	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:			E SURVEY PLETED	
		MHL034-066	B. WING		07	//24/2018	
IAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE			
WCA-HA	WLEY HOUSE		ST STREET IN SALEM, NC 2710	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS	3	V 000				
	on July 24, 2018. The unsubstantiated (inta NC#00140601). Defin This facility is license	ke #NC00140589 and Intake ciencies were cited. d for the following service C 27G .5600E Supervised a Substance Abuse A NCAC 27G .4300					
V 110	27G .0204 Training/S Paraprofessionals		V 110				
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional professional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified profess professionals shall de	ified in Rule .0104 of this s shall demonstrate d abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Ill be demonstrated by including: edge; ess; ; ;					

STATEMEN	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
AND PLAN (		IDENTIFICATION NUMBER:	A. BUILDING:		СОМ	FLETED
		MHL034-066	66 B. WING		07	//24/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
(WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	TO THE APPROPRIATE	COMPLET DATE
V 110	Continued From pag	e 1	V 110			
		ent policies and procedures e individualized supervision h paraprofessional.				
	Former Program Dire demonstrate the kno	iews and interviews, 1 of 1				
	Assessment and Tre Service Plans (V112) and interviews, the fa and implement strate treatment/habilitation	a plan to address the client's 4 current clients (#1 and #2)				
	(FPD)'s record revea -A hire date of 9/17/0 -A job description of -A separation date of	)7 FPD f 6/26/18 on Personal Boundaries				
	-An admission date of -Diagnoses of Alcoho Anxiety Disorder, Ma Disorder, Arthritis an -An assessment date	client #1's record revealed: of 8/10/17 ol Use Disorder, Severe; ajor Depressive Affective d Severe Headaches ed 8/10/17 noting "had tox in 2017, is homeless and				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
				B. WING		
		MHL034-066			07	7/24/2018
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
YWCA-HA	WLEY HOUSE		ST STREET DN SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 2	V 110			
	anxiety, boyfriend att with car), prior thoug used alcohol at age crack cocaine, needs needs relapse prever -A treatment plan dat sober and continue to work to obtain disabi stamps, will work tow attend all scheduled sessions, abstain fro develop a relapse pro and will identify new maintain sobriety." Review on 7/5/18 of -An admission date of	ted 6/17/18, noting "will stay reatment and recovery, will lity, Medicaid and food vards obtaining her license, individual and group m alcohol and drugs, will evention and recovery plan, behaviors and skills to client #2's record revealed: of 3/5/18				
	Persistent Depressiv Anxiety Disorder -An assessment date and job, drinking has problems, family is si feels depressed and	ol Use Disorder, Severe; e Disorder and Unspecified ed 3/5/18 noting "lost house caused more and more upportive of her recovery, it is a big trigger for her, no				
	necessary to recover mechanisms to mana cravings, needs assis one prior suicide atter outs."	stance with low self-esteem, empt and has had black				
	substance abuse cou (Narcotics Anonymou Anonymous) meeting employment, will app and food stamps, will	ly for an Identification Card I provide negative urine				
	Rehabilitation, will ge	e an intake with Vocational et a sponsor and meet with nee Abuse Counselor."				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MHL034-066	B. WING		07	/24/2018
iame of Pf	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	04		
04 0 ID				PROVIDER'S PLAN O		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From page	e 3	V 110			
	-An admission date of -Diagnoses of Unspec Disorder, Post-Traum Hepatitis C, History of Disorder and Substan -A discharge date of -An assessment date homeless, was physi by her boyfriend, was treatment for substan alcohol use at the ag cocaine and marijuan probation, has a desi three prior overdoses -A treatment plan dat with CSAC (Certified Counselor) for individ attend Alcoholic and obtain a sponsor, will Federal Probation Of for food stamps and	ecified Bipolar and Related natic Stress Disorder, of Depression, Anxiety nce Abuse. 6/28/18 ed 4/14/18 noting "is currently cally and sexually assaulted is a prostitute, one prior nce abuse issues, history of e of 8, history of crack na use, is currently on ire to maintain sobriety and is at age 12, 19 and 40." ted 4/14/18 noting "will meet				
	Log Form revealed: -On 4/29/18 at 11:30 the facility with the FI -On 4/29/18 at 11:27 the facility with the FI -On 4/29/18 at 11:26	f the facility's Resident In/Out am, client #1 wrote she left PD and returned at 4:42pm am, client #2 wrote she left PD and returned at 4:43pm am, FC #5 wrote she left the and returned at 4:45pm.				
