Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: __ R-C MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 2/27/18. The complaint was substantiated (intake #NC00134986). Deficiencies were cited. DHSR - Mental Health This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised APR 1 2 2018 Living for Adults with Developmental Disabilities. Lic. & Cert. Section V 112 27G .0205 (C-D) V 112 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.

Division of Health Service Regulation

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

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3/7/18

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING:	CONSTRUCTION	(X3) DATE SU COMPLE	
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V 112	Continued From page	1	V 112			
	facility failed to ensur developed and imple individualized needs clients (#1). The finding review on 2/21/18 of an admission date of an age of 24 years of agnoses included Developmental Disak Disorder, Borderline Disorder, Conversion Essential Hypertensia Reflux; a psychological eval full scale intelligence a legal guardian had an assessment not of "multiple hospitalizat suicidal ideations" ar "decompensation what the food that's availade environment, scary in hypochondriac;" an Individual Supposincluded: things that were imported that has a control to the control of the control of 9 months to 7 years and was reportedly as a service of 9 months to 7 years and was reportedly as a service of the control of 9 months to 7 years and was reportedly as a service of 9 months to 7 years and was reportedly as a service of 9 months to 7 years and was reportedly as a service of 9 months to 7 years and was reportedly as a service of 9 months to 7 years and year	ews and interviews, the re treatment plans were mented to meet the of clients affecting 1 of 2 rigs are: If client #1's record revealed: If 9/11/17; If cold Mild Intellectual Solity, Post-Traumatic Stress Personality Disorder, Bipolar In Disorder, Seizure Disorder, In and Gastroesophageal uation dated 7/6/16 noted a quotient (IQ) score of 67; If been appointed; If been appointed; If the appointed in the included in the inclu				

PRINTED: 03/08/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R-C B. WING MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX **PREFIX** COMPLETE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 112 V 112 Continued From page 2 -from the age of 17 she has lived in various assisted living facilities and had ongoing behavior issues: -"she exhibits behavior issues and has been hospitalized three times this year for behaviors:" -a treatment plan dated 9/11/17 that included behavior related goals and strategies of: -a goal of " ...will increase her ability to identify and implement positive coping skills to assist with managing her behaviors:" -a strategy of "following her daily schedule for structure - needs routine/structure;" -a goal of " ...will establish, maintain and develop healthy boundaries with her peers;" -a strategy of "staff will provide instruction and direction to client on how to establish and maintain appropriate boundaries with peers, staff and family;" -a strategy of "staff will define what is a boundary to client, how her behaviors effect healthy boundaries, and the importance of respecting others in her residential setting and out in the community:" -a strategy of "staff will instruct client on what happens when she defies a boundary and presents with a lack of respect such as: loss of privileges, exposure to danger and dangerous circumstances and situations, etcetera:" -a strategy of "staff will implement role reversal and role modeling in order to facilitate and provide instructions to client on how to develop appropriate boundaries:"

stuff:"

progress;"

Finding #1

-"they took my tablet;"

-a strategy of "staff will document intervention and

Interview on 2/27/18 with client #1 revealed: -"they (staff) say if I won't shut up they take my The staff has been retrained that they do not take

Division of	f Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 112	-she had gotten her to couple of days after had couple of days after had been taker bad behaviors; -they're not suppose because if they do it was observed that clibedspring was lying colient #1's radio and from her due to her ewhile the radio had benot; -the Qualified Profest client #1 had broken weeks prior and was new one; -there was no Behav plan available to supptaken from her; -the QP was not sure required to exhibit go frame would be replareturned; -they notified the Dire not acceptable for clia bed frame through client #1's bed frame through tablet being returned tablet being returned.	ablet back during the past her case manager from the ntity-Managed Care her case manager from the ntity-Managed Care her case its properties of the facility Supervisor that her her from her because of her her descalates my behaviors." With the LME-MCO revealed: he facility on 1/11/18 and it hent #1's mattress and hent hefloor; hablet had been taken away whibiting bad behaviors and her returned, the tablet had Sional (QP) informed them her bed frame a couple of in the process of earning a hor Support Plan or other hort client #1's items being how long client #1 was hod behavior before her bed her dod her tablet would be heater on 1/12/18 that it was hent #1 to be required to earn her good behavior; he was replaced on 1/12/18; hig client #1 monthly and this high discussing the clients		belongings regarded the chickens are new to be restricted to be in any reader to be incorporate the property plan. It represents the property in the property in the frequency in the incorporate in the property in the structure in the structure in the structure in the structure.	the he h
		with staff #1 revealed: s when she was mad but		D'ine situation	50

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Division of Health Service Regulation

-he was not aware of any documentation regarding the reward system for client #1.

