disability, or sexual orientation. Upon entering services, the consumer or their legal guardians must be given an informed choice of consent prior to beginning services.

Clinical Assessments

1. The QP assigned shall ensure that all comprehensive clinical assessments are completed within 30 days of admission or obtain a psychiatric, psychological, medical, behavioral assessment, substance abuse or vocational evaluation, etc.

Records Management

Purpose: To define methods for managing consumer records. Management of the records also include persons authorized to document in the record, transportation of records, safeguards of records, record accessibility and confidentiality of documents contained within the record. Opportunity Awaits, Inc. will maintain a record for each consumer receiving services. The record will contain all necessary information and will be a working collection of documents if the consumer receives services.

Procedure:

1. A record will be opened for each consumer once their screening is complete and they choose to receive services

Division of Health Service Regulation

from the agency. To ensure all records are accessible to authorized users, records will be maintained in a locked area at the worksite when not in use and keys to the locked storage area shall be maintained at each worksite and made available to all authorized users by the agency's records management staff.

2. Only authorized persons will be allowed to document in the consumer's record.

Authorized persons will always have access to the record. Authorized persons are:

defined as: Employees, consultants, and sub-contractors of Opportunity Awaits, Inc. Employees, consultants, and sub-contractors of the contract LME/MCO.

3. Only authorized persons will be allowed to transport consumer records. All records will be transported by staff in vehicles trunk in a locked container to reduce the possibility of tampering and loss of documents and confidentiality. Records may only be removed by authorized persons. Records will be removed from the premises only when: following a subpoena, when a record is needed for treatment, habilitation or audit purposes when the agency decides that it is not feasible to copy record/portions of record to transport to healthcare provider, and for purposes of autopsy. When a record is taken to healthcare provider, the record must remain in the hands of the designated employee.

4. All consumer records will be stored in a locked storage space to safeguard against loss, tampering, defacement or use by unauthorized persons.

5. All records and information included are considered confidential. Authorized users of the consumer's record will be required to acknowledge the confidentiality of all information is contained within the record. Such recognition will be documented and maintained in the All individual's personnel file.

6. Countersignatures in the record are not required.

7. All consumer records will contain an identification section (Section I-identifying information).

A. The identification face sheet must include the following:

1. Name- (last, first, middle, maiden)

2. Consumer record number

3. Date of birth

4. Race, gender, and marital status

5. Admission date

6. Discharge date

7. DSM V diagnosis and code

8. Documentation of screening and admission assessment will also be maintained within the contents of Section I of the consumer record.

9. The treatment/service plan will be maintained within Section I of the record.

10. An "Emergency Information Face Sheet" will be maintained in Section I. The

information on this face sheet will provide the following:

A. Name, address, and telephone number of contact person

B. Name, address, and telephone number of preferred physicians

C. Name, address, and telephone number of preferred hospitals

11. A "Medical Emergency Care Consent" signed by either the consumer or legal guardian. will be maintained in Section II of the consumer record and will grant permission to seek emergency care from a hospital or physician.

12. Documentation of services provided and progress towards outcomes will be maintained in Section III of the consumer record.

Division of Health Service Regulation

13. Any consumer diagnosed with HIV/AIDS, or a related condition will have that information disclosed only in accordance with G.S. 130A-143.

14. Opportunity Awaits, Inc. will maintain a treatment/service record for any consumer admitted into a service offered. All records and their content are the property of Opportunity Awaits, Inc.

15. The original treatment/service record may only be removed from the possession and/or property of Opportunity Awaits, Inc. under the following circumstances:

A. by subpoena or other court order or when consumer records are

needed for District court hearings held in accordance with Article 5 of Chapter 122C of the NC general statutes.

B. treatment, habilitation, or audit purposes.

C. in situations where it is not feasible to copy/record portions of

record to transport to local healthcare provider.

D. in assistance with autopsies provided the agency complies with

Rule subchapter .0108

16. Records may be transported, such as to a healthcare provider, if secure, and must remain in the possession/hands of an Opportunity Awaits, Inc. representative.

17. Opportunity Awaits, Inc. will not charge a fee to reproduce any information contained in the record.

18. Opportunity Awaits, Inc. will maintain an approved abbreviation list. Only abbreviations included on the list may be used in the record. The abbreviation

list will be updated annually, or as needed.