	-Was in recovery for -On 4/29/18, the FPD	vith client #1 revealed: substance abuse issues. D picked up client #2, FC #5 transported to the FPD's				

	F OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			A. BUILDING:			
		MHL034-066	B. WING		07	//24/2018
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
YWCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	e 4	V 110			
V 110	-Agreed to clean the \$30 -"[The FPD] paid us of We divided up and I -Stated client #2 clea #5 cleaned the FPD' -She did not smell ar assault rifle or drug p private residence. Interview on 7/6/18 w -Was in recovery for -Signed out of the fac -Was transported by and FC #5, to the FP -Agreed to clean the \$30 -Cleaned the living ro the kitchen and FC # -Smelled an odor of the residence -Did not feel comforts she was in recovery -Did not see any wea residence, but later h rifle in one of the beo paraphernalia. Interview on 7/19/18 -Was in recovery for -Served 15 years in I possession of a fire a -Part of the condition be around illegal sub -The FPD was aware probation -Had been discharge	FPD's private residence for each \$30 to clean her home. cleaned part of the kitchen." aned the living room and FC s son's bedroom hy marijuana or see an baraphernalia while in the with client #2 revealed: substance abuse issues cility on 4/29/18 at 11:30am the FPD along with client #1 PD's private residence FPD's private residence for bom, while client #1 cleaned t5 cleaned a bedroom marijuana in the private able around the marijuana as apons in the FPD's private heard there was an assault drooms along with drug with FC #5 revealed: substance abuse issues Federal Prison for Felony arm is of her probation was not to patances or weapons is of the conditions of her ed from the facility on 6/26/18				
vision of Hea	-While at the facility, went to the FPD's pri	she and clients #1 and #2				

Division of Health Service Regu STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
			A. BUILDING:				
		MHL034-066	B. WING		07	//24/2018	
NAME OF PF	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE			
WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From pag	le 5	V 110				
	4/29/18."						
		an the FPD's private					
	residence as were cl	-					
		son's bedroom where she					
		assault rifle on the bed and					
	two bongs on the dre						
	-"[The FPD] came into her son's room. I told her there was a strong odor of marijuana and I						
		ongs and the AK 47 loaded					
		me 'what happens in Vegas,					
	•						
	, ,	ok that to mean not to					
		bongs and the marijuana to					
	anyone. I felt really u						
		addict that is also on Federal					
		o be around any illegal					
		eapons, as this would violate					
		I got back to the facility, I					
	occurred"	Officer and told her what had					
	Interview on 7/17/18	with staff #1 revealed:					
	-Had worked on 4/29	9/18 at the facility					
	-The FPD came by t	he facility and picked up					
	client #1, #2 and FC	#5					
	-None of the clients	stated where they were going					
	-"When the clients re	eturned, they told me they					
		private residence. I never					
	learned why and no	one ever told me the clients					
	received money"						
		with the FPD revealed:					
	-Was trained on "Per	rsonal Boundaries" by the					
	Certified Substance	Abuse Counselor (CSAC) on					
	3/30/18	vas released from prices					
		vas released from prison,					
		bation and was not to be					
		Ibstances or weapons.					