Interview on 2/27/18 with the Lead Qualified

-"her case manager said to let her tear it up since

-"I know she (client #1) broke it (bed);" -"the reason she didn't have her tablet was because she was about to tear it up:"

Professional (LQP) revealed:

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL034-224 02/27/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) V 112 V 112 Continued From page 5 it's hers but that's just crazy;" -"we have an obligation and a job here;" -he was not sure whether all of client #1's belongings had been returned to her but thought her tablet had been returned. Finding #2 Review on 2/27/18 of Shift Event and Behavior Logs for client #1 revealed: -An entry dated 9/13/17 of: -" ...refused to get in the wash, take her medications or eat dinner because she was not feeling well; -she was falling asleep on the couch so she was asked to go to her room and lay down if she was tired and felt sick;" -she started yelling at staff telling them they "did not care, she need to see a doctor and we was not doing our job"; -staff convinced her to take her medications but not her shower or to eat dinner; -she yelled and talked junk for about 10-15 minutes then she went to sleep; -still trying to figure out what do and don't work for consumer, figure out what I did to set her off so things can run more smoove." -An entry dated 9/15/17 of: -" ...started the night with refusing to shower because she was too sick; -went on to refusing to take her diper out to the trash and said she was too sick to move: -staff asked her several times to take her diper outside to the trash and she started to yell at staff and cuss them out; -she kicked staff several times each staff went through till second shift: -tried to talk to her she did not want to talk to staff she wanted to be left alone;

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-she fell asleep after a while;

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V 112	Continued From page	6	V 112			
	-keep redirecting	her."				
	-An entry dated 9/16/1					
		go to the store and buy				
	another consumer an	high-definition multimedia				
	interface (HDMI) card					
		owed she started cussing at				
	staff telling them they	시 () (Marie 1986 - 1985 - 1985 - 1985 - 1986 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 1985 - 19				
		the rest of it out the lock				
	other consumers;	spending her money on				
		ined to her several times				
	20	Supervisor has the keys to				
	the state of the s	ve access to any of her				
	money;	pagaine and a december and a second of the s				
	-she cussed for a few	then walked away;	1			
	-keep redirecting her."					
	-An entry dated 9/17/1					
		because she had to drink				
		arted talking junk to the				
	other consumers;	those why they leading at				
		them why they looking at meters to structure them to structure.				1
		ing to them like that and				
	told her it's not her job					
		vill be disrespected here;				
	and this country that the second him the second the second second second second second second second second se	f cussing at us telling us				
	we was not doing our j	ob for a while;				- 1
	-keep redirecting her."					
	-An entry dated 9/20/1					1
		ling at staff as soon as he				- 1
	walked through the do					
	and not her;	had a doctor appointment				
		aff and trying to kick staff;				
		ther consumer she hope				
	they die and she was g					
		und a glass alfredo sauce				
		the wall trying to break it				- 1
	and staff took glass jar					-
	-talked to her and let he	er know that disrespect to				

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORE (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION S	02. EECTION HOULD BE	R-C /27/2018
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V 112 Continued From page 7 V 112		
the other consumers cannot be and reminded her that the same respect she is given needs to give back; -she cussed and fussed for at least 45 minutes; -keep redirecting her." -An entry dated 9/21/17 of: -'consumer got upset today because she said staff did not care about her and was not doing their job because we won't take her to the doctor; -she was yelling, cussing staff and threatening staff sayin she wish they would die; -just asked her to go to her room until she calmed down and could talk to staff with respect and she calmed down after about 10 minutes; -keep redirecting her." -An entry dated 9/25/17 of: -"yelling, cussing and hitting staff and consumers; -threw staff food all over the living room, a chair, glass candles, shoes and books; -ripped calendar off wall and ripped it in half; -she was put in a hold and walked to her room for hitting the other consumer; -the things she threw were taken; -tried to talk to her and she had a lot to say about staff and a lot of yelling, cussing and crying; -keep talking to her and keep redirecting her." -An entry dated 10/20/17 of: -"was asked to get in the shower again; -she cussed staff out and yelled at them telling them she was not taking no shower; -talked to her asked her a few times to take a shower; -qave her some time but she still refused and did not take a shower; -keep redirecting her." -An entry dated 10/23/17 of:		