19. Opportunity Awaits, Inc. utilizes electronic records, the following procedures will be followed for corrections:

1. Corrections must be made by the individual who recorded the entry.

2. Corrections shall be electronically signed and dated.

3. The original text shall not be deleted.

4. An explanation as to the type of documentation error shall be included.

whenever the reason for the correction is unclear (e.g., "wrong service record")

Emergency Planning and Safety Plans

All OPPORTUNITY AWAITS, INC staff will be expected to practice safety rules while performing their duties.

Procedure:

I. All facilities shall conduct fire drills quarterly under situations which simulate fire emergencies and evacuation procedures should follow those routes posted in the facility.

A. A fire drill is to be documented.

B. A fire drill is to be conducted under real conditions and documented monthly.

C. Each month the fire drill is to be conducted on a different shift so that a drill is completed quarterly on each shift.

II. All facilities will be supplied with first aid and emergency supplies.

A. First aid supplies should be stocked which include:

1. First aid kits

2. Latex gloves

3. Face masks

B. 3-day emergency supplies should be stocked in residential programs which include:

1. Battery operated radios

2. Batteries

3. Flashlights

4. Blankets

Division of Health Service Regulation

5. Bottled water
 6. Nonperishable's foods/long shelf life
 7. Manual can opener
 8. Hand Sanitizer
 9. Disinfecting wipes
- III. Staff shall be prepared to respond to emergency situations that result from natural occurrences:
- A. Emergency plan for tornadoes, hurricanes, floods, and snowstorms:
1. Tornadoes-all consumers and staff should move to the center of the facility where they are not in the vicinity of any windows. Everyone should cover themselves with protective items. All windows should be open when possible. Once danger situations have passed, evacuation from the facility is permissible. Each person should be evaluated for any injuries. Staff should then notify any emergency personnel as needed and then their immediate supervisor to inform them of their status.
 2. Hurricanes/floods-all consumers and staff will be evacuated once a warning or watch is issued. The facility will be prepared if time permits
 3. Snow-Storms-staffing arrangements will be made with the intent that travel to and from the facility will not be possible for an extended period. It is expected that operations will be suspended until better conditions exist.
- IV. Staff shall be prepared to respond to emergency situations that result from an accident or equipment failures:
- A. Emergency plans for fires, power outages and gas leaks:
1. Fires-all consumers and staff are to evacuate the facility immediately once aware of a fire. The safety of each person is the primary concern. Notification of emergency personnel is the second responsibility. DO NOT RE-ENTER THE FACILITY AFTER HAVING EVACUATED.
 2. Power outages – staff should determine the reason for the outage and report it immediately. If the outage is going to long term, then temporary housing will be arranged.
 3. Gas leaks -consumers and staff should be evacuated immediately, and emergency personnel notified. Temporary housing arrangements will be made if necessary.
- V. Any event of an emergency nature will be reported through the incident reporting procedure.
- VI. Each facility will maintain a county disaster plan which will identify safe houses and shelters.
- VII. All equipment at the will be maintained in good working order.
- VIII. All consumers must be monitored closely while using any equipment at the facility.
- XI. All work and activity areas will be neatly maintained and kept free of obstructions.
- X. All walking areas will be kept clean and free of obstructing debris.
- XI. The medication closet will be kept locked allowing access limited to only medication administration trained staff.
- XII. All cleaning supplies and chemicals will be kept in a locked closet. Staff must closely monitor the use of the supplies and chemicals when they are being used.
- XIII. All consumers must be closely monitored when using any kitchen type of utensils or appliances.
- XIV. All safety plans shall be reviewed and approved by the local authority.

Division of Health Service Regulation

--	--	--	--	--

Division of Health Service Regulation			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054			
(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) COMPL ETE DATE	

Division of Health Service Regulation

<p>V 105</p>	<p>Continued From page 1</p> <p>(C) the disposition, including referrals and recommendations;</p> <p>(7) quality assurance and quality improvement activities, including:</p> <p>(A) composition and activities of a quality assurance and quality improvement committee;</p> <p>(B) written quality assurance and quality improvement plan;</p> <p>(C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services;</p> <p>(D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service;</p> <p>(E) strategies for improving client care;</p> <p>(F) review of staff qualifications and a determination made to grant treatment/habilitation privileges;</p> <p>(G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death;</p> <p>(H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field;</p>	<p>V 105</p>	
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL036-329</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R 02/26/2025</p>
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PATRIOTS</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054</p>	

