| TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
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| | | | | 4. BUILDING. | | | |
| | | MHL0411083 | B. WING | | 07/ | 07/10/2018 | |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | | |
| BLESSE | D ALMS II LLC | | ARS CREEK R BORO, NC 27 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 000 | INITIAL COMMENT | rs | V 000 | | | | |
| | on 7/10/18. The co | plaint survey was completed mplaint was substantiated 473). Deficiencies were cited. | | | | | |
| | and staff with anon and client and staff | ourposes and to provide clients ymity, some interview dates identifiers have been All interviews occurred nd 7/10/18. | 5 | | | | |
| | category: 10A NCA | sed for the following service C 27G .1700 Residential cure for Children or | | | | | |
| V 109 | 27G .0203 Privilegi | ng/Training Professionals | V 109 | | | | |
| | QUALIFIED PROFI ASSOCIATE PROF (a) There shall be qualified profession (b) Qualified profess professionals shall and abilities require (c) At such time as employment system then qualified profe professionals shall (d) Competence sh exhibiting core skills (1) technical known (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sh (6) communication (7) clinical skills. | ESSIONALS no privileging requirements for lals or associate professionals assionals and associate demonstrate knowledge, skills ed by the population served. a competency-based n is established by rulemaking ssionals and associate demonstrate competence. nall be demonstrated by s including: ledge; ess; ; g; kills; | 3 | | | | |

| STATEMENT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| BLESSED ALMS II LLC | | ARS CREEK R BORO, NC 27 | | | |
| ()()) | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 109 Continued From p | age 1 | V 109 | | | |
| met the requireme employment syste MH/DD/SAS. (f) The governing develop and imple for the initiation of plan upon hiring ea (g) The associate supervised by a qu population served | (18)(a) are deemed to have ents of the competency-based m in the State Plan for body for each facility shall ment policies and procedures an individualized supervision ach associate professional. professional shall be ualified professional with the for the period of time as 0104 of this Subchapter. | | | | |
| Based on record re failed to ensure 2 ((Qualified Professi | net as evidenced by: eview and interview, the facility of qualified professionals ionals #1 and #2) demonstrated ills and abilities required by the . The findings are: | Ŀ | | | |
| (QP #1's) record re | 8 of Qualified Professional #1's evealed: 6/1/05 as Director/Owner | | | | |
| (QP #2's) record re | 3 of Qualified Professional #2's evealed: 7/11/07 as a Qualified | | | | |
| An admission Diagnoses of I D/O; Post Trauma Defiant D/O; Alcoh | B of client #1's record revealed: date of 6/16/17 Bipolar II Disorder (D/O); Mood tic Stress D/O; Oppositional nol Use D/O, Moderate; cannabis Use D/O and Uncomplicated | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
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| | | MHL0411083 | – B. WING | | 07/10/2018 | | |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, STATE, ZIP CODE | | | | |
| | | | ARS CREEK R | | | | |
| BLESSE | D ALMS II LLC | GREENS | BORO, NC 27 | 406 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 109 | Continued From pa | ige 2 | V 109 | | | | |
| - d fc t - R - C - d fc | documented client following behaviors the following: physi and defiance - Client #1 is 16 Review on 6/28/18 - An admission c - Diagnoses of P Chronic and Bipola - An assessmen documented client following behaviors | of client #2's record revealed: late of 4/17/18 'ost-Traumatic Stress D/O, r D/O, Unspecified t (no date listed) which #2 had a history of the to include but not limited to ng and verbal aggression | | | | | |
| | An admission of facility Diagnoses of A Disorder (D/O), Prepresentation; Disru Major Depressive D Mood Congruent Proceed Conduct D/O An assessmen documented client following behaviors limited to the follow | | | | | | |
| | Review on 6/28/18 - An admission of facility - Diagnoses of D | of client #4's record revealed: late of 3/16/17 to the sister Disruptive Mood Dysregulation and Attention Deficit | | | | | |

STATE FORM

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If continuation sheet 3 of 17

