STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			7.1. 20.22.1.10.		С
		MHL034-219	B. WING		08/28/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
607 HILLHAVI					
INSPIRAT	IONZ	WINSTO	N-SALEM, NC 2	7107	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	One of the complaints # NC139944) and two unsubstantiated (intak NC141954). A deficient This facility is licensed category: 10A NCAC Treatment Staff Secur Adolescents. A sister facility is idensister facility will be id Staff and/or clients wi	ency was cited. d for the following service 27G .1700 Residential			
V 296	27G .1704 Residentia Staffing	ıl Tx. Child/Adol - Min.	V 296		
	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or four (2) three direct for five, six, seven or adolescents; and (3) four direct conine, ten, eleven or two adolescents. (c) The minimum nur	sional shall be available by direct care staff shall be ity within 30 minutes at all on the or adolescents are as follows: are staff shall be present for a children or adolescents; care staff shall be present eight children or			

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		, 20.25to. <u>-</u>		С		
MHL034-219		B. WING		08/28/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
INSPIRAT	IONZ	607 HILL	HAVEN DRIVE			
		WINSTOI	N-SALEM, NC 2	7107		
(X4) ID PREFIX TAG	(EACH DEFICIENC		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 296	REGULATORY OR LSC IDENTIFYING INFORMATION)		V 296			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
MHL034-219		B. WING		C 08/28/2018		
NAME OF PROVIDER OR SUPPLIER STREET ADD			RESS, CITY, STA	TE, ZIP CODE		
INSPIRAT	IONZ		AVEN DRIVE	7407		
			SALEM, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	e 2	V 296			
	Mood Disorder; Adjustment Disorder with mixed Disturbance of Emotions & Conduct; and History of Psychological Trauma; - Age: 13 Review on 8/21/2018 of client #2's record revealed: - Admission date: 2/19/2018 - Discharge date: 8/19/2018 (which occurred during the course of the survey) - Diagnoses: Major Depressive Disorder; PTSD; an Unspecified Trauma and Stressor-Related Disorder; - Age: 14					
	Review on 8/21/2018 of client #3's record revealed: - Admission date: 9/8/2017 - Discharge date: 8/6/2018 (which occurred during the course of the survey) - Diagnoses: Other Specified Problems Related to Upbringing; Bipolar Disorder, ADHD; Minor Depressive Disorder; PTSD; and Unspecified Trauma and Stressor-Related Disorder, Other Emotional Disorder, and Parent-Child Relational Problem; - Age: 15					
	AM on 7/27/2018 revi- - Staff #1 opened the allow the Surveyor er - At 7:30 AM, staff #1 leaving the Surveyor - At 8:00 AM, the Sur after again knocking of staff #1; - At 8:02 AM, staff #1 a bedroom and put of	door at 7:20 AM, but did not atry; closed the front door, on the front porch; veyor was allowed entry on the door and speaking to instructed client A5 to leave				

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DIVISION	n nealth Service Regu	lation	_			
` '		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
MUI 024 240		B. WING			,	
		MHL034-219			08/28/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		607 HILLI	HAVEN DRIVE			
INSPIRATIONZ WINSTON-			I-SALEM, NC 2	7107		
0(0)15	STIMMADV ST.	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	0//	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DAT	ΓE
				DEFICIENCY)		
V 296	Continued From page	2.3	V 296			
	. •					
	into a vehicle that had					
	•	e premises in the vehicle;				
		t of a different bedroom and				
		et into a different vehicle that				
		p immediately after client				
	A5;					
	- Clients #1, #2 and #	3 remained in their				
	bedrooms;	Derrived at the facility				
		/D arrived at the facility;				
		#1, #2 and #3 walked out of				
		ed out the front door, and				
	got into two separate vehicles;					
	- Staff #1 drove one of the vehicles, and AP #2					
	drove the other.					
	Interview with staff #1 on 7/27/2018 revealed:					
		answered the door and				
		she stood in the partially				
	•	e Surveyor remaining on the				
	front porch;	e carveyer remaining on the				
	- Staff #1 stated that t	the Qualified				
		(QP/D) and Associate				
		had just left the facility 10				
		al with a tire problem on the				
	facility vehicle;	with a the problem on the				
	-	y staff present in the facility				
	at that time with client					
		hat Surveyor meet the QP/D				
		instead of entering the				
	facility;	and the second s				
	-	again opened the door,				
		phone, and stated that she				
		efore the Surveyor could				
	enter the facility;					
		s in the facility at that time, 3				
		ne facility (#1, #2 & #3), and				
		ere clients at a lower level of				
	·	CIC CHETTES AT A TOWER TEVEL OF				
	care sister facility;	ad boon brought to the				
	- Clients A5 and A6 had been brought to the					