Division of Health Service Regulation

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPL ETE DATE
V 105	<p>Continued From page 2</p> <p>This Rule is not met as evidenced by: Based on observation, record review, and interviews, the facility failed to implement their policy on assurance of confidentiality of client records. The findings are:</p> <p>Observation on 02/05/2025 at approximately 12:57 pm of the facility revealed: -Clients #1, #2 and Former Client #3's records were on the kitchen and hallway tables, unsecured and accessible to unauthorized persons.</p> <p>Interview on 02/24/2024 with Staff #1 revealed: -"Client records were supposed to be locked in the closet. I have no idea why they were not."</p> <p>Interview on 02/26/2025 with the Group Home Manager revealed: -"Staff forgot to put them (client records) in the closet. They should be locked up at all times." -Staff will be re-trained on the Record Management policy.</p> <p>Interview on 02/25/2025 with the Qualified Professional revealed: -"They (client records) were just out." -"They will be locked in the closet on the top shelf moving forward."</p> <p>Interview on 02/24/2025 with the Chief Operating Officer revealed: -"Client records were supposed to be locked in the closet. No confidential information is to be left out anywhere (in the facility). They (staff) understand that they should take the information out to do documentation, but after that it (client</p>	V 105		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2025	

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PATRIOTS

**1208-L EAST HUDSON BOULEVARD
GASTONIA, NC 28054**

(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) COMPL ETE DATE
V 105	Continued From page 3 records) should be locked back in the closet." -Staff will be re-trained on the Record Management policy.	V 105		
V 118	27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (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. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (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. (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: (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	MEDICATION REQUIREMENTS- 10A NCAC 27G .0209 Immediate Action taken – The COO, Qualified professional and the Group Home Manager reviewed all medication administration records and medications at the Patriots group home was assessed. 2-5-2025. The leadership team for this site was removed and a new leadership structure has been put in place. Opportunity Awaits identified the need for a new manager for this site and the position has been filled and the new manager is currently being trained. Medication administration policy was reviewed and updated to ensure that prescription or non-prescription drugs shall only be administered to a consumer on the written order of a person authorized by law to prescribe drugs. Medications, including injections, shall be administered by a licensed person, or by paraprofessional supervised by a group home manager and qualified professional trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. Medications shall be self-administered by consumers only when authorized in writing by the consumers physician. A Medication Administration Record (MAR) of all drugs administered to each consumer must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include consumers' name, strength and quantity of the drug, instructions for administering the drug, date, and time the drug is administered and name or initials of person administering the drug. If a consumer's requests for medication change or checks shall be recorded and kept with the MAR file followed up by an appointment or consultation with a physician. Immediate retraining was completed on 2-18-2025 for 100% of all employees working at the Patriot group home. (Key areas covered to ensure consumers overall health, safety, and wellbeing. Medication dispensing, medication packaging and labeling, medication administration, medication disposal, medication storage, medication review, medication education, and medication errors. Additional hands-on training at the Patriots physical site was provided	COMPLETE IMMEDIATE ACTION TAKEN ON Retraining: Medication Administration Training 2-18-2025

Division of Health Service Regulation

<p>V 123</p>	<p>Continued From page 27</p> <p>facility. -"The GHM is responsible for the oversight of the medications."</p> <p>Interviews on 02/24/2025 and 02/26/2025 with the Chief Operating Officer revealed: -Was not aware of any medication errors at the facility. -"I can't go back in the past, but I have already started restructuring and had staff retrained on medications (administration)." -"Any time there are medication errors each incident must be reported to a pharmacist or a physician."</p> <p>This deficiency is cross referenced into 10A NCAC 27G .0209 Medication Requirements (V118) for a Type A1 rule violation and must be corrected within 23 days</p> <p>27G .0603 Incident Response Requirements</p> <p>10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	<p>V 123</p>		
<p>V 366</p>	<p>(a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by:</p> <ol style="list-style-type: none"> (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible 	<p>V 366</p>	<p>Incident Response requirements for category A and B Providers</p> <p>Immediate action taken Re-training was scheduled and completed (2-19-2025) on Incident response training and reporting requirements. OAI management team qualified professionals, and group home management were retrained to ensure that the health and safety needs of individuals involved are maintain.</p> <p>Incident Reporting (APSM 30-1, APSM45-2): Purpose: To establish a system for reporting and reviewing all occurrences which meet the definition of an incident. Policy: All occurrences meeting the definition of an incident will be immediately reported to the appropriate supervisor. The supervisor will ensure that the incident is reported electronically via IRIS and that the contract agency is informed according to their guidelines. All documented incident reports will be reviewed by clinical and administrative staff. Procedure: 1. Anything out of the ordinary for each consumer and any of the following occurrences meet the definition of an incident. Attending to the health and safety needs of individuals is a priority.</p> <ul style="list-style-type: none"> • Injury to consumer or staff (accidental or intentional) • Property damage caused by consumers or staff. • Alleged abuse, neglect, or exploitation of a consumer • Medication error or adverse reaction to medication • Occurrences of search and seizure • Suicidal threats or attempts 	<p>COMPLETE 2-19-2025</p>

