Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL092-267 04/26/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **209 ROSE STREET ROSE HOME CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION PRE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) SHOULD BE FIX TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 V 000 INITIAL COMMENTS An Annual, Follow Up and Complaint Survey was DHSR - Mental Health completed April 26, 2018. The complaints were substantiated (Intake #NC00136972 and #NC00137978). Deficiencies were cited. MAY 1 4 2018 This facility is licensed for the following service Lic. & Cert. Section category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. On a fully staffed schedule activities for 6/25/2018 V 115 V 115 27G .0208 Client Services clients are planned daily. They attend 10A NCAC 27G .0208 CLIENT SERVICES Day programs, they participate with (a) Facilities that provide activities for clients shall Meals on wheels on Thursdays. assure that: Program coordinator completes a (1) space and supervision is provided to ensure monthly recreation calendar. As the safety and welfare of the clients; addressed below in V290 Recruitment (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients and staffing of Direct Service Providers: served; and Bi-monthly internal job fairs and (3) clients participate in planning or determining monthly external job fairs are currently activities. conducted. Job openings are (h) Facilities or programs designated or described continuously posted on job boards such in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. as Indeed, Craig's list and LinkedIn. unless otherwise specified in the rule. New Hire Orientations are also held bi-(c) Facilities that serve or prepare meals for monthly. Additionally, we continually clients shall ensure that the meals are nutritious. post for PRN DSPs. Staff retention (d) When clients who have a physical handicap program initiatives continue to be are transported, the vehicle shall be equipped ongoing. Community Residential QP, with secure adaptive equipment. program coordinator and current house (e) When two or more preschool children who require special assistance with boarding or riding staff all cover as many shifts as possible in a vehicle are transported in the same vehicle, to fill gaps until staffing holes are there shall be one adult, other than the driver, to permanently filled and/or PRN pool is assist in supervision of the children. replenished. Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER'S UPPLIER REPRESENTATIVE'S SIGNATURE

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-267			(X2) MULTIPLE CONSTRUCTION A. BUILDING: _		(X3) DATE SURVEY COMPLETED	
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This R Based interv four of Revier reveal Intelle Disord using partic -(Retar Palsy comm belon transi safe t -(Menta Disord dated in opp other progra -(Menta Autisr goals surrou as pa	d on observationew, the facility of four clients (a) we on 04/23/16 alled the following —Client #1 actual Disability der and PICA. dated 2/2 safety practicular practicular and practicular and client #2 diagram in cluded for an actual personal persona	as evidenced by: on, record review and y failed to provide activities for #1-#4). The findings are: of the facility's records ng:díagnoses include y Disorder, Autism, Seizure the treatment plan 1/18 listed goals including es, completing chores, ene regime gnoses include Severe mental e Disorder and Cerebral nt plan I goals addressing needs to others, maintaining ganized manner, ng positive behavior while en activities and displaying community gnoses include Profound Cerebral Palsy, Seizure ipationtreatment plan d goals inclusive of participate ocialize, communicate with she enjoys with others at day ntial setting. gnoses include Profound Seizure Disorder and olan dated 07/01/17 listed ses of wanted items, aware of home and community as well by supports services at a day	V 115	Continued From page 1 QP will schedule accordingly an resort, support a resident in and home nearby if needed until ad coverage is available. QP will all QA/QI immediately if adequate coverage is not found so other other programs can be floated is staff ratios.	other TLC equate staff ert CPO and staff staff from	6/25/2018

