PRINTED: 11/09/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ B. WING MHL063-086 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE WOODLAND HOUSE PINEBLUFF, NC 28373 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 An annual and complaint survey was completed on November 1, 2018. The complaint was substantiated (intake #NC00144684). Deficiencies were cited. DHSR - Mental Health This facility is licensed for the following service categories: 10A NCAC 27G . 1200 Psychosocial NOV 192018 Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness and 10A NCAC 27G. 5400 Day Activity for Individuals of All Lio & Cert. Section Disability Groups. V 115 27G .0208 Client Services V 115 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests. and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding

Division of Health Service Regulation

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

assist in supervision of the children.

in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to

TITLE

(X6) DATE

PRINTED: 11/09/2018

FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _____ B. WING MHL063-086 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE WOODLAND HOUSE PINEBLUFF, NC 28373 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 115 | Continued From page 1 V 115 This Rule is not met as evidenced by: V 115 Based on record review and interviews staff failed On 10/26/18, Program Director developed a 10/26/18 to provide supervision to ensure safety of one of Community Outing Attendance Log of all four audited clients (#1). The findings are: consumers to be placed in each van for any outings or leaving the facility for any reason. Staff will check members as they enter the van Review on 10/31/18 of client #1's record and exit the van for any events. At least 15 revealed: minutes prior to leaving the building the members will be asked if they need to use the bathroom. -Admission date of 2/19/10. Staff will recheck the building and secure the -Diagnoses of Schizophrenia, Mild Mental building. On returning, staff will do a roll call of all Retardation, Alcohol Abuse and Cocaine Abuse. members. All staff and members were trained on Ongoing -Client #1 had no approved unsupervised time at new implementation of Community Outing the facility. Attendance Log and new protocol was put in place on 10/26/18. Program Director will monitor and review the log weekly. During monthly Review of personnel records on 11/1/18 revealed: staffing, protocol and implementation of log will -Staff #1 had hire date of 9/19/12. be discussed. Monthly, staff will discuss with -Staff #1 was hired as a Paraprofessional. members the importance of implementing the log for their accountability and safety. members are admitted to the program, training on Review of personnel records on 11/1/18 revealed: use of the log will take place. Also, when new -Staff #2 had hire date of 10/31/11. staff or fill-in staff are assigned to the facility, they -Staff #2 was hired as a Paraprofessional. will receive training during orientation. 11/13/18 11/13/18 the original Community Outing Attendance Log was revised to include more Review of personnel records on 11/1/18 revealed: detail. This Community Outing Attendance Log -Staff #3 had hire date of 1/25/17. has been distributed to all programs and -Staff #3 was hired as a Paraprofessional. residential group homes to begin using Ongoing immediately after staff training. See attached Training Record dated 10/26/18, together with Review of facility records on 10/31/18 revealed: original Community Outing Attendance Log. In -An incident report dated 10/25/18 had the

Division of Health Service Regulation

following: "Approximately 9:45am, staff notified

Halloween Party in Asheboro and everyone was

recommended to go to the bathroom before our departure. Consumers exited building went to both vans and began loading vans, as staff gathered needed supplies and was clearing the

consumers that we would be leaving for

addition, see attached revised Community Outing

Attendance Log and Training Record dated

11/13/18. A revised Orientation Checklist is also attached which includes the Community Outing

Attendance Log.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING __ MHL063-086 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE