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: ___ R-C B. WNG_ MHL034-224 02/27/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 924 CLOISTER DRIVE

INDEPENDENT LIVING GROUP HOME

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V 112	Continued From page 8	V 112		
V 112	went in her tablet and restarted it; -she said staff did not want her to play any games on her tablet; -she yelled and cussed at staff and talked junk; -tried to talk to her let her know that nobody would do that to her and we want her to have her tablet and play her games if it keeps her calm; -keep redirecting her." -An entry dated 10/24/17 of: -"staff was transporting consumers home when words were exchanged between two consumers; -client #1 began to tell another consumer to stop talking and stuck up her middle finger; -the other consumer grabbed her by the neck while staff is driving; -after hearing staff ask the other consumer to stop she does." -An entry dated 10/28/17 of: -"refused to eat, take medications, shower and do body check, saying she need medical attention; -she say she doesn't feel good but keep trying to argue and yell with staff and housemates; -sat in her bed under the covers and begin to scratch herself with a pair of scissors but no real bruises; -she admitted to scratching herself under her breast, her stomach, and left thigh with a pair of scissors." -An entry dated 10/29/17 of: -"was in her room yelling and cussing at staff and consumers; -upset cause she said she was sick and needed to go to the doctor; -she was being rude to another consumer after	V 112		
	-"was in her room yelling and cussing at staff and consumers; -upset cause she said she was sick and needed to go to the doctor;			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
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V 112	Continued From page	9	V 112			
V 112	-keep directing her." -An entry dated 11/1/ -"refused to pu- she started talking ju- van because he had a store as well as staff; -she yelled, cussed a there and back; -once in the house sh saying she did not wa- staff informed her on she was having; -she knocked over the and she knocked the on the couch off and -she continued with h -I tried to talk to consishe kept going and ne- keep redirecting ther -An entry dated 11/2/ -"refused to ge program and pretended -I had to verbally before she came inside -when in the hom cussing at the staff ar -she threw shoes and tried to break the	at her seatbelt on in van; ink to the consumer in the money and was going to the and fussed the whole way the started yelling at staff ant a sandwich; face again that was not what the medication boxes twice stuff another consumer had the west everywhere; the rude behavior for a while tumer and reminded her but othing worked; m." 17 of: the out of car with day the dot be asleep; prompt her several times the the home; the she began insulting and and consumers; the at the consumers and staff	V 112			
	over her dresser, thre desk;	ew her chair and pushed her				
	work and she continu -we removed her she could no longer p -she then began the floor; -we asked her if she of	ed to cuss at us; dresser from the room so bush it over; to throw all of her items on could pick them up but then				
	she started to throw to dryers, books, shoes,	hings at us such as blow and clipboards:				

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MD0211

Division of Health Service Regulation STATEMENT OF DEFICIENCIES

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
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V 112	Continued From page	10	V 112			
	-when staff tried to pice began to kick and hit is a therapeutic hold; -we began putting all couldn't throw them; -she screamed I will f-she came to the living call the police; -she then started to the break the time clock; -when being told to stopulling hair and was the refuse and cuss at stared and cuss at stared plan to be more strictly but still talking calmly things to her but didn't refuse and cuss at stared plan to be more strictly but still talking calmly strength and the still talking calmly strength and the strength and had strength and the strength and had strength and the strength a	ck up some of the items she them and was then put into of her things in bags so she sing kill you B****; groom and threatened to be she started hitting and then escorted to her room; you her and explaining to work and she continued to ff and throw objects; at and assertive next time without yelling." 7 of: 1 because another 1 woke her up out of her 1 sumer by talking to her and 1 consumer and lay down the was not receptive to ore irritated, aggressive to be put in a therapeutic tititudes and behaviors, try of let others dictate feelings rol her action." 7 of: 1 g a behavior about suppose to receive; call police she waited until	V 112			
	staff was busy with cor 911;	nsumer to sneak and call				
		s assaulted and having				

