IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	.52	A. BUILDING:			
	mhl064-074	B. WING		07/3	1/2018
PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
NA BLUE WATERS		27804			
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	.D BE	(X5) COMPLETE DATE
INITIAL COMMENT	rs	V 000			
on 7/31/18. The cor	mplaint was substantiated				
27G .0204 Training Paraprofessionals	/Supervision	V 110			
SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as special subchapter. (c) Paraprofession knowledge, skills as population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence shexhibiting core skills. (1) technical knowledge cultural awaren. (2) cultural awaren. (3) analytical skills. (4) decision-makin. (5) interpersonal skills. (6) communication. (7) clinical skills. (f) The governing to develop and implements.	PARAPROFESSIONALS no privileging requirements for als shall be supervised by an anal or by a qualified ecified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based a is established by rulemaking, assionals and associate demonstrate competence. all be demonstrated by a including: ledge; ledge; ledge; less; g; kills; a skills; and loody for each facility shall ment policies and procedures				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR L INITIAL COMMENT An annual and com on 7/31/18. The col Intake #NC001401 This facility is licens categories: 10A NC Rehabilitation 27G .0204 Training Paraprofessionals 10A NCAC 27G .02 SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession associate profession professional as spe Subchapter. (c) Paraprofession knowledge, skills al population served. (d) At such time as employment systen then qualified profe professionals shall (e) Competence sh exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sh (6) communication (7) clinical skills. (f) The governing to develop and implem for the initiation of t	MIDENTIFICATION NUMBER: mhl064-074 PROVIDER OR SUPPLIER STREET AD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on 7/31/18. The complaint was substantiated Intake #NC00140179. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1200 Psychosocial Rehabilitation 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and	IDENTIFICATION NUMBER: MHI064-074 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, S. 130 JONES ROAD ROCKY MOUNT, NC. 2 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on 7/31/18. The complaint was substantiated Intake #NC00140179. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1200 Psychosocial Rehabilitation 27G. 0204 Training/Supervision Paraprofessionals 10A NCAC 27G. 0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate knowledge, skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 130 JONES ROAD ROCKY MOUNT, NC 27804 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on 7731/18. The complaint was substantiated Intake #NCOI 40179. Deficiencies were cited. This facility is licensed for the following service categories: 10A NCAC 27G. 1200 Psychosocial Rehabilitation 27G. 0204 Training/Supervision Paraprofessionals 10A NCAC 27G. 0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessional as specified in Rule .0104 of this Subchapter. (c) Paraprofessional shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrate to we skills including; (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills; (7) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: COMP-

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

(X6) DATE TITLE

	IT OF DEFICIENCIES OF CORRECTION			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			- WING				
		mhl064-074	B. WING		07/3	1/2018	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE			
CAROLII	CAROLINA BLUE WATERS 130 JONES ROAD ROCKY MOUNT, NC 27804						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
V 110	Continued From pa	age 1	V 110				
	interview the facility staff (#2) demonstr	et as evidenced by: oservations, review and y failed to ensure one of four rated the knowledge and skills oulation served. The findings					
		0/18 at approximately 11:11am bom did not have any toilet rels					
	 clients have to tissue they needed restroom 	7/30/18 client #3 reported: roll off the amount of toilet prior to going into the e client a paper towel					
	 clients were putissue down the cor clients now have tissue they needed 	n 7/30/18 client #4 reported: tting the whole roll of toilet mmode we to roll off the amount of toilet prior to going to the restroom ients a paper towel					
	 she started at t clients were flu the commode clients have to tissue and paper to she was not in and paper towels n 	a 7/30/18 staff #1 reported: the end of April 2018 shing rolls of toilet tissue down come to her office to get toilet wels agreeance with toilet tissue ot being in the restrooms y in place prior to her being					

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	* *	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		mhl064-074	B. WING		07/3	31/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAROLI	NA BLUE WATERS	130 JONE ROCKY M	S ROAD OUNT, NC 2	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 2	V 110			
	- she has worked 18 years - clients were us which caused the c- she and staff # unclogging the com- for the last mor have not been the c- at first there we but "now they are unclosed in the component of the was aware composited of toilet tissue defined the same of the composite	on the toilet tissue or paper towels client's bathrooms are complaints from the clients used to it. 7/30/18 the Qualified ed: clients were placing a whole down the commode so not aware toilet tissue was				
	Operations reported - she just found of tissue was not kept - "this was not ac - staff #2 has be and should have kr - she planned to (7/30/18)	out today from a client that in the bathrooms				
V 115	27G .0208 Client S	ervices	V 115			
	(a) Facilities that pr assure that:	208 CLIENT SERVICES ovide activities for clients shall ervision is provided to ensure are of the clients:				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		mhl064-074	B. WING		07/3	1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
CAROLII	NA BLUE WATERS	130 JONE	S ROAD OUNT, NC	27004		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED TO THE APPROPRESSION OF THE APPROPRIED TO T	D BE	(X5) COMPLETE DATE
V 115	and treatment/habil served; and (3) clients participal activities. (h) Facilities or progin these Rules as "2 available 24 hours a unless otherwise sp (c) Facilities that se clients shall ensure (d) When clients whare transported, the with secure adaptiv (e) When two or morequire special assi in a vehicle are transported and the secure adaptives the secure adaptives are transported as in a vehicle are transported and the secure adaptives are transported as a si in a vehicle are transported and the secure adaptives and the secure adaptives are transported as a secure and the secure adaptives are transported and the secure adaptives are transported and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure adaptives and the secure adaptives are transported and the secure and transported and the secure adaptives are transported and the secu	table for the ages, interests, itation needs of the clients te in planning or determining grams designated or described 24-hour" shall make services a day, every day in the year. Decified in the rule. The or prepare meals for that the meals are nutritious. The house a physical handicap to evehicle shall be equipped to equipment. The preschool children who stance with boarding or riding asported in the same vehicle, adult, other than the driver, to	V 115			
		on, record review and railed to ensure supervision				
	- client's current	revealed the following: census revealed 47 clients signed in for 7/30/18				
	following:	0/18 at 10:36am revealed the in front of the office part of ehabilitation (PSR)				