		and FC #5 to her private					
	residence on 4/29/18	1					
	-Paid each client \$30						

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL034-066	B. WING		07	7/24/2018	
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
YWCA-HA	WLEY HOUSE		ST STREET )N SALEM, NC 271	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE	
V 110	Continued From pag	e 6	V 110				
	could pay them to cle -Denied any illegal si paraphernalia in her -Denied any weapon -Denied making the si Vegas, stays in Vega -Was not sure why th exposed to illegal su while in her private ro -Her son resided in h -Would not allow him home -She, herself, was a to be around any we Interview on 7/19/18 Probation Officer rev -Was made aware of marijuana, drug para on 5/1/18 -FC #5 was cleaning FPD and was paid \$ clients. -FC #5 could have ha	ubstances or drug home is in her home statement 'what happens in as' ne clients stated they were bstances or to weapons esidence ner house n to use substances in his convicted felon and was not apons with FC #5's Federal					
	-On 3/30/18, all facili were retrained on pe -Part of the Personal talked about Ex-offer	l Boundaries training also nders and how staff could ling by the terms and					
inion of Up	Director revealed: -Was informed on 6/	vith the new Program 10/18 of the incident on Federal Probation Officer					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
			B. WING			
		MHL034-066			07	//24/2018
NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
YWCA-HA	WLEY HOUSE		ST STREET DN SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 7	V 110			
	-Immediately contact Operations Officer) w					
	-Would ensure current trained and understo					
	PD, revealed: -"What will you imme above rule violations from further risk or ac Hawley House Admir secured the clients' v The Program Directo administrative leave	4/18 and written by the new diately do to correct the in order to protect clients dditional harm? YWCA histration Team immediately vell-being in the program. rr (former) was put on				
	clients and not allowed The Program Director of compliance, legal contacted. To ensure secured, her keys we code to alarm system	ed on YWCA's premises. r (former), if found to be out consultation would be that the facility was ere obtained, locks changed, n and emails were				
	to begin the internal i -Describe your plans happens. As of 7/24/ Personal Boundaries	side Agency was contacted investigation process. to make sure the above 18, schedule re-trainings on for all staff members. All n treatment plans for clients.				
	goals will be develop needs. Any client on according to their Off	ssments, strategies and ed to meet the client's probation, goals will be set ficer. Boundaries training will present staff as well as				
	future. YWCA Hawle					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL034-066	B. WING		07	//24/2018
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 2710	01		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	COMPLET DATE
V 110	Continued From page	e 8	V 110			
	they can demonstrate	e all core skills."				
	Severe and Alcohol L long history of depress had a diagnosis of Al Anxiety, depression a had a diagnosis of Su and was on Federal R responsible for the cl failed to develop and strategies to meet the aware FC #5 was on not to be around any weapons. On 3/30/18 training on Personal FPD transported clien private residence whe to clean her house. C a strong odor of mari also observed two bo plain sight in the bed was brought to the at FC #5 'What happens This deficiency const violation for serious r corrected within 23 d penalty of \$2000.00 i not corrected within 2	d Opioid Use Disorder, Jse Disorder, Severe and ssion and anxiety. Client #2's cohol Use Disorder, Severe and low self-esteem. FC #5 ubstance Abuse Disorder Probation. The FPD was ients' treatment plans and implement goals and eir needs. The FPD was federal probation and was illegal substances or 8, the FPD completed Boundaries. On 4/29/18, the nt #1, #2 and FC #5 to her ere she paid them \$30 each Client #1 and FC #5 smelled juana in the home. FC #5 ongs and an assault rifle in room she cleaned. After this ttention of the FPD, she told s in Vegas, stays in Vegas'. itutes a Type A1 rule heglect and must be ays. An administrative s imposed. If the violation is 23 days, an additional y of \$500.00 per day will be y the facility is out of				
V 112	27G .0205 (C-D) Assessment/Treatme	ent/Habilitation Plan	V 112			
	10A NCAC 27G .020 TREATMENT/HABIL					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL034-066	B. WING			
