	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL053-066	B. WING		C 03/08/2018
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY,	STATE, ZIP CODE	
		488 COMMER		, , , , , ,	
WILD CARO	LINA INNOVATIONS	SANFORD, N	C 27332		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 000			V 000	Mid Carolina Innovation (MCI) will 5/7/18
V 000 INITIAL COMMENTS		V 000	ensure that services are coor	,	
	A complaint survey was completed on March 8,			to address incidents that invo	
	2018. Deficiencies were cited. The complaint was substantiated. (Complaint ID #NC00136299.) This facility is licensed for the following service			client behaviors and/or other	
				significant events that impact	the
				provision of client services. Q	
				Management Director will mo	•
	category: 10A NCAC			weekly to ensure compliance	
		Vocational Program (ADVP) developmental activities for		weekly to ensure compliance	•
	adults with develop			Stoff will provide augenticies	to all
				Staff will provide supervision	
V 200	27G .2301 Adult Vo	c. for DD - Scope	V 200	individuals such as (Client #2	
		от тог да соора		receives individual support. C	
	10A NCAC 27G .230	01 SCOPE		manager will monitor throug	
		opmental and Vocational a day/night facility which		the day to ensure compliance).
		developmental activities for		Staff will be reminded to prov	ide first
		mental disabilities to prepare		aid and medical attention as	
		and work as independently		necessary to address injuries	or
		ivities and services of an		change in the client's medical	
		to adhere to the principles of ommunity integration aimed		physical condition. Clients wil	
		ppropriate actions, images			
	and appearance of t			taken to see a medical provid	
		s a diverse variety of specific		timely manner as indicated by	
		es. These include vocational		as a result of illness or injury.	
		al training, remunerative			
		nal and community living skill		Clients will be allowed to cont	
	•	basic education and long-		their immediate family member	ers
		Ilow-up . Support services to consultation with the clients'		upon request unless contraine	dicated
		r involved agencies may also		by the Individual Support Plar	n (ISP).
		nount of time devoted to			
	these areas varies c	onsiderably depending on		All MCI staff and the day prog	ıram 📗 📗
	the needs of the clie			manager will receive in-service	
		ined in this Section are		training on the completion of	-
		based ADVP services.		incident reports, behavior dat	a
		the ADVP activities in this ational or developmental in		sheets, and other service pro	
		out on the premises of a site		Silects, and other service pro	VISIUII.
	a.a.o, are carried t	at on the profilious of a site			

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

TITLE (X6) DATE

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL053-066	B. WING	!!!!!!!!!!!!!!!!!!!!!!!!	C 03/08/2018
NAME OF PROVIDER OR SUPPLIER STREET			DDRESS, CIT	Y, STATE, ZIP CODE	00/00/2010
MID CARO	INA INNOVATIONS	488 COMMER	CE DRIVE		
		SANFORD, NO	27332		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 200	licensure, not the lo		V 200	Mid Carolina Innovation (MCI ensure that services are coor to address incidents that invoclient behaviors and/or other significant events that impact provision of client services. Q Management Director will moweekly to ensure compliance.	dinated lve the uality nitor
	the facility failed to of 4 audited clients Review on 3/7/18 of - Admission date of - Diagnoses of Condust; Mild Intellet Hyperlipidemia; Unstandard in the licensee Assessment for grand included in the the client requires 2 not authorized to have the client requires 3/7/18 of 2 not authorized to have the client lives at hom 2 not authorized to have the client lives at hom 2 not authorized training in responses when fru	views and interviews, coordinate services for 1 (#1.) The findings are: Client #1's record revealed: 4/1/13 duct Disorder; Adjustment I Disturbance of Emotions and ectual Disability; Epilepsy; specified Convulsions; Reflux group home operated by oup home, updated on 9/5/17 client's record, documented 4 hour supervision and was ave unsupervised time. Client #2's record revealed: 10/31/16 ositional Defiant Disorder; ability; Epilepsy with a History hma.		Staff will provide supervision individuals such as (Client #1 receives group support. QP /I manager will monitor throug the day to ensure compliance. Staff will be reminded to provaid and medical attention as necessary to address injuries change in the client's medical physical condition. Clients will taken to see a medical providitimely manner as indicated by as a result of illness or injury. Clients will be allowed to contine their immediate family member upon request unless contrained by the Individual Support Plant All MCI staff and the day programmager will receive in-service training on the completion of incident reports, behavior dat sheets, and other service programmatical provides the programmatical provides the service provides the service programmatical provides the service programmatical provides the service programmatical provides the service programmatical provides the service provides the service programmatical provides the service programmatical provides the service programmatical provides the service provides) who MCI hout e. dide first or lor lor loed rin a y need cact ers dicated in (ISP) gram see a