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DIVISION	of Health Service Re	guiation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		mhl064-074	B. WING		07/3	1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CAPOLI	CAROLINA BLUE WATERS 130 JONES ROAD					
CAROLII	NA BLUE WATERS	ROCKY M	OUNT, NC	27804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 4	V 115			
	the client portioof the buildingthere was no st	n of the PSR was in the back aff with the client 0/18 (Monday) between				
	11:26am - 11:38am - clients walk in a	revealed the following: and out of the PSR				
	smoking area witho staff #1 was at	ed 11 people outside in the ut staff a table in the PSR program				
	lunch	the kitchen area preparing rofessional (QP) was in his				
	office with some pe					
	Operations reported - all smoke break - if clients are outhem or within visual	ss are monitored by staff tside, staff should be with al contact o the local store, local pizza				
	- he was able to without staff	7/30/18 client #3 reported: walk to the local pizza shop e to be outside during breaks				
		7/30/18 client #4 reported: outside to smoking area				
	- she was able to staff	7/30/18 client #5 reported: walk to the local store without				
	- she sat on her in break and someboo	Itside during breaks male friend lap today during ly "snitched" ide during that time				

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STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			B. WING			
		mhl064-074	B. WING		07/3	1/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
CAROLII	NA BLUE WATERS	130 JONE	S ROAD OUNT, NC	27804		
(V4) ID	SLIMMA DV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 5	V 115			
	- clients can go of a first a 30 minut at least twice - clients are able without staff it - clients have to whereabouts - they do not have they are physically I - Mondays are pathat she would walk - the QP had inta	aperwork day, if it wasnt for with them				
	it was not in wriclients if clients went to shopshe tried to svisual eye contact	ting that staff had to check on the local store, pizza stand at the door to keep a utside during breaks but tried				
	- clients knew du they must remain in - if they are on a would check on the - if they wanted to shop or "[cigarett sh there whereabouts - sometimes he w doing paperwork	15 minute break then staff m at least twice o walk to the local store, pizza nop]" they must notify staff of walked with them if he was not				
	Operations reported - she supervised	the Directors of the program nitored the PSR program and				

Division of Health Service Regulation

STATE FORM 6899 H00G11 If continuation sheet 6 of 8

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY LETED
		mhl064-074	B. WING		07/3	1/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
CAROLII	NA BLUE WATERS	130 JONE	S ROAD OUNT, NC 2	27804		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON .	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	COMPLETE DATE
V 115	Continued From pa	ge 6	V 115			
		e pop-up visits to the PSR antely not supposed to be ed				
V 175	27G .1202 Psychos	social Rehab - Staff	V 175			
	director. (b) A minimum of c	all have a designated program one staff member on-site to clients in average daily				
	interview the facility one staff member v	et as evidenced by: on, record review and refailed to ensure a minimum of vas on site to each eight or rage daily attendance. The				
	 client's current 	revealed the following: census revealed 47 clients signed in for 7/30/18				
	11:38am revealed t - clients walk in a (psychosocial rehal - surveyor counte smoking area witho - staff #1 was at doing paperwork	and out of the PSR collitation) ed 11 people outside in the out staff a table in the PSR program				
	lunch	the kitchen area preparing rofessional (QP) was in his				

Division of Health Service Regulation

STATE FORM 6899 H00G11 If continuation sheet 7 of 8

mhl064-074 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP	07/31/2018
	CODE
CAROLINA BLUE WATERS 130 JONES ROAD ROCKY MOUNT, NC 27804	
	ROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BE S-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETE DATE
V 175 Continued From page 7 office with some people Observation on 7/30/18 revealed the following: - 12:20pm the fire trucks arrive at the facility - 2:20pm the the police arrive at the facility During interview on 7/30/18 the Director of Operations reported: - fire trucks were at the facility due to a client having chest pains - the police arrival was due to the fact a client alleged their cell phone was stolen - normally there were 4 staff on duty - the Director was in a 2 day training (7/30/18-7/31/18) - there was never full client attendance at the program - she was in the process of hiring another Qualified Professional and paraprofessional	

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