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| IAME OF PROVIDER OF | RSUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| BLESSED ALMS II | LC | | ARS CREEK R | | | |
| | | | BORO, NC 27 | | | |
| PREFIX (EACH | DEFICIENC | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE |
| V 109 Continue | d From pa | age 3 | V 109 | | | |
| documen following limited to self-injuri angry out - Clien Review o - An ac facility - Diagu D/O; and An as documen following the follow children i | ted client behaviors the follow ous behav bursts, ex t #4 is 16 n 6/28/18 dmission of noses of N Oppositio ssessmen ted client behaviors | of client #5's record revealed: date of 6/5/18 to the sister Major Depressive D/O; Anxiety anal Defiant D/O t dated 6/1/18 which #5 had a history of the to include but not limited to ng with family members and munity | | | | |
| A you had been of the sch The y facility who no teached The y when one Staff client's nat them, not On 6 were prese preparing The y of age) w | ing male r visiting th nool year of young man een schoo er workday oung man e or both of had overh ames and sexual, ju '14/18, cline sent at the to go on young man as also pr g in the sa | n would be at the sister facility of the QPs were present heard the young man call the say "inappropriate things to ust inappropriate." ents (#1, #2, #3, #4 and #5) e sister facility as they were all | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | MHL0411083 | B. WING | | 07/10/2018 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | |
| BLESSE | D ALMS II LLC | | ARS CREEK R BORO, NC 27 | | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLETE |
| TAG | REGULATORY OR L | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO DEFICIENC | | DATE |
| V 109 | Continued From pa | ge 4 | V 109 | | | |
| | next to client #1, she directed him to move away from her - The young man agreed to move away from | | | | | |
| | client #1; however, a few minutes later, client #1 reported to staff that the young man had "grabbed her breast and rubbed her leg" prior to his getting up from the couch | | | | | |
| | - Staff did not see what client #1 alleged; however, she had heard client #1 state "Don't do that." | | | | | |
| | Staff directed client #1 to report what had happened to the QP #2 who was in the kitchen Staff overheard the QP #2 tell client #1 to | | | | | |
| | ruin his life." | r [relative], you're not going to en law enforcement came to | | | | |
| | elopement of Form spoke with the law she was concerned | ient #1 resided, to address the er Client #6 (FC #6), client #1 enforcement officers because I that QP #2 was planning to | | | | |
| | the QP #2 earlier th | nst her as she had informed hat if the young man ever she would handle the situatior | ı | | | |
| | wanted them (the C - Since the even | It to talk to the police, but just QPs #1 and #2) to handle it." ts of 6/14/18, she did not nan had returned to the sister | | | | |
| | - The young mar | rs with staff revealed: n had been to the sister facility ir times since the end of the | | | | |
| | It was not unus facility as he was th Client #1 report | ted to her what the young man | | | | |
| | | 6/14/18 old client #1 "not to come e] or talk about their [relative.] | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | | | E SURVEY PLETED | | |
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| | PROVIDER OR SUPPLIER | I | ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| | FROVIDER OR SOFFLIER | | ARS CREEK R | | | | | |
| BLESSE | ED ALMS II LLC | | BORO, NC 27 | | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | | |
| | it happened again, the QP #2 thought threat towards her - The QP #2 spo what protocol to fol warrant on someon another individual; informed client #1 e acknowledged wha wanted to apologize - Client #1 report uncomfortable and #1 and #2] did not h Interview with the c revealed: - The young mar and #2) and had be daily since the end | ke to law enforcement about low if she wanted to take out a le she felt was threatening even though, QP #1 had earlier that the young man had t he had done and that he to her ted to her that she "felt frustrated because [the QPs handle the situation." lients (#2, #3, #4 and #5) h was a relative of the QPs (#1 een visiting the sister facility of the school year on 6/12/18 | | | | | | |
| | man had also visite weekends with the - On 6/14/18, the young man to the s living area with the - While sitting wi called the one of th the clients, "his side | th the clients, the young man e staff, "his wife" and two of epiece." ne day, the young man had | t | | | | | |
| | The young mar client #1 and staff # away from her It was later lear that the young man breast, leg and kiss getting up from sitti Client #1 inforn | n sat on the same couch as 1 had to direct him to move rned that client #1 had alleged had touched client #1's sed her on the cheek before | | | | | | |

| | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| | | MHL0411083 | B. WING | | 07/10/2018 | |
| JAME OF PI | ROVIDER OR SUPPLIER | | DRESS, CITY, ST | | | 10/2010 |
| | | | RS CREEK R | | | |
| BLESSED | ALMS II LLC | | BORO, NC 27 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 109 | Continued From pa | ge 6 | V 109 | | | |
| | done anything It did not appea and when the QP # allegation, he stated him, talking to him, ball with my [relative - Client #1 just w situation with their f - The young mar "they behave bad Interview with client - On 6/14/18, wh facility, the QP's you present at the facilit - While at the facilit - When alw enfort any further and ki - She informed th "she'd talked to him - When law enfort on 6/15/18 regardin client (FC #6), she felt the QPs had no was also concerned to press charges ag believed she had the when she had stated evening that she we young man touched - She had had no young man and had since the incident o - QP #1 told her | ar that QP #2 believed client #1 1 also learned of client #1's d, "I don't want you looking at being around him, or playing e]." anted the QPs to address the amily member. n was just like a brother, , play too much sometimes." t #1 revealed: en she was at the sister ung male relative was also ty cility, the young man sat next arm around my shoulder and right breast." ed my thigh but didn't go up ssed her cheek." taff who directed her to talk ut what the young man had the QP #2, who stated that h, but he said he didn't do it." rcement came to her facility ag the elopement of another spoke to them because she t addressed the issue and she d that the QP #2 earlier that build "take care of it" if the d her again o further encounters with the d not experienced any distress | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | MHL0411083 | B. WING | | 07/10/2018 | |
| IAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, SI | TATE, ZIP CODE | 017 | 10/2010 |
| | D ALMS II LLC | 3909 BEA | RS CREEK R | OAD | | |
| | - | | 30RO, NC 27 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 109 | Continued From pa | ige 7 | V 109 | | | |
| | inappropriately and her; however, he ha | that he wanted to apologize to ad not done so. | | | | |
| | revealed: - He had just recorrelative of the QP's to the facility and sp - "I struggle with man there (at the fa - His recommend to meet with the stat and to develop "a p place to ensure it d - "Sounds like [client #1] when the | icensed Professional ently become aware that a (#1 and #2) had been coming bending time with the clients why you would have a young acility) around those girls." dation going forward would be aff and discuss what happened rotection plan" to be put into oesn't happen again there was some lashing out at a young man shouldn't have know how you get around | | | | |
| V 114 | 27G .0207 Emerge | ncy Plans and Supplies | V 114 | | | |
| | AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th | 207 EMERGENCY PLANS in for each facility and plan shall be developed and by the appropriate local we made available to all staff cedures and routes shall be y. er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
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| NAME OF I | PROVIDER OR SUPPLIER | | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | D ALMS II LLC | | ARS CREEK R | | | |
| DLE33E | | GREENS | BORO, NC 27 | 406 | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 114 | Continued From pa | ige 8 | V 114 | | | |
| | failed to ensure fire | et as evidenced by: eview and interview, the facility and disaster drills were held and repeated for each shift. | | | | |
| | Review on 6/28/18 of the facility's fire drill log revealed: No documentation a fire drill was conducted during first shift during the third quarter of 2017 (July- September) No documentation a fire drill was conducted during the first shift during the fourth quarter of 2017 (October - December) No documentation a fire drill was conducted on either first or third shift during the first quarter of 2018 (January - March) | | | | | |
| | revealed: - No documental conducted during fi of 2017 (July - Sep - No documental conducted during th quarter of 2017 (Oc - No documental | tion a disaster drill was hird shift during the fourth ctober - December) tion a disaster drill was rst or third shift during the first | | | | |
| | revealed: - First shift hours second shift hours and third shift hours - Staff had been were to be held; ye directed | ified Professionals #1 and #2 s were from 7 am until 3 pm; were from 3 pm until 11 pm s were from 11 pm until 7 am instructed as to how drills t they still failed to do as sure drills were held as | | | | |