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facility an hour earlier due to a "situation" with the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	MHL034-219 B. WING			C 08/28/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE. ZIP CODE		
			HAVEN DRIVE	,		
INSPIRAT	IONZ		N-SALEM, NC 27	7107		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON (X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 296	Continued From page	9 4	V 296			
	facility van at the siste	er facility;				
) had to leave staff #1 alone				
		to get the van tire fixed;				
		ad not spent the previous				
	night at the facility.					
	Interview on 8/21/201	8 with client #1 revealed:				
	- There was "never" o	only one staff at the facility				
	with clients;					
	-	at least two staff present				
		lity and while they were out				
	in the community.					
	Interview on 8/24/2018 with client #2 revealed:					
	- There were always at least two staff working on					
	each shift.					
		8 with client #2's Guardian				
	revealed:	Nonedian had aven amirrad at				
		Guardian had ever arrived at one staff present, she				
		nly one time I can recall. It				
		staff had stepped out I				
	had shown up to drop	• •				
	- No other clients had					
	- "Every other time the	ere were two staff there."				
	Interview on 8/21/201	8 with client #3 revealed:				
	- Client #3's Guardiar	remained on speaker				
	phone during the tele	₹				
		I prompts and questions				
	directed to client #3;					
		ent at the facility on the				
		when the surveyor arrived;				
		y staff present that morning; ever present on 3rd shift.				
	- Only one stall was e	ever present on ord still.				
	Interview on 8/8/2018					
		re getting ready to leave out				
	like we normally do	. I was having some issues				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		, , ,	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
MHL034-219		B. WING		08	C / 28/2018		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	E, ZIP CODE	•		
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INSPIRAT	IUNZ	WINSTO	N-SALEM, NC 27	107			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 296	Continued From page	e 5	V 296				
	"	ended up busting anyway					
	- She and the QP/D had left the facility together to try to get the tire fixed; - There had not been any other times that the facility was below the required number of staff when clients were present, or any other times that clients from sister facilities were left at the facility with only one staff person to supervise all of the clients. Interviews on 8/6/2018 with the Licensed Professional (LP) revealed: - Other than the morning of 7/27/2018, there had not been any times that there was only one staff with clients or that clients from a sister facility had been left at the facility with only one staff to supervise both groups of clients; - 7/27/2018 had been a "fluke" due to AP #1 having a problem with the facility's van and the QP/D having to help deal with the van; - The LP was not concerned that clients had not been appropriately supervising clients. Interview on 7/27/2018 with the QP/D revealed: - She had taken clients A5 and A6 from sister facility A to the facility on the morning of 7/27/2018 at approximately 6:30 AM or 6:40 AM; - AP #2 was at the facility with staff #1 already; - At approximately 7:00 AM, the QP/D followed AP #1 to a local service station to put air in the van tire; - The tire ended up coming completely off the rim, so the QP/D had to stay with AP #1 in order to get the van towed to a repair shop; - The QP/D had thought that it would have been a very quick errand, but it had taken longer than she expected; - Another staff had been in route to the facility during the time the QP/D and AP #1 were dealing						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND I PAN OF GONNEONON IDENTIFICATION NOMBER.		A. BUILDING: _				
		MHL034-219	B. WING		C 08/28/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
INSPIRAT	ION7	607 HILLHA	VEN DRIVE			
INSPIRAL		WINSTON-	SALEM, NC 2	7107		
(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 APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Continued From page	e 6	V 296			
V 296	with the tire; - There had not been was only one staff with	any other times that there th clients, or that clients from the being supervised by only	V 296			

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