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		07	//24/2018
			ST STREET	,		
WCA-HA	WLEY HOUSE		ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE ) THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 9	V 112			
	assessment, and in p legally responsible po of admission for clien receive services beyo (d) The plan shall in (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultati responsible person o (5) basis for evaluat outcome achievemen	clude: a) that are anticipated to be n of the service and a nievement; e; eview of the plan at least ion with the client or legally both; tion or assessment of nt; and				
	responsible party, or	or agreement by the client or a written statement by the such consent could not be				
	facility staff failed to o strategies in the treat address the client's r	ews and interviews, the develop and implement tment/habilitation plan to needs affecting 2 of 4 current nd 1 of 3 Former Clients (FC				
	-An admission date of -Diagnoses of Alcoho	client #1's record revealed: of 8/10/17 ol Use Disorder, Severe; ijor Depressive Affective				

STATE FORM

MHL034-066     B. WING     07/24/2018       NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     07/24/2018       YWCA-HAWLEY HOUSE     941 WEST STREET WINSTON SALEM, NC 27101     VINSTON SALEM, NC 27101		OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	NSTRUCTION		E SURVEY
Marce of PROVIDER OR SUPPLIER     STREET ADDRESS, CUTY, STATE, ZIP CODE       941 WEST STREET WINSTON SALEM, NC 27101       OVERAULEY HOUSE       OVERAULEY HOUSE       OVERAULEY HOUSE       SUMMARY STATEMENT OF DEFICIENCE (CACH DEFICIENCY MUST BE PRECEDED BY TULL PRETIX TAG       PROVIDER'S PLAN OF CORRECTION (CACH DEFICIENCY MUST BE PRECEDED BY TULL PRETIX TAG       OVERAULTY HOUSE       VII2       Continued From page 10       V 112       Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting 'had substance abuse detox in 20/71, is homeless and unemployed, long history of depression and arxiety, boyfriend attempted to kill her (ran over with cac), pror thoughts of suiced without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills."       - A treatment plan dated 6/17/18, noting "will stay sober and continue treatment and recovery, will work to obtain disability. Medicaid and food stemps, will work towards obtaining her liense, attend all scheduled nidividual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and recovery juan, and will identify new behaviors and skills to maintain sobriety."       -No tresidential specific strategies for facility staff to utilize regarding client #2's record revealed: -An admission date of 3/5/18 -Diagnoses of Alcohol Use Disorder r, Severe; Persistent Depressed Disorder and Unspecified Anxiety Disorder trauger, lacks the tools necessary to recovery, has ineffective coping mechanisms to manager	AND PLAN O	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
WICK-HAULEY HOUSE         BY LEES TREET INSTORMALIE, NO 2010         Description         OWN           PREFIX TAG         SUMMARY STATISTICTIONY OR LOCADER STATUSING INFORMATION         IP ADDITIONY CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED RECEDED BY FLUX (EACH CORRECTED TO INFORMATION)         IP ADDITION CREATED BY FLUX (EACH CORRECTED TO INFORMATION CREATED BY FLUX (EACH CORRECTED STREATED BY FLUX (EACH CORRECTED BY FLUX (EACH CORRECTED BY FLUX (EACH CORRECTE			MHL034-066	B. WING		07/24/2018	
WINCA-AWLEY HOUSE         WINSTON SALEM, NC 27101           (M) ID PREXK TRG         (SAUMARY STATEMENT OF DEFICIENCIES (SAUG DEFICIENCY UNIST EF RECEDED & FILL (RECOLLINGY ON LISC ILEMITY'ING INFORMATION)         ID PREXK PREXK INC         ID PROVIDERS PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-HERPEIGENCY         (M) (SAUG CROSS-HERPEIGENCY           V112         Continued From page 10         V 112         V 112         ID Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting "had substance abuse detx in 2017, is homeless and unemployed, long history of depression and anxiety, boyfrind attempted to kill her (ran over with car), prior thoughts of suicide without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills." -A treatment plan dated 6/1718, noting "will stay sober and continue treatment and recovery, will work to obtain disability, Medicaid and flood stamps, will work towards obtaining her license, attend all schedule dividual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and recovery plan, and will identify new behaviors and skills to maint an sobriety." -No residential specific strategies for facility staff to utilize regarding client #1's depression and anxietly         Review on 7/5/18 of client #2's record revealed: -An admission date of 3/5/18 noting "tost house and job, dinking has caused more and more problems, family is supportive of her recovery, feels depressed and it is a big trigger for her, no prior substance abuse treatment, lacks the tools necessary to recovery, has ineffective coping mechanisms to manager her triggers and cravings, needs assistance with low self-esteem, one prior suice attempt and has had black outs'.         V112	NAME OF PF	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