STATE FORM

| NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED | |
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| PROVIDER OR SUPPLIER | | DDRESS, CITY, SI | TATE, ZIP CODE | | 10/2010 | |
| D ALMS II LLC | | - | - | | | |
| SUMMARY STA | | - | | CORRECTION | (X5) | |
| | | PREFIX TAG | CROSS-REFERENCED TO 1 | THE APPROPRIATE | COMPLET DATE | |
| 27G .1704 Residen Staffing | tial Tx. Child/Adol - Min. | V 296 | | | | |
| REQUIREMENTS (a) A qualified profe- telephone or page. able to reach the fa- times. (b) The minimum r required when child present and awake (1) two direct one, two, three or fa- (2) three direct for five, six, seven of adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adole follows: (1) two direct and one shall be aw children or adolescen (2) two direct and both shall be ar children or adolescen (3) three direct | essional shall be available by A direct care staff shall be cility within 30 minutes at all number of direct care staff lren or adolescents are is as follows: care staff shall be present for our children or adolescents; ct care staff shall be present for to reight children or t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as care staff shall be present vake for one through four ents; care staff shall be present wake for five through eight ents; and ct care staff shall be present | r | | | | |
| asleep for nine, ten adolescents. (d) In addition to th care staff set forth i Rule, more direct ca the facility based or | , eleven or twelve children or e minimum number of direct n Paragraphs (a)-(c) of this are staff shall be required in n the child or adolescent's | | | | | |
| | PROVIDER OR SUPPLIER D ALMS II LLC SUMMARY STA (EACH DEFICIENCY REGULATORY OR LI 27G .1704 Residen Staffing 10A NCAC 27G .17 REQUIREMENTS (a) A qualified profit telephone or page. able to reach the fa times. (b) The minimum r required when child present and awake (1) two direct one, two, three or fo (2) three direct for five, six, seven or adolescents; and (3) four direct nine, ten, eleven or adolescents. (c) The minimum r during child or adole follows: (1) two direct and one shall be av children or adolescents. (2) two direct and both shall be av children or adolescents. (3) three direct and both shall be av children or adolescents. (4) In addition to th care staff set forth i Rule, more direct car the facility based or individual needs as | IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIFICATION IDENTIFICATOR IDENTIFICATOR <td>IDENTIFICATION NUMBER: A. BUILDING: MHL0411083 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG 27G.1704 Residential Tx. Child/Adol - Min. V 296 27G.1704 Residential Tx. Child/Adol - Min. V 296 Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS V 296 (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: V 100 (1) two direct care staff shall be present for one, two, three or four children or adolescents; V 200 (2) three direct care staff shall be present for onine, ten, eleven or twelve children or adolescents; In two direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; In two direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; and In three direct care staff shall be present and both shall be awake for five through eight children or adolescents; and In three direct care staff shall be present</td> <td>IDENTIFICATION NUMBER: A. BUILDING: MHL0411083 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY 27G. 1704 Residential Tx. Child/Adol - Min. Staffing V 296 V 296 10A NCAC 27G. 1704 MINIMUM STAFFING REOUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be pable to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff shall be present for one, two, three or four children or adolescents; (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; (2) two direct care staff shall be present and one shall be awake for one through four children or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present and one shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present and one shall be awake for five through eight children or inde, ten, eleven or twelve children or adolescents. (4) In addition to the minimum number of direct</td> <td>IOF CORRECTION IDENTIFICATION NUMBER: A. BULDING: COM MHL0411083 B. WING 077 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3909 BEARS CREEK ROAD GREENBBORO, NC 27406 GREENBBORO, NC 27406 PROVIDERS PLAN OF CORRECTION SHOULD BE (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPRIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 