PRINTED: 03/08/2018 FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: R-C B. WING MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY V 112 Continued From page 11 -consumer evaluated at local hospital." -An entry dated 11/14/17 of: -"she flipped over her dresser twice, threw a plate off table, took a poop in tub, spread paint across floor, used profanity and racial slurs and name calling; -grabbed staff hair and while picking up items off floor, she proceeded to hit staff; -was put in an emergency therapeutic hold for 1.5 minutes." -An entry dated 11/15/17 of: -"consumer would not get out of company van and then urinated in the front seat: -when she finally got out van she called staff stupid fu***** b*****." -An entry dated 11/16/17 of: -"consumer used bathroom on herself, put feces in the hallway then continue to spread them on her bed, the floor, and sheets; -name calling, racial slurs, cursing, open window and start screaming and crying and making a scene." -An entry dated 11/25/17 of: -"physical and verbal aggression; -triggers - not getting their way, attention seeking, saying no, refusing re-direction." -An entry dated 12/3/17 of: -"consumer was very agitated so staff verbal prompt her to just take a deep breath; -consumer decided she wanted to go in her room and start to have a behavior;

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-staff prompt her to take a deep breath and just calm down so we can talk about what is troubling

-consumer sat down and talked to staff about

-staff reinforce the consumer she was safe and

-consumer will continue to stride on working on

what was troubling her;

had nothing to worry about;

her goals and staying calm."

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	Continued From page	12	V 112			
	-An entry dated 12/7/	17 of				
	[[- 12 Table 10 Ta	ng consumer was cussing at				
	staff and consumers;	ig consumer was cassing at				
		the group home consumer				
	was cussing at staff;	3.016				
		staff and was put in a				
	therapeutic hold;					
	-she calmed dow					
	-An entry dated 1/5/18					
	10 mars - 10 mar	there names and using the				
	N word;					
	333	ting their way and refusing				
	re-direction."	06				
	-An entry dated 1/14/1	s were getting on the van				
	she told them that is w					¥ .
		of on the van she continue to				1
	yell;	it on the van one continue to				
		er scratched her face."				
	-An entry dated 2/5/18	of:				1
	-" came in the r	residence cursing staff and				2
	threatening staff;					1
		hings at staff, beating on		**		1
	walls, yelling and poor			,		1
		get in the shower but she				1
	refused and hit staff;	thoropoutic hold:				- 1
	-she was put in a	get in the bath and put her				
	poop on the floor;	got in the bath and put her				1
	The state of the s	th and insisted on flooding				
	the bathroom until it ca	A PRODUCTION OF THE THE PRODUCT OF T		*		
		en she got out and staff			1	- 1
	offered prn (as needed					
	-she then pooped on h	erself again and threw				
10	yogurt and other object					
	-we offered dinner she					
	attempted to hit me wit	th the broom;				1
	-no triggers;					1
		propositions, offered prn				
	but the response was	a continued behavior and				

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
	MUI 024 224	B. WING		R-C
	MHL034-224	1		02/27/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STAT	FE, ZIP CODE	
INDEPENDENT LIVING GROUP HO	ME	TER DRIVE		
	WINSTON	SALEM, NC 27	7127	
PREFIX (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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
-An entry dated 2/26/1 -"verbal aggression refusing re-direction; -consumer woke ustaff about going to a series of the total refused to showe tried to redirect her total down but she refused to be verbally aggressitook 8:00 medicatook 8:0	oals and praise positivity." 8 of: on, attention seeking and up an started cussing at the staff meeting; ir; get in shower an to calm to do either and continued ive; itions and prn; with consumer." with client #1 revealed: ep restraint and I'm a broke hand that straint;" n behaving "a lot better"; on she thought the other ore food than her and had or; easked her to take her pecause she always elf and this caused her to a y upset and staff threatened it caused her bad with staff #1 revealed: e facility since 12/6/17; pretty much ok;" riors, there has been as been physical;" seizures but she doesn't;" hen she gets mad;"	V 112		