Division of Health Service Regulation

		<ul style="list-style-type: none"> • Alleged criminal activity by consumers, staff or third party affecting either consumer or staff. • Loss or abandonment of consumer supervision. • Consumer rights violations include breach of confidentiality. • Physical interventions by staff to ensure consumer safety. • Any third-party interactions (i.e., 911, medica etc.) <ul style="list-style-type: none"> • Consumer death • Use of de-escalation intervention. • Communicable disease • Infection control • Use of possession of weapons. • Elopement and/or wandering. • Vehicular accidents • Biohazard accidents • Use or possession of licit or illicit substances. <p>Opportunity Awaits, Inc. will respond to Level 1,2 or 3 incidents by: attending to the health and safety of involved individuals, determining the cause of the incident, developing, and implementing corrective measures, developing, and implementing measures to prevent similar incidents, assigning person to be responsible for the implementation of the corrections and preventative measures and maintaining documentation regarding subparagraphs (a) (1) through (a) (5) of 10A NCAC 27G.0603.</p> <p>Opportunity Awaits, Inc. will also respond to a level III incident that occurs while the consumer is in the care of Opportunity Awaits or on company premises by immediately securing the consumer record, making a photocopy, certifying the cop's completeness, transferring the copy to OAI review team, and a meeting with the OAI review team within 24 hours of the incident. The OAI review team will review the copy of the record as specified in subparagraph (b) (1), gather other needed information, issue a report concerning the incident to Opportunity Awaits, Inc. and to the consumer's home area authority or county program to facilitate the monitoring of services as required by GS 122C-111 and other state statutes and immediately notifying the following: area authority or county program responsible for the catchment area where the services are provided pursuant to Rule. O604, the consumer's legal guardian as appropriate, and any other area authorities required by law.</p> <p>II. Staff is to immediately report ALL incidents to their supervisor.</p> <p>III. Staff is to document the incident via a reportable event form and be sure to include a description of events, actions taken on behalf of the consumer and the consumer's condition following the incident.</p> <p>IV. The supervisor responsible will report the</p>	
--	--	---	--

Division of Health Service Regulation

		incident to the MCO/Care Coordinator as required by that agency's reporting guidelines.		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054		

Division of Health Service Regulation

(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) COMPL ETE DATE
V 366	<p>Continued From page 28</p> <p>for implementation of the corrections and preventive measures;</p> <p>(6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and</p> <p>(7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule.</p> <p>(b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I.</p> <p>(c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by:</p> <p>(1) immediately securing the client record by:</p> <p>(A) obtaining the client record;</p> <p>(B) making a photocopy;</p> <p>(C) certifying the copy's completeness; and</p> <p>(D) transferring the copy to an internal review team;</p> <p>(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:</p> <p>(A) review the copy of the client record to determine the facts and causes of the incident</p>	V 366		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2025	

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

PATRIOTS

**1208-L EAST HUDSON BOULEVARD
GASTONIA, NC 28054**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX X TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPL ETE DATE
V 366	<p>Continued From page 29</p> <p>and make recommendations for minimizing the occurrence of future incidents;</p> <p>(B) gather other information needed;</p> <p>(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and</p> <p>(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and</p> <p>(3) immediately notifying the following:</p> <p>(A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604;</p> <p>(B) the LME where the client resides, if different;</p> <p>(C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider;</p> <p>(D) the Department;</p> <p>(E) the client's legal guardian, as applicable; and</p> <p>(F) any other authorities required by law.</p>	V 366		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 02/26/2025	
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-LEAST HUDSON BOULEVARD GASTONIA, NC 28054		
(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) COMPLETION DATE