WINSTON SALEM, NC 27101           PRETX TAG         SUMMARY STATEMENT OF DEFICIENCIES (EACH OPRICENT MUST BEPRECEEDE BY FULL REGULTIONY OR LSC IDENTIFYING INFORMATION)         IP         PRETX TAG         PROVIDENTS FLAN OF CORRECTION (EACH OPRICENT MUST BEPRECEEDE BY FULL PRETX TAG         PRETX (EACH OPRICENT MUST BEPRECEEDE BY FULL PRETX TAG         PRETX (EACH OPRICENT MUST BEPRECEEDE BY FULL PRETX (EACH OPRICENT MUST BEPRECEEDE BY FULL PRETX TAG         PRETX (EACH OPRICENT MUST BEPRECEEDE BY (EACH OPRICENT MUST BEPRECEEDE BY (EACH OPRICENT MUST BEPRECEEDE BY (EACH OPRICENT)         Open (EACH OPRICENT) <th< th=""><th></th><th></th><th>941 WE</th><th>ST STREET</th><th></th><th></th><th></th></th<>			941 WE	ST STREET			
Image: Trag       IEAAH DEFICIENCY MUST BE PRECEDED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION)       PREFX Trag       CEAAH CORRENCE TO THE APPROPRIATE DEFICIENCY)       Continued From page 10       V 112         V112       Continued From page 10       V 112       V 112         Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting "had substance abuse detox in 2017, is homeless and unemployed, long history of depression and anxiety, boyfriend attempted to kill her (ran over with car), prior thoughts of suicide without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills." -A treatment plan dated 6/17/18, noting "will stay sober and continue treatment and recovery, will work to obtain disallity. Medicaid and food stamps, will work towards obtaining her license, attend all scheduled individual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and kills to maintain sobriety." -No residential specific strategies for facility staff to utilize regarding client #1's depression and anxiety       Review on 7/5/18 of client #2's record revealed: -An assessment dated 3/5/18 noting "lost house and job, drinking has caused more problems, family is supportive of her recovery, feels depressed and it is a big trigger for her, no prior substance abuse treatment, lacks the tools necessary to recovery. This infective coping mechanisms to manager her triggers and cravings, needs assistance with low self-esteem, one prior suicide attempt and has had black outs."       Image assistance with low self-esteem, one prior suicide attempt and has had black		WLET HOUSE	WINSTO	ON SALEM, NC 2710	1		
Disorder, Arthritis and Severe Headaches -An assessment dated 8/10/17 noting "had substance abuse detox in 2017, is homeless and unemployed, long history of depression and anxiety, boyfriend attempted to kill her (ran over with car), prior thoughts of suicide without plan, used alcohol at age 18, past history of smoking crack cocaine, needs a safe place to live and needs relapse prevention skills." -A treatment plan dated 6/17/18, noting "will stay sober and continue treatment and recovery, will work to obtain disability. Medicaid and food stamps, will work towards obtaining her license, attend all scheduled individual and group sessions, abstain from alcohol and drugs, will develop a relapse prevention and recovery plan, and will identify new behaviors and skills to maintain sobriety." -No residential specific strategies for facility staff to utilize regarding client #1's depression and anxiety Review on 7/5/18 of client #2's record revealed: -An admission date of 3/5/18 -Diagnoses of Alcoho I use Disorder, Severe; Persistent Depressive Disorder and Unspecified Arxiety Disorder -An assessment dated 3/5/18 noting "lost house and job, drinking has caused more and more problems, family is supportive of her recovery, feels depressed and it is a big trigger for her, no prior substance abuse treatment, lacks the tools necessary to recovery, has ineffective coping mechanisms to manager her triggers and cravings, needs assistance with low self-esteem, one prior suicide attempt and has had black outs."	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE A CROSS-REFERENCED TO	CTION SHOULD BE D THE APPROPRIATE	COMPLETE