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 MHL092-267 04/26/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 ROSE STREET **ROSE HOME CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION DATE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 115 V 115 | Continued From page 2 Observations on 04/23/18 at 9:30AM-12N and 04/25/18 at 11:30-12:10P revealed clients at the group home. One staff on duty. (Refer to tag V290 regarding insufficient staffing pattern) During interview on 04/23/18, staff #1 reported the clients were not going out of the facility. She was the only staff on duty and the clients required a lot of hands on services to toilet, feed and supervise. During interview on 04/25/18, staff #3 reported the clients #2-#4 were at the facility for the day. In the past, if she needed assistance taking the clients to the day program or community, she would call the Program Coordinator to help her load up the clients on the van. Recruitment and staffing of Direct 6/25/2018 V 290 V 290 27G .5602 Supervised Living - Staff Service Providers: Bi-monthly internal 10A NCAC 27G .5602 STAFF job fairs and monthly external job fairs (a) Staff-client ratios above the minimum are currently conducted. Job openings numbers specified in Paragraphs (b), (c) and (d) are continuously posted on job boards of this Rule shall be determined by the facility to such as Indeed, Craig's list and enable staff to respond to individualized client LinkedIn. New Hire Orientations are needs (b) A minimum of one staff member shall be also held bi-monthly. Additionally, we present at all times when any adult client is on the continually post for PRN DSPs Staff premises, except when the client's treatment or retention program initiatives continue habilitation plan documents that the client is to be ongoing. Community Residential capable of remaining in the home or community QP, program coordinator and current without supervision. The plan shall be reviewed house staff all cover as many shifts as as needed but not less than annually to ensure possible to fill gaps until staffing holes the client continues to be capable of remaining in the home or community without supervision for are permanently filled and/or PRN pool specified periods of time. is replenished. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: Division of Health Service Regulation

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Continued From page 3 (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance			and external job fair attendees are on sign in logs. QP will schedule ac and as a last resort, support a residuanther TLC home nearby if neede adequate staff coverage is available will alert CPO and QA/QI immediated	tracked cordingly dent in d until le. QP tely if nd so	
This Rule is not me Based on observation interview, the facility staff-clients ratios do which were above the respond to individual clients (#1-#4). The	It as evidenced by: ons, record review and of failed to implement etermined by the agency one minimum numbers to lized needs for four of four findings are: of the facility's records				
	SUMMARY STAR (EACH DEFICIENCY REGULATORY OR LS) Continued From part (1) children or abuse disorders share of one staff present clients present during sleep emergency back-up the governing body; (2) children or developmental disare one staff present for present and two starmore clients present during sheep emergency back-up the governing body; (2) children or developmental disare one staff present for present and two starmore clients present need be present during specified by the emed determined by the great (1) at least or duty shall be trained withdrawal symptom secondary complicated drug addiction; and (2) the service abuse counselor shas-needed basis for This Rule is not med Based on observation interview, the facility staff-clients ratios downlich were above the respond to individual clients (#1-#4). The	PROVIDER OR SUPPLIER STREET AD 209 ROS CARY, NO SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. 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The findings are:	PROVIDER OR SUPPLIER OME 209 ROSE STREET CARY, NC 27511 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or tewer minor clients present. 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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING MHL092-267 04/26/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **209 ROSE STREET ROSE HOME CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY V 290 Continued From page 4 V 290 Disability Disorder, Autism, Seizure Disorder and PICA... the treatment plan dated 2/1/18 listed goals including using safety practices, completing chores, participating in hygiene regime -Client #2 ...diagnoses include Severe mental Retardation, Seizure Disorder and Cerebral Palsy... the treatment plan included goals addressing communicating her needs to others, maintaining belongings in an organized manner, displaying positive behavior while transitioning between activities and displaying safe behavior in the community -Client #3 ...diagnoses include Profound Mental Retardation, Cerebral Palsy, Seizure Disorder and Constipation treatment plan dated 03/01/18 listed goals inclusive of be safe in all settings with total assistance from staff, ...non ambulatory and non verbal method of communication...uses a wheelchair but has AFO's (ankle-foot orthosis) and encouraged to walk short distances but requires staff's assistance and self feeds with adaptive equipment. Client #4 ...diagnoses include Profound Mental Retardation, Seizure Disorder and Autism...treatment plan dated 07/01/17 listed goals inclusive of assistance from staff with toileting per two hour schedule, task to promote independence in activities of daily living, aware of surroundings of her home and community...ambulatory, needs to be fed. Review on 04/23/18 of the facility's April 2018 work schedule revealed: - A total of 5 paraprofessional staff identified as employees for the group home (staff #3 designated as employee for 1st shift: 7:15-, staff #4 designated as employee for 2nd shift, staff #2

