Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION ((X3) DATE SURVEY COMPLETED	
and Plan of Correction identification number.		A. BUILDING: _		COMPLE	IED		
		MHL0601078	B. WING		11/07/2018		
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	TE, ZIP CODE			
THE NOD	LAND HOUSE	1019 NOI	RLAND ROAD				
THE NOR	LAND HOUSE	CHARLO	TTE, NC 28212				
(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 SHOUL CROSS-REFERENCED TO THE APPROFIDERICENCY)	D BE	(X5) COMPLETE DATE	
V 000	V 000 INITIAL COMMENTS A complaint survey was completed 11-7-18. The complaint was substantiated (NC00143215). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G 1700 Residential Treatment Staff Secure for Children or Adolescents.		V 000				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110				
	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 profess professionals shall de (e) Competence sha exhibiting core skills i (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal skil (6) communication s (7) clinical skills. (f) The governing bodevelop and impleme	cionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; ss;					

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BOILDING.				
		MHL0601078	B. WING		11/07/2018	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ITE, ZIP CODE		
THE NORLAND HOUSE			LAND ROAD TE, NC 28212			
0/0.15	CLIMMADV CT			DROVIDED'S DI AN OF CORRECTIO	N OVE	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 110	Continued From page	21	V 110			
	plan upon hiring each paraprofessional.					
	This Rule is not met	as evidenced by:				
		nd record review, one of				
	three staff (staff #1) 1	railed to demonstrate ical and decision making				
	skills. The findings ar					
	Review on 10-31-18 of 10-4-18 revealed:	of Incident report dated				
		nsumer advised staff he did				
	•	oolclient went out the front				
	door and was not see transport another con	enStaff left site to summer to school busupon				
		aff noticed van was missing.				
	Upon search, sta TV was on cartoons.	ff notice site keys missing and				
		Police notified. Phicle were located. The				
		nderway. The keys were left				
		of staff #1's personnel				
	record revealed: -Hire date 6-20-1	0				
		o signed 6-20-18; "Keep all				
	group home keys on					
		3 with the facility manager				
	revealed:	if the elieut that left the				
	facility returned to tak someone else.	e if the client that left the te the van, or if it was				
	-He stated that the facility would have been					
	locked when staff left bus stop.	to take another client to the				

Division of Health Service Regulation

STATE FORM 84FF11 If continuation sheet 2 of 5

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
AND FLAN OF CORRECTION IDENTIFICATION NOW		IDENTIFICATION NOMBER.	A. BUILDING: _		GOIVII LETED
MHL0601078		B. WING		11/07/2018	
'			DDDEGG OUTV OTA	FF 710 0005	11/0//2010
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STAT RLAND ROAD	E, ZIP CODE	
THE NOR	LAND HOUSE		OTTE, NC 28212		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	\ -7
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	
				DEFICIENCY)	
V 110	Continued From page 2		V 110		
		with staff #1 revealed:			
	-	be sure who took the van.			
		-The van was recoveredHe had left the keys in an unlocked drawer			
	at the facility when he left. -A second staff was at the facility but he was asleep when staff #1 left. -He should not have left the keys in an				
	unlocked drawer.	ave left the keys in an			
V 296	27G .1704 Residentia	al Tx. Child/Adol - Min.	V 296		
	Staffing				
	10A NCAC 27G .1704	4 MINIMUM STAFFING			
	REQUIREMENTS				
		sional shall be available by			
		direct care staff shall be lity within 30 minutes at all			
	times.	ity within 00 minutes at all			
		mber of direct care staff			
	required when childre				
	present and awake is (1) two direct c	as follows: are staff shall be present for			
	, ,	r children or adolescents;			
		care staff shall be present			
	for five, six, seven or	eight children or			
	adolescents; and (3) four direct of	are staff shall be present for			
	nine, ten, eleven or tv				
	adolescents.				
	(c) The minimum number of direct care staff				
	during child or adoles follows:	cent sleep hours is as			
		are staff shall be present			
	· ·	ke for one through four			
children or adolescents;					

Division of Health Service Regulation

(2)

two direct care staff shall be present

and both shall be awake for five through eight

STATE FORM 6899 84FF11 If continuation sheet 3 of 5

Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
		MHL0601078	B. WING		11/0	7/2018
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE		
			RLAND ROAD	,		
THE NORI	AND HOUSE		TTE, NC 28212			
(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	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE		DATE
				DEFICIENCY)		
V 296	Continued From page	e 3	V 296			
	children or adolescen	ts: and				
		care staff shall be present				
		awake and the third may be				
		eleven or twelve children or				
	adolescents.					
	(d) In addition to the	minimum number of direct				
		Paragraphs (a)-(c) of this				
	Rule, more direct care	e staff shall be required in				
	the facility based on t	he child or adolescent's				
	individual needs as sp	pecified in the treatment				
	plan.					
	· ·	be responsible for ensuring				
	•	n or adolescents when they				
		cility in accordance with the				
		individual strengths and				
	needs as specified in	the treatment plan.				
	This Rule is not met	as evidenced by:				
		and observation, the facility				
		wo staff were present when				
		and awake. The findings are:				
	Observation on 10-30)-18 at approximately 4:00				
	pm revealed:	•				
	-One staff (staff #	#2) and one client (#1) at the				
	facility.					
	Interview 5= 40 00 40) with aliant #1 rays alad				
		3 with client #1 revealed:				
		ally two staff there, it "was				
	not normal" to have just one.					
	Interview on 11-5-19	with staff #1 revealed:				
	Interview on 11-5-18 with staff #1 revealed:					

Division of Health Service Regulation

who sleeps.

STATE FORM 84FF11 If continuation sheet 4 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE	(X3) DATE SURVEY COMPLETED	
		MHL0601078	B. WING		11	/07/2018
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
THE NOR	LAND HOUSE		ORLAND ROAD OTTE, NC 28212			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 296	-The sleep staff of until 7:00 am -He gets the clief himself. Interview on 10-31-18 revealed: -Staff know there	do not wake up, they sleep ints up and off to school by B with the facility manager is always supposed to be inever clients were in the	V 296			

Division of Health Service Regulation

STATE FORM 84FF11 If continuation sheet 5 of 5