Division of Health Service Regulation

V 366	<p>Continued From page 30</p> <p>This Rule is not met as evidenced by: Based on observation, record reviews and interviews, the facility failed to implement written policies governing their response to Level I incidents. The findings are:</p> <p>Observation on 02/05/2025 at approximately 12:57 pm - 2:30 pm of the facility revealed: -Client #1's blinds were broken and bedroom walls had holes in them.</p> <p>Review on 02/11/2025 of the facility's incident reports from 06/05/2024 - 02/04/2025 revealed: No Incident Reports for; -Client #1's broken blinds/property destruction incident date unknown. -Client #1's holes in bedroom wall/property destruction incident date unknown.</p> <p>Review on 02/11/2025 of the facility's records revealed: No documentation to support the above incidents had been evaluated to: -Attended to the health and safety needs of individuals involved in the incident. -Determined the cause of the incident. -Developed and implemented corrective measures according to provider specified timeframes not to exceed 45 days. -Developed and implemented measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days. -Assigned person(s) to be responsible for implementation of the corrections and preventive measures.</p>	V 366		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054		

Division of Health Service Regulation

(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) COMPL ETE DATE
V 366	<p>Continued From page 31</p> <p>Interview on 02/05/2025 with the Group Home Manager revealed:</p> <ul style="list-style-type: none"> -"[Client #1] got excited and broke his blinds." - "I put in work order for his blinds a week ago." - "The holes were there for about a week." - Was not responsible for completing incident reports for the facility. - Qualified Professional (QP) was responsible for completing incident reports for the facility. <p>Interviews on 02/05/2025 and 02/26/2025 with the QP revealed:</p> <ul style="list-style-type: none"> - Was responsible for completing incident reports. - Did not complete incident reports for Client #1's property destruction incidents with unknown dates. - "That's the first time I have ever heard of that (Risk Cause Analysis)." <p>Interviews on 02/24/2025 and 02/26/2025 with the Chief Operating Officer revealed:</p> <ul style="list-style-type: none"> - QP was responsible for incident reporting. - Was not aware that incident reports were not completed for Client #1's property destruction incidents. - "I will develop a form to attach to the incident reports to make sure we are covering all of the required items." <p>27G .0604 Incident Reporting Requirements</p> <p>10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS</p>	V 366		
V 367	<p>(a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III</p>	V 367	<p>Incident Response requirements for category A and B Providers</p> <p>Immediate action taken Re-training was scheduled and completed (2-19-2025) on Incident response training and reporting requirements. OAI management team, qualified professionals, and group home management were retrained to ensure that the health and safety needs of individuals involved. OAI qualified professionals will follow up on additional supporting documentation needed for incident reporting from local management entity and in the IRIS system.</p> <p>The supervisor responsible will submit Level II and Level III incidents electronically via web-based Incident Response Improvement System IRIS. The</p>	COMPLETE 2-19-2025

Division of Health Service Regulation

		<p>IRIS is an incident reporting system for reporting and documenting responses to Level II and II incidents involving consumers receiving mental health, developmental disabilities and/ or substance abuse services. Level I incidents are not required to be submitted via IRIS but will be documented on reportable event forms completed by staff and reviewed by QP/supervisor.</p> <p>VI. All Level II or III Incidents are to be reported to the individual's host and or home LME/MCO within 72 hours of the incident. The report is submitted electronically via IRIS. The report should include the following information: reporting provider contact and identification information, type of incident, description of incident, status of the effort to determine the cause of the incident, and other individuals or authorities notified or responding. The provider shall submit, upon request by the LME, other information/or additional information needed regarding the incident.</p> <p>All Level III incidents are to be reported to DHSR and DMHDDSAS via IRIS. Incident reports follow an internal chain of command for administrative review and Quality Improvement purposes. Upon completion of the administrative review, multiple variables of the incident report will be on file to maintained at the corporate office. The record file will be maintained for research and variables of a consumer's incident history to evaluate any trends or common themes to increase or improve treatment strategies. Upon completion of all reviews and data entries, the incident report and review data will be returned to the appropriate supervisor for them to review and make recommendations with staff.</p> <p>Controlled Infections: Opportunity Awaits, Inc. recognizes that consumers/employees that are employed or receiving services at our facilities may encounter an infectious or communicable disease. Therefore, we have a duty to provide and maintain a healthy and safe environment for all staff, customers, and visitors to our facilities and to minimize the risk of them contracting an infectious or communicable disease. It is Opportunity Awaits, Inc. policy to use universal precautions as an approach to infection control to protect workers from HIV, HBV, COVID - 19 and other bloodborne pathogens in human blood and certain other body fluids, regardless of a patient's infection status.</p> <p>Opportunity Awaits, Inc. shall maintain a policy and procedures for preventing, identifying, reporting, investigating, and controlling infectious and communicable diseases among its personnel and customers.</p> <p>This shall include the reporting of infectious and communicable diseases to local public health departments in instances where such reporting is required by facility or service licensure or other regulations. Reporting shall be considered an incident and shall also be reported as outlined.</p> <p>Emergencies/Medical Preparedness (APSM 30-1)"</p>
--	--	---