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substance abuse counseling, will attend NA		-An admission date of -Diagnoses of Alcoho Persistent Depressiv Anxiety Disorder -An assessment date and job, drinking has problems, family is s feels depressed and prior substance abus necessary to recover mechanisms to many cravings, needs assi one prior suicide atte outs." -A treatment plan da	of 3/5/18 of Use Disorder, Severe; re Disorder and Unspecified ed 3/5/18 noting "lost house a caused more and more upportive of her recovery, it is a big trigger for her, no se treatment, lacks the tools ry, has ineffective coping ager her triggers and stance with low self-esteem, empt and has had black ted 3/5/18 noting "needs				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-066	B. WING		07	//24/2018
iame of Pi	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLET DATE
V 112	Continued From page	e 11	V 112			
	and food stamps, will screens, will complet Rehabilitation, will get the Certified Substan -No residential specifi to utilize regarding cli or low self-esteem Review on 7/5/18 of I -An admission date of -Diagnoses of Unspec Disorder, Post-Traum Hepatitis C, History of Disorder and Substan -A discharge date of -An assessment date homeless, was physi by her boyfriend, was treatment for substan alcohol use at the ag cocaine and marijuan probation, has a desi three prior overdoses -A treatment plan dat with CSAC (Certified Counselor) for individ attend Alcoholic and obtain a sponsor, will Federal Probation Of for food stamps and Identification Card an screens."	by for an Identification Card I provide negative urine is an intake with Vocational et a sponsor and meet with ace Abuse Counselor." fic strategies for facility staff ient #2's anxiety, depression FC #5's record revealed: of 4/14/18 ecified Bipolar and Related natic Stress Disorder, of Depression, Anxiety nce Abuse. 6/28/18 ed 4/14/18 noting "is currently cally and sexually assaulted is a prostitute, one prior nce abuse issues, history of e of 8, history of crack ha use, is currently on the to maintain sobriety and is at age 12, 19 and 40." ted 4/14/18 noting "will meet Substance Abuse dual and group sessions, Narcotics Anonymous, will I keep appointment with ficer, will complete an intake volunteer work, obtain an ind will provide negative urine				
	-Was in recovery for	vith client #1 revealed: substance abuse issues ssues and was a victim of				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING				
	ROVIDER OR SUPPLIER	MHL034-066	ADDRESS, CITY, STATE		07	7/24/2018	
			ST STREET				
YWCA-HA	WLEY HOUSE		ON SALEM, NC 271	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From pag	e 12	V 112				
	abuse						
		at a local mental health					
	program to address t						
	Interview on 7/5/18 v	vith client #2 revealed:					
	•	substance abuse issues					
	-Had mental health is						
	-	at a local mental health					
	program to address t	inese issues					
	Interview on 7/19/18	with FC #5 revealed:					
	-Was a recovering ac	ddict that is also on Federal					
	Probation.						
	-Was on Federal Probation and was to abide by the conditions of her probation						
		probation bation officer and have to					
		ins of my probation. I cannot					
	-	stances or weapons"					
	Interview on 7/5/18 w	vith the new Program					
	Director revealed:						
	•	n Director (FPD) was					
		loping and implementing					
		on the clients' treatment					
	plans.						
	Interview on 7/19/18	with the FPD revealed:					
	-Was responsible for	the development of goals					
	-	clients' treatment plans					
	-When asked why the	-					
	strategies to address	s mental health concerns, the					
	-When asked why the	• -					
		the conditions of FC #5's					
	•	juirements, the FPD stated "I					
		er appointments with her					
		ere were no specific goals or					
		s substance use disorders,					
		ve always done it (treatment					

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		( )		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
	MHL034-066		B. WING		07	07/24/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
YWCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01			
		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		()(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 13	V 112				
	plans) that way"						
	Interview on 7/19/18 Probation Officer rev -Part of FC #5's fede around illicit substance	ealed: ral probation was to not be					
	Officer (COO) reveal -Would ensure any is	sues identified in the clients' sed to develop goals and					
	NCAC 27G .0204 Co	ss referenced into 10A ompetencies and Supervision (V110) for a Type A1and thin 23 days.					