וחססו	AND HOUSE 110 EAST	BOSTON AV	'ENUE	
VOODL/	PINEBLUI	FF, NC 2837	3	
(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) COMPLET DATE
V 115	Continued From page 2	V 115		
	building. [Client #1] reentered building without staff seeing him enter the front door which staff had not check before locking it to leave. Upon arrival at Halloween party, consumers exited van and dispersed into the crowd of other consumers. Approximately 12:15pm, staff noticed that [Client #1] was missing and immediately notified [the Director]. [The Director] and other staff rechecked party to see if [Client #1] was overlooked-[Client #1] was not at the location. Staff immediately notified [local] police dept. (department) to have them check [Name of facility] premises for [Client #1]. [Local] police dept. (department) returned call to staff to confirm that [Client #1] was on the premises unattended. [The Director] proceeded to [Woodland House]-arriving at 2:25pm."			
	Interview on 11/1/18 with client #1 revealed: -One day last week staff left him alone at the buildingThey were all going out to a party in another cityThey were loading the van and he had went back into the buildingHe went back into the building in order to use the			
	bathroomWhen he looked back outside both vans had already leftStaff had left him at the building aloneHe was not sure if staff saw him when he went into the building to use the bathroomHe thought he was at the building alone for about 1 1/2 hoursA police officer showed up and stayed with him until the Director arrived.			
	Interview on 11/1/18 with staff #1 revealed: -She was working during the incident with client #1They were all loading up the vans in order to attend a party in Asheboro.			

Division of Health Service Regulation

Division of Health Service Regulation

AND PLAN OF CORRECTION) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 5:		SURVEY PLETED
		A. BOILDING			
	MHL063-086	B. WING		11/0	01/2018
NAME OF PROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY,	STATE, ZIP CODE		
WOODLAND HOUSE		BOSTON A			
OUMAADV OTATEMS		FF, NC 283			
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 115 Continued From page 3	3	V 115			
-She did see client #1 grand -A few minutes later she her vanShe saw client #1 walk -She never saw client #2 buildingShe thought they left fo AMThey arrived to their de AMShe thought they realized client #1 was not with the She notified the Director missingShe called the police defacilityShe wanted a police off see if client #1 was thereThe Director left the parreturned to the facilityClient #1 did not have use facilityClient #1 did not have use facilityShe confirmed staff failed to ensure safety for client. Interview on 11/1/18 with -She was working during #1All of the staff and client vans for an outingThey were going to a hor-There were two other stagoing on the outingShe never saw client #1 while they were loading to	get onto her van. e saw client #1 get off of a over to the other van. e1 go back into the or Asheboro around 10:15 estination around 11:30 eed around 12 noon that nem. or that client #1 was epartment closest to the ficer to go by the facility to e. rty in Asheboro and unsupervised time at the ed to provide supervision nt #1. In staff #2 revealed: g the incident with client ets were all loading up two coliday party in Asheboro. taff and fifteen clients I go back into the building the vans. r Asheboro around 10:20	V 115			

Division of Health Service Regulation

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING ___ MHL063-086 11/01/2018

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

WOODL	AND HOUSE	FF, NC 2837	'ENUE 3	
(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 115	Continued From page 4	V 115		
	once they arrived to their destination. -They notified the Director that client #1 was missing. -The Director left the party in Asheboro and returned to the facility. -Client #1 did not have unsupervised time at the facility. -She confirmed staff failed to provide supervision to ensure safety for client #1. Interview on 11/1/18 with staff #3 revealed: -She was working during the incident with client #1. -They were all loading up the vans in order to go to a party. -They were going to a Halloween party in Asheboro. -She thought she had at least eight clients on her van. -Staff #2 was also on the van with her. -She was not sure if she ever saw client #1 on her van. -She never saw client #1 go back into the building to use the bathroom. -She thought they left the building around 10:15 AM. -They arrived in Asheboro around 11:30 AM. -She thought they realized client #1 was missing shortly after arriving in Asheboro. -Staff immediately notified the Director that client #1 was missing. -Staff #1 called the police department closest to the facility. -The Director immediately left the party in Asheboro and returned to the facility.	V 115		
	-Client #1 did not have unsupervised time at the facilityShe confirmed staff failed to provide supervision to ensure safety for client #1.			

*Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G:	COMP	PLETED
		MHL063-086	B. WING		11/0	01/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WOODL	AND HOUSE	110 EAST	BOSTON A	AVENUE		
		PINEBLU	FF, NC 283	373		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 115	Continued From pa	ge 5	V 115			
V 115	Interview on 10/31/r-There was a recent #1. -Client #1 was left a staff. -Staff and clients we order to attend a parathere were three stoading two vans. -He was not at the first the vans. -He left his home arin order to set up for the was not at the party. -When staff from the them the whereabourable and the party. -He immediately left facility. -When he arrived at officer there with client #1 told him he building while they were. Client #1 told him with the was and went bathroom both vans. -Staff told him they come are the van and went bathroom both vans. -Staff told him they come are the van and went bathroom both vans.	18 with the Director revealed: t incident with staff and client at the facility unsupervised by the loading up the vans in red in Asheboro. The party is acility while they were loading and went straight to Asheboro and the party. The facility arrived he asked at sof client #1. The facility there was a police ent #1. The facility there was a police ent #1. The was alone for about two the had gone back into the vere loading the vans. The went back into the building when he was done using the were gone from the facility. The facility client #1 got off ck into the building. The facility of the facility	V 115			
		ntact her last week about the d client #1.				

Division of Health Service Regulation

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	FOR - OF COMPANY - COMPANY - COMPANY	LE CONSTRUCTION		SURVEY
		MHL063-086	B. WING		11/0	01/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	<u> </u>	STATE, ZIP CODE	1	
WOODL	AND HOUSE		FF, NC 283			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 115	-She was told client unsupervised by sta-She was told that wan for an outing clibuildingStaff were loading a party in AsheboroStaff did not realize and they left him alcathe before told he department to reporshe was told a policand stayed with client #1 does not a facilityShe confirmed staff to ensure safety for Review on 11/1/18 revealed: What will you immediately with a will you immediately with the Director and a further risk or additional to the consumer's to be play outings or leaving the will check members exit the van for any exprior to leaving the bask if they need to uncounts have been as will recheck the build on returning staff will members." Describe your plans happens. "All staff anew implementation was put in place on the staff and the st	#1 was left at the facility aff. while staff were loading the ent #1 went back into the up the vans in order to attend e client #1 was in the building one at the facility. It is they called the local police the incident. It is efficient went by the facility on the incident was unsupervised time at the failed to provide supervision client #1. If a Plan of Protection written Chief Operating Officer dated diately do to correct the above er to protect clients from onal harm?: "On 10/26/18 oped a roster list of all acced in each van for any e facility for any reason. Staff as they enter the van and events. At least 15 minutes ouilding the members will be se the bathroom. The head occounted for on the van. Staff ding and secure the building	V 115			

Division of Health Service Regulation

PRINTED: 11/09/2018 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: __ B. WING MHL063-086 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE WOODLAND HOUSE PINEBLUFF, NC 28373 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE PRÉFIX PRFFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 115 | Continued From page 7 V 115 stafffings, protocol and implementation of roster will be discussed. Monthly staff will discuss with members the importance of implementing the roster for their accountability and safety. As new members are admitted to the program, training of the roster will take place. Also when new staff or fill in staff are assigned to [Name of facility] they will receive training during orientation." Client #1 was left unsupervised at the facility without staff being present. While preparing to go on a community outing to Asheboro which was over an hour away from the facility, staff had unknowingly left client #1 at the facility. Client #1 had left the facility van and had gone back into the facility without staff knowledge to use the bathroom while staff and other clients were loading onto the two facility vans. Staff #1, staff #2 and staff #3 did not realize client #1 was not with them on the vans until they arrived at their destination in Asheboro. Client #1 was left unsupervised at the facility for over two hours until a police officer arrived. Client #1 did not have approved unsupervised time at the facility without staff supervision. This violation constitutes a Type B violation which is detrimental to health, safety or welfare of clients. If the violation is not corrected within 45 days, administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.