Division of Health Service Regulation

		<p>Purpose: To identify the various methods staff will be able to respond to emergencies.</p> <p>Policy: Its policy of Opportunity Awaits, Inc., to provide prompt attention and appropriate assistance to persons served, staff members, and visitors in the event of medical emergency staff will be trained and prepared to respond to emergencies.</p> <p>The overall components of the organization's medical emergency plan are as follows:</p> <p>A medical emergency is defined as an incident that requires interventions beyond simple first aid available at the facility to stabilize a condition that may result in a serious medical outcome. Conditions include, but are not limited to, excessive bleeding, which is unable to be controlled, accidents involving serious injury, failure or obstruction of the respiratory system, failure of the circulatory system, chest pain or severe abdominal pain, loss of consciousness unrelated to predictable seizure activity, or any type of distress that is determined to seriously limit an individual's normal level of daily functioning.</p> <p>Procedure:</p> <ol style="list-style-type: none"> 1. All staff will receive training in CPR and first aid and to keep them. 2. All staff will be instructed to contact 911 and or the Local EMS when an emergency occurs if they cannot handle the issue initially. 3. Staff are instructed to utilize their training until assistance arrives. 4. If the individual is served the Medical Emergency Care Consent will be accessed, contact made with the emergency contact names, and pertinent information will be given to the transporting emergency technicians. All emergency information sheets/identification face sheets included in the record will include: <ul style="list-style-type: none"> • Name and telephone number of the physician to be called. • Name, address, and telephone number of a relative or other person to be notified. • Information concerning the use of medication, medication allergies, and significant medical problems. <p>Staff will be trained in the location and use of each consumer's Medical Emergency Care Consent, inclusive of consumer's name, address, phone number of emergency contact, and physician's name, address, and phone number who to contact in case of an emergency and the assigned consumer's crisis plan.</p> <p>V. Employees will not transport individuals in their personal vehicles and or the organization's vehicles in emergency health care situations.</p>
--	--	---

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____		(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054			
(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) COMPL ETE DATE

Division of Health Service Regulation

<p>V 367</p>	<p>Continued From page 32</p> <p>incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information:</p> <p>(1) reporting provider contact and identification information;</p> <p>(2) client identification information;</p> <p>(3) type of incident;</p> <p>(4) description of incident;</p> <p>(5) status of the effort to determine the cause of the incident; and</p> <p>(6) other individuals or authorities notified or responding.</p> <p>(b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever:</p> <p>(1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or</p> <p>(2) the provider obtains information required on the incident form that was previously unavailable.</p> <p>(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:</p> <p>(1) hospital records including confidential information;</p> <p>(2) reports by other authorities; and</p> <p>(3) the provider's response to the incident.</p> <p>(d) Category A and B providers shall send a copy</p>	<p>V 367</p>		
<p>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION</p>	<p>(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:</p> <p>MHL036-329</p>	<p>(X2) MULTIPLE CONSTRUCTION</p> <p>A. BUILDING: _____</p> <p>B. WING _____</p>	<p>(X3) DATE SURVEY COMPLETED</p> <p>R 02/26/2025</p>	
<p>NAME OF PROVIDER OR SUPPLIER</p> <p>PATRIOTS</p>		<p>STREET ADDRESS, CITY, STATE, ZIP CODE</p> <p>1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054</p>		

Division of Health Service Regulation

(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 367	<p>Continued From page 33</p> <p>of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).</p> <p>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</p> <p>(1) medication errors that do not meet the definition of a level II or level III incident;</p> <p>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</p> <p>(3) searches of a client or his living area;</p> <p>(4) seizures of client property or property in the possession of a client;</p> <p>(5) the total number of level II and level III incidents that occurred; and</p> <p>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</p>	V 367		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054		