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL053-066	B. WING		C 03/08/2018	
NAME OF F	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
MID CARO	LINA INNOVATIONS	488 COMMER				
		SANFORD, N	C 27332			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLET	
V 200	during social interar a history of "becoming a history of "becoming and interar a history of "becoming and interverse revealed: - An incident documed ated 2/22/18 contain information: "Outside #1] pushed [Client # and they began to fif #1] to the ground and face." - The report did not a actions during and formations during basketball court the playing basketball court the incident, however they contacted the incident, however they contacted the incident, however they contacted the incident #1 told his process to the cement and hit and kicked him in the fight began how tried to pull Client #4. Staff took him in formations in the fight began how tried to pull Client #4. Staff took him in the fight began how tried to pull Client #4.	becomes frustrated or upset ctions;" 3) has a temper and ing aggressive." If the facility's incident the facility's incident need only the following le on basketball court - [Client 2.] [Client #2] hit [Client #1] ght. [Client #2] pushed [Client d started kicking him in the identify staff present, their following the incident. 8, 3/7/18 and 3/8/18 with revealed: ged in a physical altercation resulted in Client #1 being emergency room. The fight when the two were on the facility's outside entried to walk away police to investigate the hey did not file charges ated the fight. Dearents: and him down. He fell on head. I on top of him and punched the chest and face. staff person outside when ever, staff ran outside and \$2 off of him. Inside and gave him first aid. This mother however, staff	V 200	All staff at MCI will receive intraining on the Individual Sup Plans (ISP) for Clients #1 and ensure their understanding for emergencies contact, supervibehavior management and monitoring. The Manager at Norovide the in-service training Director of Quality Management of the day program of weekly basis to ensure comparts to ensure comparts.	port d #2 to r sion, MCI will p. The ent will n a	
	6. Staff took him ba	ck to the group home then hospital for an x-ray.				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE COMP	SURVEY
		MHL053-066	B. WING	100000000000000000000000000000000000000	03/0) 8/2018
MID CAROLINA INNOVATIONS 488 COMME			STATE, ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLEFICIENCY)	D BE	(X5) COMPLETE DATE
V 200	- They have regul staff and their son - They "specifically treatment plan that if their was an incic - However, staff did their son's fight and They did not speak mother called the fa approximately five c - The client's moth the facility staff did - She said "No one Manager] tried to p just had some kind Interview on 3/7/18 was outside playing into a fight with hin about his girlfriend He did not have any his nose was bleed on his chest and ar - He asked to ca wouldn't let me." - He asked the staff incident report how get you cleaned up call. But then they to literally staff was inside the clients began argui - Staff was inside the clients a - Client #1 said he was a common to the common the country to the common the clients a country to the country to the clients a country to the country t	ar contact with the facility goes home every week. " identified in their son's they should be contacted lent/crisis. not call to inform them about corresponding injuries to facility staff until Client #1's cility management days later. er was very upset. She said not see it as serious. ever called me. [Quality day it off - he said they've of disagreement." with Client #1 revealed: - He goall with Client #2 and got in. "He thought I was talking. We got mad at each other" - y broken bones. However, ing and he suffered bruises ms. all his mom "But nobody person identified on the rever, she said "We got to first. She usually lets me rook me home." with a staff who was present revealed: the facility when the ng. tran out, told them to stop, the police then physically part. The vanted to call his mother the asked told him to hold	V 200			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY
		MHL053-066	B. WING	111111111111111111111111111111111111111		C 08/2018
488 COMME MID CAROLINA INNOVATIONS		STREET ADI 488 COMMER SANFORD, N	RCE DRIVE	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETE DATE
	Interview on 3/8/director revealed: - He was not preser the incident occurre- Staff informed him between the two clie took the client home- When he returned Client #2 He did not meet whad counseled him interactions Staff had administ then took him to the He was aware the call his mom. Howe picking up." 27G .2304 (C-D) Additional took including information about set (1) The clien a manner comprehe of adult status. (2) Each clien and the handbook strollent. (d) Hours Of Operationation and (excluding per day (excluding), five days per	ed First Aid then was group home. It at the facility when ed. about the "altercation" ents. Staff intervened, then e and later to the hospital. to the facility, he met with eith Client #1 because he previously about social tered 1st Aid to Client #1 e group home. client said he wanted to ever, "He did but she wasn't cult Voc. for DD - Operations D4 OPERATIONS ADVP shall have a client	V 204	Mid Carolina Innovation (MCI ensure that a handbook book developed and distributed to clients and parents/guardians handbook will describe service activities, contact information other essential information threpresent overall MCI service. The Quality Management Director of Operations and Cl develop the hand book with infrom staff and clients at MCI. handbook will be distributed to clients, family and/or guardian addition the handbook will be available to visitors in the lob the day program and will be distributed during tours of the program. The QP and Quality Manager Director will monitor at MCI oweekly basis to ensure distributed the handbook as outlined.	ais all s. The ces, and at es. ector, EO will nput The co all made by of e MCI	5/7/18

