

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on October 16, 2018. The complaint was substantiated (intake #NC00143118). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Alternative Family Living.</p>	V 000		
V 106	<p>27G .0201 (A) (8-18) (B) GOVERNING BODY POLICIES</p> <p>10A NCAC 27G .0201 GOVERNING BODY POLICIES</p> <p>(a) The governing body responsible for each facility or service shall develop and implement written policies for the following:</p> <p>(8) use of medications by clients in accordance with the rules in this Section;</p> <p>(9) reporting of any incident, unusual occurrence or medication error;</p> <p>(10) voluntary non-compensated work performed by a client;</p> <p>(11) client fee assessment and collection practices;</p> <p>(12) medical preparedness plan to be utilized in a medical emergency;</p> <p>(13) authorization for and follow up of lab tests;</p> <p>(14) transportation, including the accessibility of emergency information for a client;</p> <p>(15) services of volunteers, including supervision and requirements for maintaining client confidentiality;</p> <p>(16) areas in which staff, including nonprofessional staff, receive training and continuing education;</p> <p>(17) safety precautions and requirements for facility areas including special client activity areas; and</p>	V 106		

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: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 106	<p>Continued From page 1</p> <p>(18) client grievance policy, including procedures for review and disposition of client grievances. (b) Minutes of the governing body shall be permanently maintained.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to follow their written policy on a drug and alcohol-free workplace. The findings are:</p> <p>Review on 10/11/18 of the AFL Provider's record revealed: -A hire date of 12/16/14 -A job description of a Paraprofessional -A signed drug and alcohol-free workplace policy</p> <p>Review on 10/11/18 of the PBS's record revealed: -A hire date of 12/14/14 -A separation date of 3/1/18 -A job description of a Paraprofessional -A signed drug and alcohol-free workplace policy</p> <p>Review on 10/16/18 of the facility's Policy and Procedure Manual revealed: -A drug and alcohol-free workplace policy noting "In accordance with federal drug free workplace act of 1988, state law strictly prohibits employees' use of alcohol while on the job ...All employees, must, as a condition of employment, adhere to this policy ..."</p> <p>Interview on 10/11/18 with client #1 revealed: -Beer made him feel good -The AFL Provider drank beer with him -"He doesn't drink that many (beers) ..." -He drank beer with [the back-up staff] "once and</p>	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 106	<p>Continued From page 2</p> <p>awhile." -Denied client #2 drinking any beer</p> <p>Interview on 10/11/18 with client #2 revealed: -He drank only sodas</p> <p>Interview on 10/11/18 with the AFL Provider revealed: -Had signed the drug and alcohol-free workplace policy for the Agency -On some Saturday nights, he went out and had a PBS come to the home to supervise clients #1 and #2 -When being supervised by the PBS, only one client (#1) drank one or two beers together. -The AFL provider stated he would occasionally drink with client #1 but never client #2 -"I drank with [client #1] on social situations. It makes him feel like a real person. We have maybe 1 or 2 beers on special occasions ..."</p> <p>Interview on 10/11/18 with the PBS revealed: -Would supervise both clients while the AFL Provider went out on Saturday nights, usually from 5:30pm to 9:30pm or 10:00pm -"[Client #1] was never falling down drunk on beer. We keep it civilized. I don't like to be around people that are drunk. [Client #1] drinks very few and far between, like 1 or 2 times per month ...He nurses his beer ..." -In addition to beer, the PBS had also given client #1 a cider that contained 5% alcohol. -"[Client #1] doesn't get drunk and run through the neighborhood ..."</p> <p>Interview on 10/16/18 with the QP revealed: -Was not aware the AFL Provider was drinking with client #1 -Was not aware the PBS was drinking with client #1</p>	V 106		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 106	Continued From page 3 Interview on 10/16/18 with the Licensee revealed: -Was recently (9/30/18) made aware the AFL Provider would have 1 or 2 beers with client #1 -Had never met the PBS and was not aware he was drinking with client #1 -"You would think an AFL Provider would have common sense and not drink in front of clients ..." This deficiency is cross referenced into: 10A NCAC 27G .0204 Competencies and Supervision of Paraprofessionals (V110).	V 106		