Division of Health Service Regulation

REGISTRY

G.S. §131E-256 HEALTH CARE PERSONNEL

(g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of

V 132 G.S. 131E-256(G) HCPR-Notification,

Allegations, & Protection

3M4711

V 132

PRINTED: 11/09/2018 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL063-086 11/01/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 110 EAST BOSTON AVENUE WOODLAND HOUSE PINEBLUFF, NC 28373 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 132 | Continued From page 8 V 132 unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services). Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

This Rule is not met as evidenced by: Based on record review and interviews, the

(X3) DATE SURVEY

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

/ IND I DAI	TOP CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	:	COMP	LETED
		MHL063-086	B. WING		11/0	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
WOODL	AND HOUSE		BOSTON A			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFILIENCY)	D BE	(X5) COMPLETE DATE
V 132	Continued From page	ge 9	V 132			
V 132	facility failed to ensure reported to the North Personnel Registry Health Service Regidays affecting one of The findings are: Review on 10/31/18 revealed: -Admission date of 2-Diagnoses of Schiz Retardation, Alcoho Review of personne-Staff #1 had hire da-Staff #1 was hired at Review of personne-Staff #2 was hired at Review of personne-Staff #2 was hired at Review of facility red-An incident report of following: "Approximation consumers that we will halloween Party in Arecommended to go departure. Consume both vans and begang gathered needed su building. [Client #1] in staff seeing him enter had not check before arrival at Halloween	are an allegation of abuse was h Carolina Health Care (HCPR) of the Division of allation within five working of four audited clients (#1). B of client #1's record 2/19/10. Ophrenia, Mild Mental I Abuse and Cocaine Abuse. I records on 11/1/18 revealed: ate of 9/19/12. as a Paraprofessional. I records on 11/1/18 revealed: ate of 10/31/11. as a Paraprofessional. I records on 11/1/18 revealed: ate of 1/25/17. as a Paraprofessional. I records on 11/1/18 revealed: ate of 1/25/17. as a Paraprofessional. Fords on 10/31/18 revealed: ated 10/25/18 had the ately 9:45am, staff notified	V 132	On 11/1/18, William Pone, Director and Kletsch, COO attempted to enter the report Health Care Registry in IRIS. Althor program Director and COO thought the Care Registry was complete, it wasn't unt Kletsch, COO was notified by Angie Kiv Sandhills Center on 11/2/18 that the Heal Registry section was blank. On 11/6/18 the Care Registry was re-entered by Theresa Ql/Training Coordinator. In the future, report the Health Care Registry will be completed days of the incident. Freda Kletsch, Comonitor each incident regarding the Heal Registry.	into the ugh the Health il Freda ett with lth Care e Health Foster, porting to within 5	11/6/18 Ongoing
	Approximately 12:15	pm, staff noticed that [Client				

(X2) MULTIPLE CONSTRUCTION

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMP	LETED
		MHL063-086	B. WING		11/0	1/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
WOODI	AND HOUSE	110 EAST	BOSTON A	VENUE		
WOODL	AND HOUSE	PINEBLUI	FF, NC 2837	73		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 132	Continued From pa	ge 10	V 132			
V 132	#1] was missing and Director]. [The Director] are party to see if [Client #1] was not at the lonotified [local] police them check [Name #1]. [Local] police do staff to confirm the premises unattended to [Woodland House There was no docuted for staff #1, staff #2 at the facility unsupe There was no docuted reported this incider HCPR. Interview with the Distriction of the was a recent #1. -Client #1 was left a staff. -Staff and clients we order to attend a para There were three stoading two vans. -He was not at the fathe vans. -He left his home and Asheboro in order to	d immediately notified [the ctor] and other staff rechecked at #1] was overlooked-[Client ocation. Staff immediately e dept. (department) to have of facility] premises for [Client ept. (department) returned call at [Client #1] was on the ed. [The Director] proceeded e]-arriving at 2:25pm." Immentation of an investigation and staff #3 leaving client #1 ervised. Immentation that the facility had not of neglect to North Carolina irector on 10/31/18 revealed: It incident with staff and client to the facility unsupervised by ere loading up the vans in rety in Asheboro. It is a callity while they were loading accility while they were loading	V 132			
	them the whereabou -They all looked arowas not at the party. -He immediately left	uts of client #1. und and realized client #1				
	officer with client #1.	the facility there was a police 1 was alone for about two				
	alth Caprice Degulation					

