STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL041-937	B. WING		11/07	7/2018	
NAME OF I	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MERCIF	UL HANDS DAY PROC	RAM	NDT STREE BORO, NC 2				
(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 000	INITIAL COMMENT	S	V 000				
	on November 7, 20	nplaint Survey was completed 18. The complaint was te #NC00143195). A d.					
	This facility is licens category:	sed for the following service					
	- 10A NCAC 27G Rehabilitation for th	.1200: Psychosocial e Mentally III					
	- 10A NCAC 27G disabilities	.5400: Day activity for all					
V 115	27G .0208 Client So	ervices	V 115				
	(a) Facilities that prassure that: (1) space and supe the safety and welfa (2) activities are sui and treatment/habil served; and (3) clients participal activities. (h) Facilities or progin these Rules as "a 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	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 vehicle shall be equipped.					

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING.				
		MHL041-937	B. WING		11/0	7/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MERCIF	UL HANDS DAY PRO	GRAM	NDT STREE BORO, NC 2				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID 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 DATE	
V 115	Continued From pa	ge 1	V 115				
	there shall be one a assist in supervisio	adult, other than the driver, to n of the children.					
	staff failed to provious treatment/habilitation for one (client #1) on the findings are:	view and interview, the facility de activities suitable for the on needs of the clients served, of three clients surveyed.					
	revealed he was: - admitted 4-4 38 years old - diagnosed wit - Bipolar Di - Adjustme - Intellectua - assessed on a	h: isorder -Unspecified nt Disorder al Disability					
	- staff from the planned outings - outings consist public places - approximately	8 with client #1 revealed: facility take the clients on st of destinations to various one month ago he uting to a county fair					
	Interview on 11-6-1	8 with a Corporal from the Sex					

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STATE FORM 6899 WR8M11 If continuation sheet 2 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:				
		MHL041-937	B. WING	<del></del>	11/0	7/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
MERCIF	UL HANDS DAY PRO	GRAM	NDT STREE BORO, NC 2				
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 115	Offense Division of Department reveale - client #1 was Offender Registry production of the county fair  Interview on 11-6-1 Professional reveal - she was awar Offender Registry - she was awar went on an outing the sex Offender Registry listing stather of the Sex Offender Registry listing stather of the she was awar Registry listing stather of the took the the the mean that his listing 10 years.  - "I just saw '1 know that people of the list, and I years."  Interview on 11-7-1 - staff plan and - outings are plants."	the local Sheriff's ed: in violation of the Sex program, when he attended the  8 with the Qualified led: re client #1 was on the Sex re all clients including client #1 to a county fair earched client #1's listing on	V 115				
	- all clients atte - she was information the client #1 was on the client was on the	outing to a county fair ended, including client #1 med about one month ago, e Sex Offender Registry od his limitations were: ent #1 stays within the confines ent #1 is supervised at all ministrative staff know where					

Division of Health Service Regulation

STATE FORM 6899 WR8M11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-937	B. WING		11/0	7/2018
NAME OF PROVIDER OR SUPPLIER  MERCIFUL HANDS DAY PROGRAM  STREET ADDRESS, CITY, STATE, ZIP CODE  1203 BRANDT STREET SUITE E  GREENSBORO, NC 27407						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 115	client #1 is at all tim - during the cousupervised the entin - she was unaw supposed to go to f - "he 's like a offense) before and do it again."  Interview on 11-7-1 Coordinator reveale - the facility too fair on or about Oct - client #1 partic - going forward to be aware and to monitored and supe	nes unty fair outing, client #1 was re time vare client #1 was not airs a kid. But he 's done it (sex I I wouldn 't say he 'd never  8 with the Program ed: k all the clients to the county ober 3, 2018 cipated in that outing , "we will educate all our staff make sure he 's always ervised. We 'll always make with him, and places he 's not	V 115			

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Division of Health Service Regulation STATE FORM