V 110	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	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 4</p> <p>(7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the Alternative Family Living (AFL) Provider and the Paid Back-Up Staff (PBS), failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:</p> <p>Cross Reference: 10A NCAC 27G. 0201 Governing Body Policies (V106). Based on record reviews and interviews, the facility failed to follow their written policy on a drug and alcohol-free workplace.</p> <p>Review on 10/11/18 of the AFL Provider's record revealed: -A hire date of 12/16/14 -A job description of a Paraprofessional -A signed drug and alcohol-free workplace policy</p> <p>Review on 10/11/18 of the PBS's record revealed: -A hire date of 12/14/14 -A separation date of 3/1/18 -A job description of a Paraprofessional -A signed drug and alcohol-free workplace policy</p> <p>Review on 10/16/18 of the facility's Independent Contract Agreement, dated 7/6/16 and signed by the AFL Provider, revealed: -The AFL Provider was responsible "to receive</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 5</p> <p>the Individual into the Provider's home and to provide the individual with appropriate daily care, activity and full-time supervision in accordance with applicable laws, the ISP, the company's applicable policies and with due regard for the individual's emotional, intellectual, physical and spiritual needs ..."</p> <p>Review on 10/11/18 of client #1's record revealed: -An admission date of 12/15/16 -Diagnoses of Severe Intellectual Disability Disorder, Mood Disorder, Esophageal Reflux, Obsessive Compulsive Disorder, Depression and High Cholesterol -An assessment dated 12/16/15 noting "needs to develop new ADLs and strengthen existing ones, full scale IQ of 54, removed from home by Department of Social Services due to fire setting, talks very low and tends to obsess in his thought patterns, needs close supervision due to risk of wandering away, inability to make safe choices, 24 hour supervision to ensure his safety, no sense of stranger danger, has a history of accidentally cutting himself, was severely burned, aggressive towards others and property ..." -A treatment plan dated 9/1/18 noting "with guidance and mentoring, will completely chew his food to prevent him from choking, will use proper manners while eating including wiping his mouth, will complete all his ADLs including washing/rinsing his body, washing his hair and brushing his teeth, will decrease episodes of lying daily within his home and community, will decrease episodes of stealing daily within his home and community, will complete two choirs daily including but not limited to setting the table, taking out the trash and rinsing the dishes, will put his clothes in their proper place and will clean his room daily including acing his bed and vacuuming the floor ..."</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 6</p> <p>Review on 10/11/18 of client #2's record revealed: -An admission date of 12/16/14 -Diagnoses of Autism Spectrum Disorder, Intermittent Explosive Disorder, Localization-Related Symptomatic Epilepsy and Epileptic Syndrome with Complex Partial Seizures Intractable without Status Epilepticus -An assessment dated 12/16/14 noting "has seizures and is followed by a psychiatrist, needs assistance with cutting food into bite sized pieces, history or at risk of dehydration, communicate by speaking and using gestures, needs to avoid actions that endanger self or others, difficulty with anger control, needs a highly structured environments, history of aggression, property destruction and shoplifting, requires 24 hour supervision and needs hand over hand prompts to complete all self-care tasks." -A treatment plan dated 3/1/18 noting "will learn basic skills needed to access the community, will distinguish the appropriate amount of tissue to obtain when using the restroom in order to avoid using excessive amounts, will maintain a clean room daily with staff assistance, with staff assistance, will wash his hands thoroughly after each restroom visit for at least 20 seconds, will use appropriate language and refrain from using profanity while in the home and community, and will demonstrate how to leave the house in case of an emergency in the home such as a fire or go to the safest place in his home for a tornado drill."</p> <p>Review on 10/11/18 of client #1's Individual Support Plan (ISP), dated 9/1/18, revealed: -Under social network " ...Reportedly,[client #1] values his relationship with [back up staff] who spends time with [client #1] when drinking ... [client #1] will occasionally have 1 to 2 beers a month ...[AFL Provider] reports that he has</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 7</p> <p>discussed the above with [client #1]'s doctor and they have informed him that [client #1] is old enough to drink. [AFL Provider] has informed the Care Coordinator that staff will occasionally drink with member to make him feel comfortable as he likes to be social ..."</p> <p>-No documentation the AFL Provider was allowed to drink alcohol while providing services and supervision to clients.</p> <p>-No documentation the PBS was allowed to drink alcohol while providing services and supervision to clients.</p> <p>Review on 10/16/18 of the facility's Internal Investigator's report, dated 9/27/28, revealed:</p> <p>-The AFL provider admitted to drinking one or two beers with client #1</p> <p>-The PBS admitted to drinking ½ to 1 beer with client #1</p> <p>-Both staff were also supervising client #2 when drinking</p> <p>Interview on 10/11/18 with client #1 revealed:</p> <p>-Beer made him feel good</p> <p>-The AFL Provider drank beer with him</p> <p>-"He doesn't drink that many (beers) ..."