Division of Health Service Regulation

(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 367	<p>Continued From page 34</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to submit, upon request by the Local Management Entity (LME)/Managed Care Organization (MCO) other information obtained regarding the incident in the North Carolina Incident Response Improvement System (IRIS). The findings are:</p> <p>Review on 02/11/2025 of Former Client #3's record revealed: -Admitted 12/15/2017. -Diagnosed with Cachexia, Nocturnal Enuresis, Urge Incontinence, Calcaneal Spur, Onycholysis, Essential Hypertension, Schizoaffective Disorder, Nutritional Deficiency, Tinea Ungums, Human Immunodeficiency Virus, and Mild Intellectual Development Disability.</p> <p>Review on 02/11/2025 of the IRIS Report dated 10/03/2024 for FC #3 revealed: -Completed by the Qualified Professional (QP). -"Originally Submitted: 10/03/2024. -Date Provider Learned of Incident: 10/03/2024. -Initial Comments: LME; 10/03/2024; "This IRIS report has been reviewed by MCO staff. Please provide an update regarding the members' current condition, status, whereabouts, etc., as it pertains to the specific information requested below. Please resubmit updated within 5 working days of the date of this notification. Thank you. 1. What is the consumer's status? 2. Are there any updates regarding cause for consumer's difficulty standing and maintaining balance?" -No provider response for the above requests from the LME/MCO.</p> <p>Interview on 02/25/2025 with the QP revealed:</p>	V 367		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-329		(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____
				(X3) DATE SURVEY COMPLETED R 02/26/2025
NAME OF PROVIDER OR SUPPLIER PATRIOTS		STREET ADDRESS, CITY, STATE, ZIP CODE 1208-L EAST HUDSON BOULEVARD GASTONIA, NC 28054		

Division of Health Service Regulation

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PR EFI X TA G	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	<p>Continued From page 35</p> <p>-Was responsible for completing incident reports. -"I did not know that I needed to update the IRIS report (FC #3's incident dated 10/03/2024)." -"Moving forward I will go back and look at all IRIS reports and make sure they are updated if needed."</p> <p>Interview on 02/24/2025 with the Chief Operating Officer revealed: -QP was responsible for incident and IRIS reporting. -Was not aware that the QP had not responded to the LME/MCO's request for information for FC #3 incident dated 10/03/2024.</p> <p>27G .0303(c) Facility and Grounds Maintenance</p>	V 367		
V 736	<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 observations, record reviews, and interviews, the facility was not maintained in a safe, clean, attractive, and orderly manner. The findings are:</p> <p>Observation on 02/05/2025 at approximately 12:57 pm - 2:30 pm of the facility revealed:</p> <p>Entire Facility: -There was a putrid odor that penetrated throughout the entire facility.</p> <p>Living Area: -More than half of the ceiling was covered in thick</p>	V 736	<p>The site at which a 24-hour facility is located shall have sufficient outdoor area to permit consumers to exercise their right to outdoor activity in accordance with provisions of G.S. 122C-62. Each facility will be fire protected and protection is available, water supply, sewage and solid waste disposal services have been approved by the local health department. Consumers are not exposed to hazards and pollutants that may constitute and threaten their health, safety and welfare; and local ordinances and zoning laws are met. Buildings shall be kept free from insects and rodents. Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odors. Immediate Action taken; Dining area - a cleaning crew came in and cleaned the apartment on 2-5-2025/3-10-2025 (Maids of Honor). The carpet was cleaned on 3-12-2025 and again on 3-24-2025. Stanely Steamer – cleaned all carpet areas cleaned and deodorize. Blinds was replaced, a new mattress was purchased, new bedding, new lamp, rugs, stove drip pans, new lamp. The entire apartment was painted, the walls, ceiling, doors, cabinets, baseboards, trim, bathroom, washroom etc. Dining Room Table - The dining room table is free of clutter. The urine specimen was placed in a biohazardous bag and taken to the consumer doctor the same day. The lamp, multiple office supplies, multiple shoes and shoe boxes, all these items were removed in placed in their appropriate area of storage.</p> <p>Kitchen/Dining area - new trash can, area rug, and new can opener was purchased and coffee pot disposed of. The laundry room-the dry wall was repaired and painted. The hallway door was cleaned, repaired and painted. The air intake/exhaust vent was cleaned and painted. Multiple work orders were placed and completed by the</p>	Completed 3-24-2025