Division of Health Service Regulation

MD0211

PRINTED: 03/08/2018 FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 112 V 112 Continued From page 14 exhibited enough good behaviors to earn them back; -she was not sure if there was a plan to change or add goals for the client. Interview on 2/26/18 with staff #2 revealed: -he had worked at the facility since 1/9/18; -client #1 has "got to have a lot of attention;" -"she might say stuff that ain't even worth saying;" -"she hasn't really acted out;" -her goals included "keep her room clean, do her laundry, get her exercise in, and assist with preparation for a meal;" -he was not sure if there was a plan to change or add goals for the client. Interview on 2/21/18 with the Facility Supervisor revealed: -she had worked at the facility for 4 1/2 years; -"she broke it (bed frame), pushed the dressers and tried to throw her feces on staff:" -"one time and she's never done it again:" -"I'd say for the last 60 days she's been really good." Interview on 2/27/18 with the QP revealed: -client #1 "has come a long way;" -"she was something else;" -"on a scale of 1-10, she's a 20;" -"she had to get acclimated and in that timeframe staff had to make adjustments;" -"every single question we asked her was turned

Division of Health Service Regulation

into an argument;" -"now she's real good;"

anything like that recently;"

-"in the beginning she would complain basically about everything but no major complaints or

-the Director was the one to talk to about goals."

Interview on 2/27/18 with the Lead QP revealed:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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		MHL034-224	B. WING		02/	27/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
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INDEPEND	DENT LIVING GROUP HO	WINSTON	SALEM, NC 271	27		
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V 112	Continued From page	15	V 112			
V 112	-client #1 "is manipula-"when she first came going to change and got here that changed -"she lies on staff and herself;" -"doesn't really war me;" Interview on 2/27/18 v-client #1 did not have -"we're trying to work Support Plan) now ar manager;" -"with her history, I do already have one;" -"we're just not a provincup, we're going to that was what she washe had been "faking-"she would terrorize hitting them and calling-"hit consumers at he -"she accused one stout then admitted she -"she started urinating-"she would smear fe try to come out of her her;" -"she tore her room uring a while she wen now she's started agar-"We've tried to bring address her concerns we can do to make here."	ative;" e she was saying she was do good but surely after she d;" I uses the restroom on Int to be helped if you ask with the Director revealed: e a Behavior Support Plan; on getting one (Behavior and waiting on the case on't know why she didn't vider that every time you o take you to the doctor and as used to;" g seizures;" the other consumers by any them names;" or last placement;" aff of actually abusing her e had lied;" g on herself to get attention;" ces on the wall and would r room with feces all over ap;" t through a good spell but ain;" her in periodically to s and see if there is anything er happier but she's just one don't want to be happy;"	V 112			
	-"she is mean;"	lischarge her and are just				
		ng what we're doing until she				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
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V 112	realizes that we're not Finding #3 Interview on 2/27/18 v -she didn't like wearing -"I'm supposed to only because I tinkle on my -the staff had not told them all the time rathe -"they agitate my skin; -"then when I do wear me;" -"one of the girls in the baby." Interview on 2/21/18 w -when client #1 was ac was wearing adult brie -she was now wearing it was more convenien address her behaviors to get attention. Interview on 2/26/18 w -client #1 was suppose the time; -"she wears them mos I get her to wear pantic doesn't like wearing th -"I don't know why she because of her behavio- "I know there have be	vith client #1 revealed: g adult briefs; wear them at night yself;" her why she had to wear er than just at night; " them, people make fun of e day program calls me a vith the LME-MCO revealed: dmitted to the facility she efs at night only; them all the time because at for the staff rather than to of urinating and defecating vith staff #1 revealed: ed to wear adult briefs all t of the time but sometimes es instead because she e adult diapers;" wears them but maybe ors;"	V 112	DEFICIENCY)		
	Interview on 2/26/18 w -client #1 was suppose the time; -"I don't know why she	ed to wear adult diapers all				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 112	Continued From page	17	V 112		4/28/18
	-client #1 "uses the re -"I think sometimes sh -"anyone that would u	with the Lead QP revealed: estroom on herself;" ne wears adult briefs;" use the restroom on herself eeds to wear a diaper."			
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133		
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabit services that is licens Chapter. (b) Requirement And provider licensed und applicant to fill a positi applicant to have an econditioned on consectiminal history record the applicant has been less than five years, the is conditioned on concriminal history record national criminal history record include a check of the applicant has been five years or more, the on consent to a State check of the applicant work or criminal history record section. Except as oth subsection, within five	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a ter this Chapter to an tion that does not require the occupational license is nnt to a State and national d check of the applicant. If en a resident of this State for hen the offer of employment sent to a State and national d check of the applicant. The			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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MHL034-224		B. WING		02/	27/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE		
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V 133	Continued From page	18	V 133			
	shall submit a request	to the Department of				
	Justice under G.S. 11					
	l .	check required by this				1
	-	t a request to a private				
		ate criminal history record				
	check required by this	section. Notwithstanding				
		epartment of Justice shall				
	return the results of na					
	record checks for emp					
	covered by Public Law					
	Department of Health Criminal Records Che					
		ipt of the national criminal				
		the Department of Health				
	and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the					
		nay affect the employability				
		case shall the results of the				
	national criminal histor	y record check be shared				
	107.0	riders shall make available				
	upon request verification that a criminal history					
	•	eted on any staff covered				
		ty that has adopted an				1
		ance and has access to				
	may conduct on behalf	Il Information data bank				
	criminal history record					
	-	vider having to submit a				
		nent of Justice. In such a				
		commence with the State				
	criminal history record					1
	section within five busi					
		ployment by the provider.				1
		rmation received by the			1	1
		and may not be disclosed,				1
		as provided in subsection				1
	(c) of this section. For pauls section, the term "n					
	subsection, the term "p business regularly engage					1
	business regularly eng	aged in conducting				1

