PRINTED: 10/01/2018 FORM APPROVED

Division of Health Service Regulation

DIVIDION	or ricaliti corvice rage	ilution .	_										
STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		(X3) DATE SURVEY							
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		COMPLETED							
					_	0							
		4205004046	B. WING		R-	_							
		1305921016	1		09/2	24/2018							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE													
55 RAILROAD STREET													
CLEAR SKY GROUP HOME MARION, NC 28752													
	OU MANA DV OT	·		DDO//IDEDIO DI ANI OE CODDECTION									
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE							
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE									
			1	DEFICIENCY)									
0.4000	11 UTIAL COMMENTO		0,4000										
{V 000}	INITIAL COMMENTS	<b>,</b>	{V 000}										
		rvey for the Type A1's was											
		nber 24, 2018. This was a											
	· ·	ey, only a Type A1 rule											
		r 10A NCAC 27E0102											
	Prohibited Procedure	s (V514) with Cross											
	Reference: 10A NCAC 27E0101 (b) Least												
	Restrictive Alternative (V513); and a Type A1 rule												
	violation was cited for 10A NCAC 27G .1701												
	Scope (V293) with Cross Reference: 10A NCAC 27G .0202 (g) Personnel Requirements (V108);												
	Cross Reference: 10A NCAC 27G .0205 (a)												
	Assessment and Treatment/Habilitation or												
	Service Plan (V111); Cross Reference: 10A												
	NCAC 27G .0205 Assessment and												
	Treatment/Habilitation Or Service Plan (d) (1) (2)												
	(V112); Cross Reference: 10A NCAC 27G .0209												
	(c) Medication Administration (v118); Cross												
	Reference: General Statute 131E (d) (2) HCPR												
	Checks (V131); Cross Reference: General												
	Statute 131E (g) - HCPR Reporting (V132); Cross												
	Reference: General Statute Article 3A 122C - 80 -												
	Criminal Background Checks (V133); Cross												
	Reference: 10A NCAC 27G .1702 Requirements												
	of Qualified Profession												
		C 27G .1703 Requirements											
	for Associate Professionals (V295); Cross												
	Reference: 10A NCAC 27G .1704 (b) (1) (2)												
	Minimum Staffing Requirements (V296); Cross												
	Reference: 10A NCAC 27G .1705 (a)												
		ensed Professionals (V297);											
	•												
Cross Reference: 10A NCAC 27G .0603 Incident Response Requirements (V366); Cross													
Reference: 10A NCAC 27D .0103 (a) Search and													
Seizure Policy (V503); 10a NCAC 27E .0108													
Training In Seclusion, Physical Restraint And													
Isolation Time-Out (V537) were reviewed for													
compliance.													
	The following wore by	rought back into compliance:											

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY					
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:  A. BUILDING:			COMPLETED						
		4005004040	B. WING		R-C						
		1305921016	B. WING		09/2	4/2018					
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE							
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE  55 RAILROAD STREET											
CLEAR SI	KY GROUP HOME										
		MARION	, NC 28752								
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)					
PREFIX	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE					
TAG	INEGGEATORY OR I	130 IDENTIFY TING INFORMATION)	TAG	DEFICIENCY)	NAIL	5,112					
				· · · · · · · · · · · · · · · · · · ·							
{V 000}	Continued From page 1		{V 000}								
	• •	on was cited for 10A NCAC									
		Procedures (V514) with									
	Cross Reference: 10/	A NCAC 27E0101 (b) Least									
	Restrictive Alternative										
	A Type A1 rule violation	on was cited for 10A NCAC									
	27G .1701 Scope (V2	93) with Cross Reference:									
	10A NCAC 27G .0202 (g) Personnel										
	Requirements (V108); Cross Reference: 10A										
	NCAC 27G .0205 (a) Assessment and										
	Treatment/Habilitation or Service Plan (V111);										
	Cross Reference: 10A NCAC 27G .0205										
	Assessment and Treatment/Habilitation Or										
	Service Plan (d) (1) (2) (V112); Cross Reference:										
	10A NCAC 27G .0209 (c) Medication										
	` '										
	Administration (v118); Cross Reference: General										
	Statute 131E (d) (2) HCPR Checks (V131); Cross										
	Reference: General Statute 131E (g) - HCPR										
	Reporting (V132); Cross Reference: General										
	Statute Article 3A 122C - 80 - Criminal										
	Background Checks (V133); Cross Reference:										
	10A NCAC 27G .1702 Requirements of Qualified										
	Professionals (V294); Cross Reference: 10A										
		quirements for Associate									
	Professionals (V295);	Cross Reference: 10A									
	NCAC 27G .1704 (b)	(1) (2) Minimum Staffing									
	Requirements (V296)	; Cross Reference: 10A									
	NCAC 27G .1705 (a)	Requirements of Licensed									
	Professionals (V297):	Cross Reference: 10A									
	NCAC 27G .0603 Inc										
		; Cross Reference: 10A									
	NCAC 27D .0103 (a) Search and Seizure Policy										
	(V503); 10a NCAC 27E .0108 Training In										
	Seclusion, Physical Restraint And Isolation Time-Out (V537). No deficiencies were cited.										
	111116-Out (V331). NO	dendendes were tiled.									
	This facility is lies	d for the following assiss									
This facility is licensed for the following service											
category: 10A NCAC 27G .1700 Residential											
	Treatment Staff Secu	re for Children or	1								

Division of Health Service Regulation

Adolescents.

STATE FORM MZ3B12 If continuation sheet 2 of 2