AND PLAN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL011-448	B. WING		04/29/2025	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
MADICCA	IOHNSON HOME	35 EILE	EN WAY			
WAKISSA	JOHNSON HOME	LEICES.	TER, NC 28748			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPL DAT	
V 000	INITIAL COMMENTS		V 000			
	An annual survey was deficiency was cited.	completed on 4/29/25. A		0-		
	This facility is licensed category: 10A NCAC 2 Living for Alternative F	I for the following service 27G. 5600F Supervised amily Living.		MAY 12 2000		
	This facility is licensed census of 3. The surve audits of 3 current clie	for 3 and has a current by sample consisted of ints.		DHSR-MH Licensure Sect		
i i i i i i i i i i i i i i i i i i i	27G .5603 Supervised 10A NCAC 27G .5603 (a) Capacity. A facility six clients when the clied developmental disabilition June 15, 2001, and than six clients at that the provide services at no licensed capacity. (b) Service Coordination and the composition of	OPERATIONS A shall serve no more than ents have mental illness or cies. Any facility licensed providing services to more time, may continue to more than the facility's On. Coordination shall be a facility operator and the who are responsible for a case management. Family or Legally each client shall be y to maintain an ongoing his family through such acility and visits outside all be submitted at least of a minor resident, or the on of an adult resident. Ing or take the form of a cus on the client's g individual goals. Each client shall have seed on her/his choices,	V 291	Correction: AFL provider will contact client's physician requesting statement that client can perform his own blood sugar monitoring and documenting with supervision from the AFL. Once received, AFL provider will provide a notebook to client for documentation of daily blood sugar monitoring. AFL will communicate daily with client about the blood sugar monitoring process. Prevention: AFL provider will monitor the client documentation daily. Irene Wortham Center, staff will monitor medication administration records monthly. Monitoring (who and how often): AFL provider will monitor the client's documentation daily. Irene Wortham Center, Inc. staff will monitor medication administration records monthly.	nc.	
on of Health	eeds and the treatment Service Regulation RECTOR'S OR PROVIDER/SUF	PPLIER REPRESENTATIVE'S SIGNATURE	Elise C	Disonbook Coordinator	(X6) DATE	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL011-448	B. WING		04/	/29/2025	
MARISSA JOHNSON HOME 35 EILEEI			DDRESS, CITY, STATE, ZIP CODE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE	
V 291	inclusion. Choices ma	gned to foster community ay be limited when the court lived or when health or	V 291				
	failed to coordinate me	w and interview, the facility edical care with providers nt's treatment for 1 of 3					
	-Date of admission 11/2 -Diagnoses of Severe II Disability, Unspecified Blindness One Eye, Ac Mixed Anxiety and Dep Compulsive Disorder, A Hyperlipidemia, Vitamin Unspecified, Type 2 Dia Unspecified Complicati Hyperplasia, Gastroesc and Essential Hyperten -2/27/25 - Physician's " HGB (Hemoglobin) A10 measure blood sugar le months); Physician's or meter once a dayUse day (blood sugar diagno -3/21/25 - Physician's of Glucose control. Stable	Intellectual Developmental Hearing Loss, Low Vision, Ijustment Disorder with wressed Mood, Obsessive Anxiety Disorder, Mixed In D Deficiency abetes Mellitus with ons, Benign Prostatic ophageal Reflux Disease, ision. Clinical Visit Summary" C: 5.7 (a blood test to evels over previous 2-3 ders to "Use 1 strip via 1 lancet via meter once a ostic)." ffice visit, "Impression: ."					
1	Reviews on 4/24/25 and Medication Administration through 4/25/25 reveale -Use 1 test strip and 1 la -All dates reviewed were	on Records from 2/1/25 ed: ancet a day via meter.					

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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: B. WING MHL011-448 04/29/2025 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 35 EILEEN WAY MARISSA JOHNSON HOME LEICESTER, NC 28748 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 2 V 291 Review on 4/25/25 of Client #2's "Accu-Chek" glucometer used to test blood sugar levels revealed: -Recordings of blood sugars with the following dates (no year specified): 4/20 - 133 @ (at) 4:35 p.m.; 4/20 - 121 @ 4:29 p.m.; 4/21 - 125 @ 7:54 a.m.; 4/21 - 86 @ 7:52 a.m.; 7/11 - 129 @ 8:58 a.m.; 7/16 - 206 @ 10:37 a.m.; 7/16 - 208 @ 10:30 a.m.; 7/17 - 129 @ 8:07 a.m.; 7/21 - 140 @ 7:21 a.m.; 7/31 - 116 @ 8:04 a.m.: 8/11 - 92 @ 1:29 pm. Attempted interview on 4/29/25 with Client #2 revealed: -He gave a thumbs up when asked, in writing due to deafness, if he tested his blood sugar levels -Unable to answer any further questions. Interviews on 4/25/25 and 4/29/25 with the AFL Provider revealed: -Client #2 tested his blood sugar level daily, but she did not know what they usually were, and he did not record the results. -Was not sure what year was in the memory of

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diabetes.

the Accu-Chek glucometer.

and may have erased some dates. -She did not communicate with Client #2's physician about any blood sugar results as he only saw the physician once a year for his

-Client #2 "messes" with the glucometer device

Interview on 4/28/25 with Client #2's physician's

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
		DEITH 19/ WISH NOMBER	A. BUILDING	:	COMPLETED		
		MHL011-448	B. WING		04/2	9/2025	
NAME OF PROVI	IDER OR SUPPLIER	STREET ADD	RESS, CITY, S	TATE, ZIP CODE			
MARISSA JOHNSON HOME 35 EILEEN LEICESTE			N WAY ER, NC 28748				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	BE	(X5) COMPLETE DATE	
offi -Tr be day -Tr phy	he physician expecte tested every day ar y.	I Assistant revealed: ed the client's blood sugar and at different times of the fice was 2/27/25 where the #2's "A1C was very	V 291				

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