27G. 1704 Residential Tx. Child/Adol - Min. Staffing V 296 V 296 10A NCAC 27G. 1704 MINIMUM STAFFING REQUIREMENTS V 296 (a) A qualified professional shall be available by telephone or page. A direct care staff shall be present able to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff required when children or adolescents; (2) three direct care staff shall be present for fine, ten, eleven or twelve children or adolescents; and In the origon or adolescents; (2) three direct care staff shall be present and both shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for one through four children or adolescents; (3) three direct care staff shall be present and both shall be awake for one through four children or adolescents; (4) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be pregent adolescents. In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care</td> | IDENTIFICATION NUMBER: A. BUILDING: MHL0411083 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG 27G.1704 Residential Tx. Child/Adol - Min. V 296 27G.1704 Residential Tx. Child/Adol - Min. V 296 Staffing 10A NCAC 27G .1704 MINIMUM STAFFING REQUIREMENTS V 296 (a) A qualified professional shall be available by telephone or page. A direct care staff shall be able to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff required when children or adolescents are present and awake is as follows: V 100 (1) two direct care staff shall be present for one, two, three or four children or adolescents; V 200 (2) three direct care staff shall be present for onine, ten, eleven or twelve children or adolescents; In two direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; In two direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; (1) two direct care staff shall be present and one shall be awake for one through four children or adolescents; and In three direct care staff shall be present and both shall be awake for five through eight children or adolescents; and In three direct care staff shall be present | IDENTIFICATION NUMBER: A. BUILDING: MHL0411083 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCY 27G. 1704 Residential Tx. Child/Adol - Min. Staffing V 296 V 296 10A NCAC 27G. 1704 MINIMUM STAFFING REOUIREMENTS (a) A qualified professional shall be available by telephone or page. A direct care staff shall be pable to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff shall be present for one, two, three or four children or adolescents; (1) two direct care staff shall be present for one, two, three or four children or adolescents; (2) three direct care staff shall be present for nine, ten, eleven or twelve children or adolescents; (2) two direct care staff shall be present and one shall be awake for one through four children or adolescent sleep hours is as follows: (1) two direct care staff shall be present and one shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present and one shall be awake for five through eight children or adolescents; and (3) three direct care staff shall be present and one shall be awake for five through eight children or inde, ten, eleven or twelve children or adolescents. (4) In addition to the minimum number of direct | IOF CORRECTION IDENTIFICATION NUMBER: A. BULDING: COM MHL0411083 B. WING 077 PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3909 BEARS CREEK ROAD GREENBBORO, NC 27406 GREENBBORO, NC 27406 PROVIDERS PLAN OF CORRECTION SHOULD BE (REACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPRIX CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 296 27G. 1704 Residential Tx. Child/Adol - Min. Staffing V 296 V 296 10A NCAC 27G. 1704 MINIMUM STAFFING REQUIREMENTS V 296 (a) A qualified professional shall be available by telephone or page. A direct care staff shall be present able to reach the facility within 30 minutes at all times. V 296 (b) The minimum number of direct care staff required when children or adolescents; (2) three direct care staff shall be present for fine, ten, eleven or twelve children or adolescents; and In the origon or adolescents; (2) three direct care staff shall be present and both shall be awake for one through four children or adolescents; (2) two direct care staff shall be present and both shall be awake for one through four children or adolescents; (3) three direct care staff shall be present and both shall be awake for one through four children or adolescents; (4) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be pregent adolescents. In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care | |