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SYATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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V 290	Continued From pa	ge 5	V 290				
	designated as empl staff #5 designated -The Program (oyee for 3rd shift, staff #1 & as floater/as needed staff) Coordinated listed as a floater anaged group homes on 1st					
	Local Management revealed: -Client #1 was a 02/01/18-01/31/19.	of authorization forms by the Entity of residential supports approved for Level 4 from vere approved for Level 3					
	-She visited the visits were both ann -For the past 6 in pattern at the group duty versus the two -She spoke with and the Program Main regarding her concellast conversation reg	nts #1-#2 and #4 revealed: group home monthly. Her ounced an unannounced. months or more, the staffing home had been one staff on required per shift. If the Qualified Professional anager at the Corporate office arms regarding staffing. Her garding staff concerns were					
	additional staffing or meet the needs of the -Client #1 included PICA, Feca and choking -Client #2 used supports but in the p supported decrease received Level 3 res Observation on 04/2 clients #1-#4 at the	ntial supports included of often one on one services to the client. In had history of behaviors that the same aring, wandering away to receive Level 4 residential the past year or so, data in behaviors therefore, she					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: B. WING MHL092-267 04/26/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **209 ROSE STREET ROSE HOME CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH CORRECTIVE ACTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 290 Continued From page 6 V 290 to provide personal care services as well as provide assistance to Division of Health Care Regulation Employees. Approximately at 9:55AM, the Qualified Professional arrived at the group During interview on 04/23/18, staff #1 reported she was the only staff on duty or assigned to work at the group home. Observation on 04/25/18 at 11:30AM revealed clients #2-#4 at the facility and staff #3 who was visibly pregnant. Staff #3 confirmed she was the only staff on duty. Client #1 had been taken to another home with a peer from that sister facility. During interviews between 04/23/18 and 04/25/18, the Qualified Professional reported: -The group home staffing pattern was supposed to be two staff per shift based on the physical needs of the clients. -She completed the staff schedule. -It was difficult to sustain staff either during Client's TV has been mounted on his orientation process or after a few weeks of work. bedroom wall. In service training has She had several veteran staff that had resigned recently. been completed for all staff to ensure they understand TLC's client funds V 542 V 542 27F .0105(a-c) Client Rights - Client's Personal policies and filed in their personnel file. June 25, 2018 Funds All items purchased with client spend down funds will be pre-approved by 10A NCAC 27F .0105 CLIENT'S PERSONAL CEO, COO or CPO. **FUNDS** (a) This Rule applies to any 24-hour facility which typically provides residential services to individual clients for more than 30 days. (b) Each competent adult client and each minor above the age of 16 shall be assisted and encouraged to maintain or invest his money in a personal fund account other than at the facility.

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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: . C B. WING MHL092-267 04/26/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 209 ROSE STREET ROSE HOME CARY, NC 27511 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 542 V 542 Continued From page 7 This shall include, but need not be limited to, investment of funds in interest-bearing accounts. (c) If funds are managed for a client by a facility employee, management of the funds shall occur in accordance with policy and procedures that: assure to the client the right to deposit (1)and withdraw money: regulate the receipt and distribution of funds in a personal fund account; provide for the receipt of deposits made by friends, relatives or others; provide for the keeping of adequate financial records on all transactions affecting funds on deposit in personal fund account; assure that a client's personal funds will be kept separate from any operating funds of the facility; provide for the deduction from a (6)personal fund account payment for treatment or habilitation services when authorized by the client or legally responsible person upon or subsequent to admission of the client; provide for the issuance of receipts to persons depositing or withdrawing funds; and provide the client with a quarterly accounting of his personal fund account. This Rule is not met as evidenced by: Based on observation, record review and interviews, the Qualified Professional (QP) failed to appropriately the manage personal funds of one of four clients (#1). The findings are: Observation on 4/25/18 at approximately 11:30 AM of the living room revealed a 55 inch flat screen TV in a box. Continued observation revealed a TV was present in client #1's bedroom

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: _ C B. WING _ MHL092-267 04/26/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **209 ROSE STREET** ROSE HOME **CARY, NC 27511** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 542 V 542 Continued From page 8 Review on 4/23/18 of client #1's record revealed: an admission date of 1/1997 - an Individual Support Plan dated 2/1/18 with diagnoses including Intellectual Disability Disorder, Autism, Seizure Disorder and PICA During an interview on 4/25/18, the QP reported: - the 55 inch TV in the living room at the facility was client #1's TV - the TV was purchased with client #1's personal money during a spend down - the TV was supposed to go in the living room but was too big for the entertainment center currently in the living room - client #1's father purchased a TV for client #1's bedroom - she had access to the receipt for the 55 inch flat screen but it had not occurred to her to return - it was not appropriate to purchase items for common areas of the house with a client's personal funds

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