V 367	27G .0604 Incident R	Reporting Requirements	V 367				
	level II incidents, exc the provision of billab consumer is on the p incidents and level II to whom the provider 90 days prior to the in responsible for the ca services are provided becoming aware of th be submitted on a for Secretary. The report in person, facsimile co	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during one services or while the roviders premises or level III deaths involving the clients rendered any service within notident to the LME atchment area where d within 72 hours of he incident. The report shall rm provided by the rt may be submitted via mail, or encrypted electronic hall include the following					

Division of Health Service Regulation STATE FORM

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED	
		MHI 034-066			07/24/2018		
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE		07	/24/2018	
			ST STREET	, 0002			
YWCA-HA	WLEY HOUSE		ON SALEM, NC 271	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE	
V 367	Continued From page	e 14	V 367				
	identification informa	tion <sup>.</sup>					
		ification information;					
	(3) type of incid						
	(4) description	-					
		e effort to determine the					
	cause of the incident	•					
	(6) other individuals or authorities notified						
	or responding.						
		B providers shall explain any					
		e information. The provider					
		ted report to all required					
	report recipients by the end of the next business day whenever:						
	(1) the provider has reason to believe that						
	information provided in the report may be						
	erroneous, misleading or otherwise unreliable; or						
	(2) the provider obtains information						
	required on the incident form that was previously						
	unavailable.						
	(c) Category A and B providers shall submit,						
	upon request by the LME, other information						
	obtained regarding the incident, including: (1) hospital records including confidential						
	(1) hospital rec information;	cords including confidential					
	,	other authorities; and					
		r's response to the incident.					
		B providers shall send a copy					
	of all level III incident reports to the Division of						
	Mental Health, Developmental Disabilities and						
	Substance Abuse Services within 72 hours of						
	-	he incident. Category A					
	providers shall send						
		client death to the Division of					
	•	lation within 72 hours of					
	-	he incident. In cases of					
		even days of use of seclusion der shall report the death					
	-	ired by 10A NCAC 26C					
	.0300 and 10A NCA						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			B. WING			
		MHL034-066			07	//24/2018
IAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE <b>ST STREET</b>	, ZIP CODE		
WCA-HA	WLEY HOUSE		ON SALEM, NC 271	01		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC 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 367	Continued From pag	e 15	V 367			
	<ul> <li>(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:</li> <li>(1) medication errors that do not meet the definition of a level II or level III incident;</li> <li>(2) restrictive interventions that do not meet the definition of a level II or level III incident;</li> <li>(3) searches of a client or his living area;</li> <li>(4) seizures of client property or property in the possession of a client;</li> <li>(5) the total number of level II and level III incidents that occurred; and</li> <li>(6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.</li> </ul>					
	facility failed to repor Local Management E of becoming aware of are:	as evidenced by: iews and interviews, the t a Level III incident to the Entity (LME) within 24 hours of the incident. The findings the facility's III incident				
	reports revealed: -No documentation a submitted to IRIS reg Director (FPD)'s neg Former Client #5 (FC drugs, drug parapher	a level III incident report was garding the Former Program lect of client #1, #2 and \$ #5) by subjecting them to rnalia and weapons and clean her private residence.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-066	B. WING		07	7/24/2018	
AME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE			
WCA-HA	WLEY HOUSE		ST STREET ON SALEM, NC 271	01			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 367	Continued From page	e 16	V 367				
	FC #5's Federal Prot she contacted the Cr (COO). -She was no longer in after she reported it t Interview on 7/19 /18 Officer (COO) reveal -Was notified on 6/10 the allegations client exposed to marijuana 47 assault rifle and p private residence. -Hired an outside age investigation -Those results were p	ed: e aware of the allegations by bation Officer, on 6/10/18, nief Operations Officer nvolved with the allegations o the COO with the Chief Operations ed: 0/18 by the new PD regarding #1, client #2 and FC #5 were a, drug paraphernalia and AK aid by the FPD to clean her ency to conduct the pending. ure incident reports were					