| STATEMEN | of Health Service Re NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
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| | | | - | | | |
| | | MHL0411083 | B. WING | | 07/ | 10/2018 |
| NAME OF | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| BLESSE | D ALMS II LLC | | ARS CREEK R BORO, NC 27 | - | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 296 | Continued From pa | ge 10 | V 296 | | | |
| | are away from the f child or adolescent | ren or adolescents when they acility in accordance with the s individual strengths and in the treatment plan. | | | | |
| | interview, the facility supervision of child are away from the f child or adolescent' needs as specified 4 of 4 clients (client #5) from a sister fac Observation on 6/2 pm revealed: - Clients (#2, #3, local nursing facility - One staff (#1) w the waiting area/lob - No other staff fac | on, record review and y failed to ensure the ren or adolescents when they acility in accordance with the s individual strengths and in the treatment plan affecting #2) and clients (#3, #4 and cility. The findings are: 6/18 at approximately 12:20 #4 and #5) volunteering at a | | | | |
| | An admission d Diagnoses of P Chronic and Bipola An assessment documented client a following behaviors | ost Traumatic Stress D/O, r D/O, Unspecified t (no date listed) which #2 had a history of the to include but not limited to ng and verbal aggression | | | | |

| STATEMEN | of Health Service Re IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | | E SURVEY PLETED |
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| | | MHL0411083 | B. WING | | 07/10/2018 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| BLESSE | D ALMS II LLC | | ARS CREEK R BORO, NC 27 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 296 | Review on 6/28/18 - An admission of - Diagnoses of A Disorder (D/O), Pre Presentation; Disru Major Depressive D Mood Congruent Pa Conduct D/O - An assessment documented client following behaviors limited to the follow impulsiveness, anx oppositional defiand - Client #3 is 17 Review on 6/28/18 - An admission of facility - Diagnoses of D D/O; Conduct D/O - An assessment | of client #3's record revealed: late of 4/1/17 to a sister facility ttention Deficit Hyperactivity dominately Inattentive ptive Mood Dysregulation D/O D/O, Recurrent, Moderate with sychotic Features and t dated 4/1/17 which #3 had a history of the /diagnoses to include but not ing: physical aggression, iety, depression, lying, and ce, etc. years old of client #4's record revealed: late of 3/16/17 to a sister visruptive Mood Dysregulation and Attention Deficit Combined Type t dated 3/6/17 which | | | | |
| | following behaviors limited to the follow self-injurious behav | #4 had a history of the /diagnoses to include but not ing: elopement, biting, riors, stealing, mood swings, cessive lying and defiance years old | | | | |
| | An admission c Diagnoses of M D/O; and Oppositio An assessment documented clients following behaviors | t dated 6/1/18 which #5 had a history of the to include but not limited to ng with family members and munity | | | | |

| TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|---------------------|--|-----------------------------------|-------------------------|
| | MHL0411083 | | B. WING | | 07/10/2018 | |
| | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | 0// | 10/2010 |
| | | | ARS CREEK R | | | |
| LESSE | D ALMS II LLC | GREENS | BORO, NC 27 | 7406 | | |
| (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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | FION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 296 | Continued From pa | age 12 | V 296 | | | |
| | Interviews with clients (#2, #3, #4 and #5) revealed: - Staff #1 was the only staff present with them at the nursing facility Interview on 6/26/18 with staff #1 revealed: | | | | | |
| | the sister facility ha nursing facility on 6 - She was sitting the nursing facility a management would and/or monitor the volunteering becau test for tuberculosis - The clients we nursing facility's so - She understoo minimum staffing r at least three additi | y in the waiting area/lobby of as the nursing facility d not allow her to accompany clients while they were se she had not yet had a skin s re being supervised by the cial worker d that in order to meet equirements, there should be ional staff at the nursing facility | | | | |
| | one facility and three | ts as there was one client from ee clients from a sister facility ing facility; however, she was nt | 1 | | | |
| | revealed: - They would have visit the nursing factorial terms of the second sec | 8 with the QPs (#1 and #2) ve the clients from each facility cility on a separate day and ent while they were nursing facility. | / | | | |
| V 298 | 27G .1706 Resider Operations | ntial Tx. Child/Adol - | V 298 | | | |
| | | 706 OPERATIONS all serve no more than a total | | | | |