</p> <p>-He drank beer with [the back-up staff] "once and awhile."</p> <p>-Denied client #2 drinking any beer</p> <p>Interview on 10/11/18 with client #2 revealed:</p> <p>-He drank only sodas</p> <p>-Stated he did not know if anyone drank beer including client #1, the back-up staff or the AFL Provider</p> <p>-Was unable to comprehend what beer/alcohol was</p> <p>Interview on 10/11/18 with the AFL Provider revealed:</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 8</p> <ul style="list-style-type: none"> -On some Saturday nights, he went out and had a PBS come to the home to supervise clients #1 and #2 -When being supervised by the PBS, only one client (#1) drank one or two beers together. -The AFL provider stated he would occasionally drink with client #1 but never client #2 -"I drank with [client #1] on social situations. It makes him feel like a real person. We have maybe 1 or 2 beers on special occasions ..." -The AFL Provider stated he went out on Saturday nights to drink with his friends or to get a break -"I have cleared his drinking with his doctor (psychiatrist). [Client #1] does take psychotropic medications. His doctor that prescribes his medications stated it was okay for him to have 1 or 2 beers ..." -Was aware clients #1 and #2 were declared incompetent. -Felt it was client #1's right to drink alcohol if he wanted to. -"If [client #1] has a good week, it (drinking alcohol) was an incentive for him ..." -Client #1's legal guardian and the Qualified Professional (QP) were okay with him drinking on occasion -Stated client #2 has not had a recent seizure and the seizures were controlled by medication <p>Interview on 10/11/18 with the PBS revealed:</p> <ul style="list-style-type: none"> -Had a good rapport with client #1 and #2 -Had known them both for approximately 17 years -Was aware of their diagnoses -Was aware both clients had been declared incompetent -Would supervise both clients while the AFL Provider went out on Saturday nights, usually from 5:30pm to 9:30pm or 10:00pm 	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 9</p> <p>-"[Client #1] was never falling down drunk on beer. We keep it civilized. I don't like to be around people that are drunk. [Client #1] drinks very few and far between, like 1 or 2 times per month ...He nurses his beer ..."</p> <p>-In addition to beer, the PBS had also given client #1 a cider that contained 5% alcohol.</p> <p>-"[Client #1] doesn't get drunk and run through the neighborhood ..."</p> <p>Interview on 10/16/18 with client #1's Local Management Entity (LME)'s Care Coordinator revealed:</p> <p>-Had spoken to the QP about her concerns with the AFL Provider and the PBS drinking while providing services to the clients.</p> <p>-The QP was not aware the staff members were drinking with client #1</p> <p>-Stated if providers were providing services to clients, "it is not appropriate to work or drink with the clients as it was a safety concern. This is extremely inappropriate and shows that staff are crossing therapeutic boundaries and creating a potentially unsafe environment ..."</p> <p>Interview on 10/16/18 with the QP revealed:</p> <p>-Client #1 was high functioning</p> <p>-Was not aware the AFL Provider was drinking with client #1</p> <p>-Was not aware the PBS was drinking with client #1</p> <p>-Client #1 was only to have one beer on special occasions</p> <p>-Was made aware of the drinking by client #1's care coordinator</p> <p>-Had no idea how long the drinking had go on with the AFL Provider and the PBS</p> <p>-Their agency had done an investigation on the allegation of the AFL Provider and the PBS drinking with client #1</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-215	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/16/2018
--	---	---	---

NAME OF PROVIDER OR SUPPLIER KING-WENDT HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 3910 CHAR-WIN DRIVE WINSTON-SALEM, NC 27101
--	---

(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 110	<p>Continued From page 10</p> <ul style="list-style-type: none"> -Neither staff had ever admitted to the QP they were drinking with client #1 -Client #2 was not allowed to drink alcohol due to his history of seizures <p>Interview on 10/16/18 with the Licensee revealed:</p> <ul style="list-style-type: none"> -An internal investigation had been completed by their Investigator -The AFL provider was considered a contract worker -The AFL provider paid a back-up staff to supervise the clients when he went out into the community for down time -Client #1 was allowed to drink beer only on special occasions -Was recently (9/30/18) made aware the AFL Provider would have 1 or 2 beers with client #1 -Had never met the PBS and was not aware he was drinking with client #1 -"You would think an AFL Provider would have common sense and not drink in front of clients ..." -Was made aware of the concerns with appropriate services, supervision and the well-being of the clients. 	V 110		