Division of Health Service Regulation

Division of Health Service Regulation

DIAIDIOIL	OF FICARLIT OCTVICE INC	zgulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE	SURVEY
ANUFUAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:	<u> </u>	COIVII	LEIED
	1					
		MHL063-086	B. WING		11/0	1/2018
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MOODL	AND HOUSE	110 EAST	BOSTON A	VENUE		
WOODLA	AND HOUSE	PINEBLU	FF, NC 2837	73		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 APPROFILITION DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 132	Continued From pa	inued From page 11				
	-Client #1 told him had building while they would be client #1 told him had be to use the bathroom client #1 told him had both vans were gondered by the van and went be client #1 did not had facility. He did not report the confirmed the incident to HCP of the confirmed the aincident of neglect to five working days. Interview on 10/31/10 Operating Officer reduced the confirmed that had be confirmed the aincident with staff are she was told client unsupervised by staff was told that wo wan for an outing cliebuilding. Staff were loading to a party in Asheboro. Staff did not realized and they left him allowed the confirment to report she was told a policiand stayed with client with client was told a policiand stayed with client.	the had gone back into the were loading the vans. The went back into the building in. When he came back outside he. did not realize client #1 got off ack into the building. The average unsupervised time at the incident to HCPR. The Officer possibly reported the to North Carolina HCPR within to North Carolina HCPR within the client #1. Extra was left at the facility aff. While staff were loading the ient #1 went back into the up the vans in order to attend to client #1 was in the building one at the facility. The collection of the collection	V 132			
	because staff told th	have to do an investigation nem the details of the incident. that incident had to be				

Division of Health Service Regulation

reported to HCPR.

STATE FORM 3M4711 If continuation sheet 12 of 13

Division of Health Service Regulation

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION S:	(X3) DATE	E SURVEY PLETED
		MHL063-086	B. WING		11/0	01/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
WOODL	AND HOUSE		BOSTON A			
(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 APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 132	-She confirmed the	agency had not reported the to North Carolina HCPR	V 132	DEFICIENCY)		

Division of Health Service Regulation

Therapeutic Alternatives, Inc.

TRAINING RECORD

Date of Training: 10/26/18	Time: 40-50
Instructor: William Post BEST	Title: PSL Director
Subject: CONSUMER ACCOURT	HABITY AT ASR and on ven scetong
Brief Subject Outline (attach separate sheet if more PSA Discussed with St	space needed)
Della TENNO AT	P32 P30 0-1-1
with consumer's	my the building and returns;

ATTENDANCE

lew	Signature	D.	nt Alama	1		
		Pri	nt Name	Work Site	Position/Supervisor	Hour
				Woodland	PDIAme	
6		K		The state of the s	PP/Pone.	
				Woodland	PP/Pone	
		A		Woodland	PP/Pone	
				VV DOG TOUNG	PAT FORLE	******
						The same of contrasts to the
				**************************************	***************************************	transcription and a second
			1			
					and the same of th	
					The second secon	*************
						hand the system armony system con-
						W-14-10-10-10-10-10-10-10-10-10-10-10-10-10-
						Towns and the second

Community Outing Attendance

van: Short Van 10/26/18 KFC

=	-	-	to Othe	-						New New N
Beginning/Ending	1	77	transfered to other van			>>	2	,	7	7((
Program Attendance Consumer on Van	other van	77				7/			7	7 (
Consumer Name										

Therapeutic Alternatives, Inc.