STATE FORM

| STATEMEN | T OF DEFICIENCIES | gulation (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPI F | CONSTRUCTION | (X3) DATI | E SURVEY | |
|--------------------------|---|---|------------------------------|--|----------------------------------|--------------------------|--|
| AND PLAN OF CORRECTION | | IDENTIFICATION NUMBER: | | | | COMPLETED | |
| | | MHL0411083 | B. WING | | 07/ | 10/2018 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | | |
| BLESSEI | D ALMS II LLC | | ARS CREEK RO BORO, NC 274 | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLETE DATE | |
| V 298 | Continued From page 13 | | V 298 | | | | |
| | persons shall be inv in order to assure a restrictive setting. (c) The residential shall coordinate wit to ensure that the c met as identified in the treatment plan. able to attend schoo coordinate services alternative learning job placement. (d) Psychiatric con needed for each ch (e) If an adolescen receiving treatment for six months or ur year, whichever is le (f) Each child or ac age-appropriate pe entitlement is count plan. (g) Each facility sha | t has his 18th birthday while in the facility, he may remain ntil the end of the state fiscal | | | | | |
| | interview, the facility | on, record review and y failed to operate 24 hours s per week, and each day of | | | | | |
| | revealed: | 2/18 at approximately 11 am ister facility with the three | | | | | |

STATE FORM

If continuation sheet 14 of 17

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA | | (X2) MULTIPLE | CONSTRUCTION | | (X3) DATE SURVEY | |
|--|--|---------------------|--|-----------------------------------|-------------------------|--|
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMPLETED | | |
| | MHL0411083 | B. WING | | 07/ | 10/2018 | |
| ME OF PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| LESSED ALMS II LLC | | ARS CREEK R | | | | |
| | | SBORO, NC 27 | | 00005071011 | | |
| REFIX (EACH DEFICIENCY MUS | NT OF DEFICIENCIES T BE PRECEDED BY FULL ENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 298 Continued From page 1 | Continued From page 14 | | | | | |
| clients who resided at th and #5) | clients who resided at the sister facility (#3, #4 and #5) | | | | | |
| An admission date of Diagnoses of Bipola Traumatic Stress D/O; Of Alcohol Use D/O, Mode Cannabis Use D/O and Uncomplicated | ar II D/O; Mood D/O; Post Dppositional Defiant D/O; rate; Tobacco Use D/O; | | | | | |
| An admission date of Diagnoses of Post T Chronic and Bipolar D/C | Fraumatic Stress D/O, | | | | | |
| An admission date of facility Diagnoses of Attent Disorder (D/O), Predom Presentation; Disruptive | Mood Dysregulation D/C Recurrent, Moderate with |); | | | | |
| An admission date of facility | | | | | | |
| An admission date of facility | ent #5's record revealed: of 6/5/18 to the sister Depressive D/O; Anxiety Defiant D/O | | | | | |
| Interview on 6/26/18 wit | h client #1 revealed: | | | | | |

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|----------------------------|--|-----------------|-----------------|
| | | | | | | |
| | | MHL0411083 | B. WING | | 07/ | 10/2018 |
| NAME OF I | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | |
| BLESSE | D ALMS II LLC | | ARS CREEK R BORO, NC 27 | | | |
| (X4) ID | SUMMARY STATEMENT OF DEFICIENCIES | | ID PROVIDER'S PLAN | | | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 298 | Continued From pa | ige 15 | V 298 | | | |
| | clients at her facility the day and/or over - "Sometimes be were at the sister fa - On one occasion snowed and school facility spent the nighowever, there were there - The clients from come to her facility - She believed th | etween six to eight clients" | | | | |
| | There were time sister facility to go of were times when the or stayed there over their facility The plans were facility throughout the throughout the wee She assumed to sister facility becau available to cover be She liked being there was " a bunch she say" when all of | the clients spent time at the se there was limited staff both facilities g at her own facility because n of lies, drama and he say, f the clients were together. | | | | |
| | revealed: - Clients from the | 18 with clients (#3, #4 and #5) eir sister facility stayed at their , including overnights. | | | | |
| | revealed: - There had been | 8 with the QPs (#1 and #2) n occasions when the clients d spent the night at the sister | | | | |

| Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | | |
|---|---|---|-----------------------------|--|-----------------|-----------------|
| | | BENTI TO ATOM NOW BEN | A. BUILDING: | | | |
| | | MHL0411083 | B. WING | | 07/ | 10/2018 |
| AME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| LESSE | D ALMS II LLC | | ARS CREEK R SBORO, NC 27 | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 298 | Continued From pa | ge 16 | V 298 | | | |
| | facility; however, it electricity at this fac | had been due to the loss of cility. | | | | |
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