Division of Health Service Regulation

MD0211

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ R-C B. WING_ MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME MAINCTON CALES NO 27427

INDEPENDENT LIVING GROUP HOWE WINSTON SALEM, NC 27127				
(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	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 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	V 133		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	ETED
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0//1/15	CLIMMADY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	<u> </u>	ND
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETE DATE
V 133	criminal offenses if the history record check is compliance with this se (e) Relevant Offense. "relevant offense" merederal criminal history indictment of a crime, felony, that bears upon have responsibility for persons needing mendisabilities, or substancrimes include the crimany of the following Argeneral Statutes: Articles uning Monetary Subendangering Executive Article 6, Homicide; Article 6, Homicide; Article 6, Homicide; Article 6, Homicide; Article 7, Protection of the Monetary Device or Mand Other Housebreal Other Burnings; Article Robbery; Article 18, Efalse Pretenses and Cobtaining Property or Fraudulent Use of Creaticle 19B, Financial Act; Article 20, Frauds 26, Offenses Against Foecency; Article 26A, Article 27, Prostitution; 29, Bribery; Article 31, Office; Article 35, Offereace; Article 36A, Rice	e employee's criminal section. - As used in this section, ans a county, state, or y of conviction or pending whether a misdemeanor or n an individual's fitness to the safety and well-being of tal health, developmental nee abuse services. These minal offenses set forth in ticles of Chapter 14 of the cle 5, Counterfeiting and stitutes; Article 5A, e and Legislative Officers; ricle 7A, Rape and Other 8, Assaults; Article 10, ction; Article 13, Malicious Use of Explosive or Material; Article 14, Burglary kings; Article 15, Arson and e 16, Larceny; Article 17, mbezzlement; Article 19, Cheats; Article 19A, Services by False or dit Device or Other Means; Transaction Card Crime; Article 21, Forgery; Article Public Morality and Adult Establishments; Article 28, Perjury; Article Misconduct in Public nses Against the Public ots and Civil Disorders;	V 133			
		The state of the s				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PERFORMANCE			A. BUILDING:				
MHL034-224		B. WING		R-C 02/27/2018			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
INDEPEN	INDEPENDENT LIVING GROUP HOME 924 CLOISTER DRIVE WINSTON SALEM, NC 27127						
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V 133	EPENDENT LIVING GROUP HOME #INSTON S 4) ID SUMMARY STATEMENT OF DEFICIENCIES EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL FAG REGULATORY OR LSC IDENTIFYING INFORMATION)		V 133	Prior to rehnund Stayo, regardi To how little t	g a esserve		

