Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (>			(X3) DATE SURVEY COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING: _	A. BUILDING:		LETED		
			B WING				
MHL041658			B. WIIVO		07/	26/2018	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
WYNMER	E PLACE		MOND DRIVE BORO, NC 2740	06			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETE DATE	
V 000	INITIAL COMMENTS	•	V 000				
	A complaint survey was completed on July 26, 2018. The complaint (Intake #NC0000141101) waas unsubstantiated. A deficiency was cited.						
	This facility is licensed for the following service category: 10A NCAC 27G.1700 Residential Treatment Staff Secure for Children or Adolescents						
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296				
	telephone or page. A able to reach the facilitimes. (b) The minimum nurrequired when childre present and awake is (1) two direct cone, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or twadolescents. (c) The minimum nurduring child or adolescents follows: (1) two direct cond one shall be away children or adolescent (2) two direct cond both shall be away and both shall be away and both shall be away and shall be away and both shall be away and both shall be away and shall be away and both shall be away	ssional shall be available by a direct care staff shall be lity within 30 minutes at all amber of direct care staff en or adolescents are as follows: are staff shall be present for ar children or adolescents; care staff shall be present eight children or care staff shall be present for welve children or mber of direct care staff scent sleep hours is as are staff shall be present ake for one through four ats; are staff shall be present ake for five through eight					
	follows: (1) two direct c and one shall be awa children or adolescen (2) two direct c and both shall be awa children or adolescen	are staff shall be present lke for one through four lts; are staff shall be present ake for five through eight					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
MHL041658		B. WING		07/26/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WYNMER	E PLACE		OND DRIVE ORO, NC 2740	ne.		
04.0.45	CLIMMADV CT		1	PROVIDER'S PLAN OF CORRECTIO	N	2/5
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)) BE	(X5) COMPLETE DATE
V 296	Continued From page	e 1	V 296			
	asleep for nine, ten, e adolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on t individual needs as splan. (e) Each facility shall supervision of childre are away from the face	awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in he child or adolescent's pecified in the treatment be responsible for ensuring n or adolescents when they cility in accordance with the individual strengths and the treatment plan.				
	interviews, the facility care staff were prese and #3). The findings Observations from 8:1 revealed: -One staff was present #3) -At 8:48am, the Qualification returned to the facility. Review on 7/26/18 of -An admission date of -Diagnoses of Autism Disorder	ns, record reviews and failed to ensure two direct int affecting 2 of 3 clients (#2 are: 04am to 8:47am on 7/26/18 int with two clients (#2 and fied Professional/Director with client #1 client #2's record revealed:				
-Age 16 -An assessment dated 1/10/18 noting "defies						

Division of Health Service Regulation

STATE FORM 6899 PD7C11 If continuation sheet 2 of 5

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	
AND FEMALES CONTROL			A. BUILDING:			
		MHL041658	B. WING		07/26/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WANTED	E DI ACE	203 HAMM	OND DRIVE			
WYNMER	E PLACE	GREENSB	ORO, NC 2740	06		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	2	V 296			
V 296	authority, runs away, needs to work on hyg aggressive and explorespect adult authority out his feelings before-A treatment plan date interact and respond manner thus eliminated directives, will improve symptoms of aggress and impulsivity, take no verbal or physical peers and staff approtomanage his symptomanage his symptomanage his symptomanage his symptomanage awareness of stated rules and regularea, not taking thing have appropriate bout facility without permiss sexualized behaviors appropriate pro-social feelings, make use of self-expression, will domanagement skills, a living skills, have positive his own room, in monitored throughout the seview on 7/26/18 of the composition of the co	physical self-harm, steals, iene, needs to decrease sive behaviors, needs to y, follow directives and talk e acting out." ed 1/10/18 noting "will to staff in a respectful ng responses with e his ability to manage ive, explosive, manipulative medications as prescribed, outbursts, interact with priately, improve his ability oms of hyperactivity, o actions of self-harm, of his behaviors, adhere to lations, remain in sleep that don't belong to him, ndaries, no leaving the sion, no inappropriate , will practice regular I assertiveness to express feedback and remonstrate improved anger cquire the necessary daily itive therapeutic leave, will nonitors on doors and will be the night."	V 296			
	steals, has temper tar impulsive, needs to w decrease aggressive	ntrums, oppositional, ork on hygiene, needs to behaviors, respect adult				
authority and take responsibility for his actions.						

Division of Health Service Regulation

STATE FORM 6899 PD7C11 If continuation sheet 3 of 5

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	
		A. BUILDING:					
		MHL041658	B. WING		07/	26/2018	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE			
WYNMER	E PLACE		MOND DRIVE	00			
			BORO, NC 2740				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 296	Continued From page	3	V 296				
	interact and respond manner thus eliminati directives, will improve symptoms of aggress and impulsivity, partice no verbal or physical peers and staff approte to manage his symptote eliminating threats, not decrease the frequent and verbal outbursts, regulations, remain in that don't belong to his boundaries, no leaving permission, no inapprobehaviors, will practice pro-social assertivenes make use of feedback demonstrate improve acquire the necessary positive therapeutic leaving the second sec	ing responses with e his ability to manage ive, explosive, manipulative cipate in counseling/therapy, outbursts, interact with priately, improve his ability ons of hyperactivity, o actions of self-harm, cy and intensity of angry adhere to stated rules and a sleep area, not taking thing im, have appropriate g the facility without ropriate sexualized be regular appropriate ess to express feelings, or and self-expression, will d anger management skills, or daily living skills, have eave, will have his own ors and will be monitored					
	Interview on 7/26/18 with client #1 revealed: -Always two staff present						
	-Left with the QP/D th	is morning to go to camp					
	-Two staff were prese Qualified Professiona transport client #1 to -"That is done only M	onday through Friday"					
	Interview on 7/26/18 with client #3 revealed: -Usually 2 staff on every shift -"[The QP/D] just left to take [client #1] to his camp. He leaves us here with [staff #1] so we can sleep in"						

Division of Health Service Regulation

STATE FORM 6899 PD7C11 If continuation sheet 4 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL041658		B. WING		07/2	6/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WYNMER	E PLACE		OND DRIVE			
	CLIMMADY CT		ORO, NC 2740			
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	· 4	V 296			
	-Was currently alone (#2 and #3) -The QP/D left with cl -"He is transporting have two staff present of the clients at the facility we was not sure why or present with two clients at the facility we was not sure why or present with two clients at the facility we was not sure why or present with two clients at the facility we was aware 2 staff we shift was not sure why the present with two clients always been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions." Interview on 7/26/18 we have been at least actions."	im to camp. We usually ton each shift." with the Associate licatio when there are 1 to 4 was 2 staff for every 4 clients ally one staff member was ts. with the Licensed licere to be present on every ere was only one staff ts een at the facility, there have two staff present with the with the Qualified revealed: ke client #1 to his camp at a the the two other clients eximately 45 minutes or so ent/staff ratio to do too much at one time. Two staff from now on. I will				

Division of Health Service Regulation

STATE FORM 6899 PD7C11 If continuation sheet 5 of 5