TRAINING RECORD

Date of Training:	11/13/18	Time:	4PM-	SAM	
Instructor:	William Porte, BSER	Title:	PSR DI	ecten	The Company of
Subject:	Commenter Detin	S Ab	Exdure	Revised	Ferry
PSR &	Ine (attach separate sheet If more space need Director review the med sheets and dis	ed) e Ne	W Ctommer	with except	ho
for Al	contability of cons	were	Ś	1678601	

ATTENDANCE

New	Signature	Print Name	Work Site	D 111 /2	
			VVOIR SITE	Position/Supervisor	Hourl
		-	Woodland	PP	1
			Woodland	PP	1
-4	and the state of t		Woodland	PP	1
	+				
					·
					manager agency.
					Without Apple to the second color
					White community was a series of
				A CONTRACT OF THE PARTY OF THE	***

COMMUNITY OUTING ATTENDANCE

Dates: Van: Staff Transporting: Destination:

															Consumer Name
													3	(Do	Cc
													-	epart	nsun
													8	10	Consumer on Van
													Th	uting)	ı Van
													7		
												-	3		Cor
												-	1	٦Ď	Consumer off Van
													W	tinati	er off
													Th		Van
													F		
-													M	(Depa	Con
												-	₹ 	art fro	sume
													Th		Consumer on Van
H													h F	ting)	/an
											1		3		-
													1	Arriv	Cons
													8	e at F	umer
											+		Th	(Arrive at Program)	Consumer off Van
													T	m)	an

Therapeutic Alternatives, Inc.

STAFF ORIENTATION CHECKLIST

Emp	oloyee Name:	Position:	Location:			
		Director/Supervisor Initials Date	Employee Initials Date			
1.	Tour of worksite					
2.	Introduction to staff					
3.	Introduction to consumer					
4.	Introduction to family/guardian (if applicable)					
5.	View consumer's file or relevant information					
	a . Behavior plans					
	b . Goal plans					
	c Progress notes					
	d . Medication administration records					
6.	Emergency procedures (how/when to contact)					
7.	Explain job description, duties, hours					
8.	Go over organizational hierarchy and structure					
9.	Fire exits, extinguishers, alarms, escape routes					
10.	Mileage sheets					
11.	Community Outing Attendance Log					
12.	Use of company vehicle, cleanliness, maintenance					
13.	Staff meetings/also explain that clients cannot attend					
14.	Clients cannot attend staff's home/Read staff policy					
15.	Petty Cash					
16.	Client's personal funds/receipts required/uses of					
17.	Cleanliness of company property/staff responsibility					
18.	Day programs					
19.	Innovations Services					
20.	Menus					
21.	Incident reports					
22.	Location/description of MSDS notebook					
23.	Location of Personal Protective Equipment					
24.	P.C.S. Documentation Checklist					
25.	Administer consumer medications w/supervision					
26.	Transporting of Consumers: Read policies/procedures					
27.	Consumer elopement policy					
28.	Other:					
20.	Other.					
Emp	oloyee Signature:	Date:				
Cı	ervisor Signature:	Date:				
Sup	El visor Signature.	Date.				

^{**} If any item is non-applicable, please indicate with N/A in Director's and Employee's Initials sections, and then date.



November 14, 2018

BY REGULAR MAIL & TELEFAX (919-715-8078)

Mental Health Licensure and Certification Section North Carolina Department of Health and Human Services 2718 Main Service Center Raleigh, NC 27699-2718

Re:

Annual and Complaint Survey completed 11/1/18

Woodland House, 110 E. Boston Avenue, Pinebluff, NC 28373

MHL # 063-086 Intake #NC00144684

Dear Sir/Madam:

Enclosed please find our Plan of Correction in connection with the Department's Annual and Complaint survey completed on November 1, 2018. The original Plan of Correction is being sent to you by regular mail.

Please contact me if you need further information.

Yours truly,

Freda Kletsch, Coo Freda Kletsch, COO

FK:tf Enclosures

DHSR - Mental Health

NOV 192018

Lic. & Cert. Section