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE	SURVEY
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		MHL053-066	B. WING	!!!!!!!!!!!!!!!!!!!!!		8/2018
NAME OF	PROVIDER OR SUPPLIE	ER STREET AL 488 COMMER	•	Y, STATE, ZIP CODE		
MID CAROL	LINA INNOVATIONS	SANFORD, NO	C 27332			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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)	ILD BE	COMPLETE DATE
V 204	Continued From page	ge 5	V 204			
	on record reviews a failed to develop a about services and reviewed with and guardians. The find Interview on 3/6/18 parents of clients reprogram revealed: They took a tour an explanation of the However, they did with information about a service of the service	provided to clients and/or dings are: and 3/7/18 with three ceiving services in the of the facility and received				
	confirmed: - The facility does not describing the programmed and/or guardians However, clients a and receive information and activities during - Upon request for a description of programmed activities of the provided a computer descriptions of the provided to clients.	a Client Handbook with a cams and services, he came reprinted with brief corogram and activities med this information has not ents and or guardians in this at or in any other written				
V 207	27G .2306 (B) A Eligibility & Adm	dult Voc. for DD - Client	V 207			

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLET	
		MHL053-066	B. WING		C 03/08/2	2018
MID CAROLINA INNOVATIONS 488 COMME		STREET ADI 488 COMMER SANFORD, N	RCE DRIVE	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPERTY)	D BE C	(X5) COMPLETE DATE
V 207	ADMISSIONS (b) Admissions. Ear admission policies (1) A pre-adm for each client considered regarding psychological, social (2) Results of shall be documented referral or sponsoring be notified of the referral or sponsoring professional of the admission staff findings are: Review on 3/7/18 of revealed: - Admissional - Admissional - Diagnoses of Concurs of the staff o	ch ADVP shall have written and procedures. ission staffing shall be held dered for admission to the affing, information shall be g the client's medical, I, and vocational histories. If the pre-admission staffing ed and forwarded to the ing agency. The client shall esults of the staffing. Id developmental disabilities area program shall certify the ent for the ADVP service. It as evidenced by: views and interviews, ment failed to develop ten admission policies ing was completed. The		Victor & Associates does have admission policy that address overall services provision to it day supports. However the Q Management Director will devise separate policy to address admission to the MCI program MCI manager and/or Quality Management Director will proservice training to staff on the admission policy specific to Management of the full team a client/family. Procedures will loutlined in the policy to addrest referral process, ADVP rules requirements; assessments a other information required for admission to the MCI program. The MCI manager will record minutes of all admission commeetings and keep on file at the MCI office. The QP and/or Quality Managements of the QP and/or Quality Managements and minutes of all admission committee meeting admission committee meeting.	ses include uality velop a in. The vide in- e incl. ire- ide ind the be ess the and ind in. inittee the gement	7/18
	Client lives in a gr the licensee.No documentation management conduction	oup home operated by was found that facility cted a staffing prior to the		MCI to ensure compliance.		

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		MHL053-066	B. WING	!!!!!!!!!!!!!!!!!!!!!		8/2018
NAME OF PROVIDER OR SUPPLIER STREET AI 488 COMMER MID CAROLINA INNOVATIONS			Y, STATE, ZIP CODE			
SANFORD, No		C 27332			I	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT 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	COMPLETE DATE
V 207	Continued From page	ge 7	V 207			
	psychological, social appropriateness to	al, and vocational histories for the program.				
	- Admission date of - Diagnoses of Opp Mild Intellectual Dis History of Seizures - Client lives at hom - No documentation management conductient's admission to psychological, social appropriateness to distribute on 3/8/18 social confirmed:	ositional Defiant Disorder; ability; Epilepsy with a and Asthma. i.e. was found that facility acted a staffing prior to the preview the client's medical, al, and vocational histories for the program. with the Quality Manager				
	policy nor written pro of clients The pre-admission conducted however,	ot have a written admissions ocedures related to admission as process for clients is it has not been formalized. It document the pre-admission int.				

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