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C MHL034-224 02/27/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 924 CLOISTER DRIVE INDEPENDENT LIVING GROUP HOME WINSTON SALEM, NC 27127 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) elapsed, the V 133 V 133 | Continued From page 22 Review on 2/21/18 of staff #1's employee file new ormunal revealed: -a hire date of 6/13/16; backgrown a sheck -a rehire date of 12/6/17: -documentation that a criminal history record check was received on 6/20/16; re peronali -no documentation that a criminal history record check was requested within 5 days of rehire. Interview on 2/26/18 with staff #1 revealed: -she was originally hired on 6/13/16; -she had worked for approximately a year and then left the company; -she was separated from the company for approximately 6 months: -she was rehired approximately 3 months ago. sning that Interview on 2/27/18 with the Lead Qualified Professional (LQP) revealed: -he had not requested a criminal history record check for staff #1: -when staff #1 left her full time position, he added monitored or her to his "prn (as needed) list"; -staff #1 had not worked while she was on his prn list. a month 14 Interviews on 2/21/18 and 2/27/18 with the Director revealed: -staff #1 had previously worked for the company and was recently rehired; -it was the responsibility of the LQP to complete criminal history record checks; -she was not aware that a criminal history record check was not requested when staff #1 was -she was aware that criminal history record check requests were required for all staff that were rehired.

Division c	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE	
INDEPEND	DENT LIVING GROUP HO	OME	STER DRIVE		
		WINSTO	SALEM, NC 2	7127	
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V 133	Continued From page	e 23	V 133		3/29/18
	This deficiency const	itutes a re-cited deficiency		3	'
	and must be correcte				
	and made so controls				
	×				
				8	



DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER GOVERNOR

MANDY COHEN, MD, MPH SECRETARY

> MARK PAYNE DIRECTOR

March 9, 2018

Shanita Lovelace, Director Independent Living Group Home, LLC 1107 Constantine Court Kernersville, NC 27284

Re:

Complaint and Follow-Up Survey completed February 27, 2018
Independent Living Group Home, 924 Cloister Drive, Winston Salem NC 27127
MHL # 034-224
E-mail Address: shanita001@bellsouth.net
Intake #NC00134986

Dear Ms. Lovelace:

Thank you for the cooperation and courtesy extended during the complaint and follow up survey completed February 27, 2018. The complaint was substantiated.

As a result of the follow up survey, it was determined that some of the deficiencies are now in compliance, which is reflected on the enclosed Revisit Report. Additional deficiencies were cited during the survey.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- Re-cited standard level deficiency.
- Other tag cited is a standard level deficiency.

Time Frames for Compliance

- Re-cited standard level deficiency must be corrected within 30 days from the exit of the survey, which is March 29, 2018.
- Standard level deficiency must be corrected within 60 days from the exit of the survey, which is April 28, 2018.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV
TEL 919-855-3795 • FAX 919-715-8078
LOCATION: 1800 UMSTEAD DRIVE •WILLIAMS BUILDING • RALEIGH, NC 27603
MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. *Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.*

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Barbara Perdue at (336) 861-6283.

Sincerely,

Sheri Spicer

Facility Survey Consultant I

Mental Health Licensure & Certification Section

Cc: Trey Sutten, Interim Director, Cardinal Innovations LME/MCO

Onika Wilson, Quality Management Director, Cardinal Innovations LME/MCO

Rob Robinson, Director, Alliance Behavioral Health LME/MCO

Wes Knepper, Quality Management Director, Alliance Behavioral Health LME/MCO

W. Rhett Melton, Director, Partners Behavioral Healthcare LME/MCO

Selenna Moss, Quality Management Director, Partners Behavioral Healthcare LME/MCO

File

WWW.NCDHHS.GOV

TEL 919-855-3795 • FAX 919-715-8078

LOCATION: 1800UMSTEAD DRIVE •WILLIAMS BUILDING • RALEIGH, NC 27603

MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718

AN EOUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER