Division of Health Service Regulation

| AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | COMPLETED | | |
|---|--|---|---------------------|---|------------|--------------------------|
| MHL096-062 | | | B. WING | | 11/30/2018 | |
| NAME OF | PROVIDER OR SUPPLIER | | DRESS, CITY, S | STATE, ZIP CODE | 1 170 | 0/2010 |
| SCI-SIM | | 801 SIMM | IONS STREE | T . | | |
| GOLDSBO | | | | 201 | 0.45 | |
| (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 000 | INITIAL COMMENT | TS . | V 000 | | | |
| | An annual survey w 30, 2018. Deficience | ras completed on November cies were cited. | | | | |
| | category: 10A NCA | sed for the following service AC 27G .5600C, Supervised h Developmental Disabilities. | | | | |
| V 112 | 27G .0205 (C-D) Assessment/Treatm | nent/Habilitation Plan | V 112 | | | |
| | PLAN (c) The plan shall be assessment, and in legally responsible pof admission for clie receive services be (d) The plan shall in (1) client outcome (achieved by provision projected date of ac (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua outcome achievement (6) written consent responsible party, or | de developed based on the partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. Include: s) that are anticipated to be on of the service and a chievement; e; review of the plan at least attion with the client or legally or both; attion or assessment of | | | | |

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

TITLE (X6) DATE

Division of Health Service Regulation

| AND DUAN OF CODDECTION IDENTIFICATION NUMBER | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | (X3) DATE SURVEY COMPLETED | |
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| | | 7. 50.25.11.6. | | | | |
| MHL096-062 | | | B. WING | · · · · · · · · · · · · · · · · · · · | 11/3 | 0/2018 |
| NAME OF | PROVIDER OR SUPPLIER | | | STATE, ZIP CODE | | |
| SCI-SIMI | MONS | | ONS STREE ORO, NC 27 | | | |
| (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) | ILD BE | (X5) COMPLETE DATE |
| V 112 | Continued From pa | ge 1 | V 112 | | | |
| | facility failed to devito meet the needs of #3, and #4). The file Review on 11/29/18 - 43 year old male a - Diagnoses include Intellectual/Develop Anxiety Disorder, a - Person Centered signed 1/22/18 PCP Action Plan in address hand wash showering, complete adherence to facility keeping his bedrook communication skill following facility telephis heart healthy die | views and interviews the elop and implement strategies of 3 of 3 audited clients (#2, ndings are: B of client #2's record revealed: admitted to the facility 2/26/08. ed Mild omental Disability, Generalized and Hypercholesterolemia. Profile (PCP) dated and included short range goals to hing, shaving, brushing teeth, tion of household chores, y rules, meal preparation, m clean, laundry, improving ls, treating others with respect, ephone rules, and adhering to | | | | |
| | | 11/29/18 client #2 stated he nis goals were. He wanted to could not cook. | | | | |
| | - 33 year old male a - Diagnoses include Intellectual/Develop Syndrome, Season Obesity PCP dated 1/30/1 - PCP Action plan in address participatic appropriate interact | B of client #3's record revealed: admitted to the facility 7/1/18. and Mild omental Disability, Down al Allergies, Hypertension, and 8 and signed 1/31/18. Included short range goals to on in community activities, tions, effective communication is, appropriate use of the | | | | |

Division of Health Service Regulation

STATE FORM 6899 3GKX11 If continuation sheet 2 of 10

Division of Health Service Regulation

| | | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED | |
|--------------------------|---|--|---------------------|---|-----------------|--------------------------|
| | | MHL096-062 | B. WING | | 11/3 | 0/2018 |
| NAME OF | PROVIDER OR SUPPLIER | | <u>.</u> | STATE, ZIP CODE | 1170 | 0/2010 |
| SCI-SIMI | | | ONS STREE | | | |
| | | | ORO, NC 27 | | | |
| (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 112 | Continued From pa | ge 2 | V 112 | | | |
| | making healthy food his teeth, meal prep keeping his room c chores, and comple - PCP did not inclustrategies. | ation in physical exercise, d and drink choices, brushing paration, making his bed, lean, completing household eting his laundry. de any specific goal training | | | | |
| | Review on 11/29/18 of client #4's record revealed: - 61 year old male admitted to the facility 9/14/82 Diagnoses included Autism, Moderate Intellectual/Developmental Disability, and Seizure Disorder PCP dated 1/11/18 PCP Action Plan included short range goals to address brushing his teeth, washing his hands, dressing appropriately, bathroom etiquette, completion of laundry, brushing his hair, | | | | | |
| | number and addres "comprehensive sk items/objects, improbudgeting skills, sa answering simple q physical exercise, pcarrying his wallet, place, refraining fromaintaining eye corskills, and speaking - PCP did not includ strategies. | ills", refraining from moving oving his penmanship, fety/emergency skills, uestions, participation in participation in outings, putting change in its proper im repeating himself, intact, improved interaction is slowly. | | | | |
| | did laundry. He did about his goals. | 11/29/18 client #4 stated he not answer when asked | | | | |
| | | n 11/30/18, the Qualified she wrote Person Centered | | | | |

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STATE FORM 6899 3GKX11 If continuation sheet 3 of 10

Division of Health Service Regulation

| | NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPL A. BUILDING: | E CONSTRUCTION | | SURVEY PLETED |
|--------------------------|---|---|------------------------------|---|----------|--------------------------|
| | | MHL096-062 | B. WING | | 11/; | 30/2018 |
| NAME OF | PROVIDER OR SUPPLIER | 801 SIMM | IONS STREE | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ORO, NC 27 | PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY) | HOULD BE | (X5) COMPLETE DATE |
| V 112 | | ge 3 ent needs and she understood o and implement specific goal | V 112 | | | |
| V 364 | § 122C-62. Addition Facilities. (a) In addition to the 122C-51 through Gowho is receiving tree 24-hour facility keel (1) Send and receivances to writing massistance when note (2) Contact and cound at no cost to the physicians, and privide evelopmental disapprofessionals of his (3) Contact and cound there is a client advounce of the rights specified restricted by the face exercise these right (b) Except as provious times keeps the right (1) Make and receivalls. All long distart the client at the time collect to the receivally. Receive visitors a.m. and 9:00 p.m. hours daily, two hours daily tree is a client at the time collect to the receivally. | ve sealed mail and have aterial, postage, and staff ecessary; nsult with, at his own expense e facility, legal counsel, private vate mental health, bilities, or substance abuse choice; and nsult with a client advocate if rocate. I in this subsection may not be cility and each adult client may at all reasonable times. I in this subsections (e) and (h) in adult client who is receiving ation in a 24-hour facility at all to: ive confidential telephone ince calls shall be paid for by the of making the call or made | V 364 | | | |

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| DIVISION | of Health Service Re | guiation | | | | |
|---|--|--|---------------------|---|-------|--------------------------|
| AND DI AN OF CORRECTION INTERPRETATION NUMBERS | | (X2) MULTIPL | E CONSTRUCTION | (X3) DATE SURVEY COMPLETED | | |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | A. BUILDING: | | COMP | LETED | |
| | | | | | | |
| MHL096-062 | | | B. WING | | 11/3 | 0/2018 |
| NAME OF | PROVIDER OR SUPPLIER | STDEET AD | DDESS CITY S | STATE, ZIP CODE | | |
| NAME OF | - NOVIDEN ON SUFFEIEN | | | | | |
| SCI-SIMI | SCI-SIMMONS 801 SIMMO | | ORO, NC 27 | | | |
| | | | 1 | | | |
| (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 APPROI DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| V 364 | Continued From pa | ge 4 | V 364 | | | |
| | (3) Communicate a supervision with indupon the consent of (4) Make visits outsunless: a. Commitment properties as a commitment of the clied violent crime, included assault with a dead respondent was four insanity or incapable b. The client was committed to the factor commitment to a commitment of the commitment of the commitment of the commitment of the conditions prescribed (5) Be out of doors facilities and equipment as a week (6) Except as prohipment in the commitment of the commit | and meet under appropriate lividuals of his own choice of the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ling a crime involving an ly weapon, and the und not guilty by reason of e of proceeding; voluntarily admitted or cility while under order of prectional facility of the prection of the Department of ing held to determine capacity to G.S. 15A-1002; expressly authorize visits do by the existence of the end by this subdivision; daily and have access to ment for physical exercise existing the proceeding of G.S. 15A-1002; expressions, unless the to determine capacity to G.S. 15A-1002; | | | | |

Division of Health Service Regulation STATE FORM

Division of Health Service Regulation

| V 364 Continued From page 5 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | DIVISION | of Health Service Re | guiation | | | | |
|--|-------------|--|---|----------------|--|------------|----------|
| MHL096-062 STREET ADDRESS, CITY, STATE, ZIP CODE | | | (X2) MULTIPL | E CONSTRUCTION | | | |
| NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS 801 SIMMONS STREET GOLDSBORO, NC 27530 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 5 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COMP | LETED |
| NAME OF PROVIDER OR SUPPLIER SCI-SIMMONS 801 SIMMONS STREET GOLDSBORO, NC 27530 (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 5 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | | | | | | | |
| SCI-SIMMONS STREET GOLDSBORD, NC 27530 (X4) ID | MHL096-062 | | | B. WING | | 11/30/2018 | |
| SCI-SIMMONS STREET GOLDSBORD, NC 27530 (X4) ID | NAME OF I | DDOVIDED OD SLIDDLIED | STDEET AD | DDESS CITY S | STATE ZID CODE | | |
| (x4) ID PREFIX (EACH DEFICIENCIES) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 5 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | NAIVIL OI I | FROVIDER OR SUFFEIER | | | | | |
| SUMMARY STATEMENT OF DEFICIENCIES BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 364 Continued From page 5 V 364 V 364 Who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | SCI-SIMMONS | | | | | | |
| PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 5 who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | | | | · · | | | I |
| who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | PREFIX | (EACH DEFICIENCY | MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI | D BE | COMPLETE |
| 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise. Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental | V 364 | Continued From pa | ge 5 | V 364 | | | |
| disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: | | who is receiving tre 24-hour facility has proper adult supervision of the mindividual, the mino opportunities to enalemotionally, intelled vocationally. In view and intellectual imm 24-hour facility shall structure, supervision the rights given to the facility shall also reasonable efforts to client receives treat adult clients unless minor client dictate Each minor client whabilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and coor that of his legally cost to the facility, lephysicians, private disabilities, or subsitis or his legally res (3) Contact and coor there is a client advothere is a client advothere. | atment or habilitation in a the right to have access to ision and guidance. In hinor's status as a developing r shall be provided able him to mature physically, stually, socially, and of the physical, emotional, naturity of the minor, the I provide appropriate on and control consistent with the minor pursuant to this Part. So, where practical, make to ensure that each minor ment apart and separate from the treatment needs of the otherwise. Who is receiving treatment or each consult with his parents or ency or individual having legal mounts and the alth, developmental tance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if rocate. I in this subsection may not be callity and each minor client erights at all reasonable times. Ided in subsections (e) and (h) in minor client who is receiving | | | | |

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| DIVISION | of Health Service Re | egulation | | | | |
|---|---|--|---|---|-------------------------------|--------------------------|
| AND DIAN OF CODDECTION IDENTIFICATION NUMBED: | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
| | | MHL096-062 | B. WING 11. | | 11/3 | 0/2018 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| | | | ONS STREE | | | |
| SCI-SIM | MONS | | ORO, NC 27 | | | |
| (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 APPRODEFICIENCY) | .D BE | (X5) COMPLETE DATE |
| V 364 | Continued From pa | ge 6 | V 364 | | | |
| | time of making the receiving party; (2) Send and recei writing materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shal visiting shall not tak therapies; (4) Receive special training in accordant (5) Be out of doors recreation, and phybasis in accordance (6) Except as prohipersonal clothing an appropriate superviheld to determine of G.S. 15A-1002; (7) Participate in re(8) Have access to the safekeeping of (9) Have access to of his own money; and (10) Retain a driver prohibited by Chapt (e) No right enume of this section may by the qualified proformulation of the coplan. A written state client's record that if for the restriction. Treasonable and relabilitation needs. A period not to excee | call or made collect to the ve mail and have access to ostage, and staff assistance ate supervision, receive hours of 8:00 a.m. and 9:00 at least six hours daily, two I be after 6:00 p.m.; however the precedence over school or I education and vocational fince with federal and State law; daily and participate in play, sical exercise on a regular with his needs; ibited by law, keep and use and possessions under sion, unless the client is being apacity to proceed pursuant to eligious worship; individual storage space for personal belongings; and spend a reasonable sum | | | | |

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| Division | of Health Service Re | egulation | | | | |
|--------------------------|---|--|-------------------------|---|-------------------|--------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE COMP | SURVEY LETED |
| | | MHL096-062 | B. WING | | 11/3 | 0/2018 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | | |
| SCI-SIMI | MONS | | ONS STREE DRO, NC 27 | | | |
| (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 APPRODEFICIENCY) | D BE | (X5) COMPLETE DATE |
| V 364 | Continued From pa | ge 7 | V 364 | | | |
| | at which time the re Each evaluation of documented in the rights may be renew statement entered the client's record to renewal of the restriction of the in each instance of of a restriction of right by the client shall, to be notified of the restriction of the it. In the case of a readult client, the legal be notified of each or renewal of a restreason for it. Notification individual or legally | al at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in hat states the reason for the riction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, striction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction criction of rights and of the cation of the designated responsible person shall be ing in the client's record. | | | | |
| | interviews, the facil of clients access to reasonable and rela habilitation needs a required for 3 of 3 a The findings are: | et as evidenced by: on, record reviews, and ity failed to ensure restriction personal property was ated to clients treatment or and was documented as audited clients (#2, #3 & #4). facility at approximately 9:30 | | | | |
| | am on 11/29/18 rev | ealed kitchen cabinets ns, including snack foods, | | | | |
| | | 3 of client #2's record revealed: admitted to the facility 2/26/08. | | | | |

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If continuation sheet 8 of 10 3GKX11

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| | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | | |
|--------------------------|---|--|---------------------|---|------|--------------------------|
| MHL096-062 B. WING 11/3 | | 0/2018 | | | | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET ADI | DRESS, CITY, S | STATE, ZIP CODE | - | |
| SCI-SIMI | MONS | | ONS STREE | | | |
| | | | ORO, NC 27 | | | |
| (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 364 | Continued From pa | ge 8 | V 364 | | | |
| | Anxiety Disorder, a - No documentation or food focused bel During interview on | omental Disability, Generalized and Hypercholesterolemia. In of recent incidents of stealing | | | | |
| | | ed to live on his own but could | | | | |
| | Review on 11/29/18 of client #3's record revealed: - 33 year old male admitted to the facility 7/1/18 Diagnoses included Mild Intellectual/Developmental Disability, Down Syndrome, Seasonal Allergies, Hypertension, and Obesity No documentation of food focused behaviors. | | | | | |
| | Client #3 was not a | vailable for interview. | | | | |
| | 61 year old male a Diagnoses include Intellectual/Develop Disorder. | 3 of client #4's record revealed: admitted to the facility 9/14/82. ed Autism, Moderate amental Disability, and Seizure of food focused behaviors. | | | | |
| | During interview on got plenty to eat. | 11/29/18 client #4 stated he | | | | |
| | Director stated she cabinets were locked stealing behaviors as part of his hability the current clients hability Clients purchased states. | 11/29/18 the Group Home was unsure why the kitchen ed. A former client had food and the cabinets were locked attion/treatment plan. None of had food stealing behaviors. Some of their own snacks and locked in the cabinets. If the | | | | |

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clients wanted a snack at times other than a

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| | NT OF DEFICIENCIES I OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | (X3) DATE COMF | SURVEY PLETED |
|--------------------------|--|--|---|--|-------------------|--------------------------|
| | | MHL096-062 | B. WING | | 11/: | 30/2018 |
| NAME OF | PROVIDER OR SUPPLIER | 801 SIMM | DRESS, CITY, S ONS STREE ORO, NC 27 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETE DATE |
| V 364 | scheduled snack tir unlock the cabinet to There were always waking hours and covernight staff was the kitchen, staff was make sure the kitch unlocked. She und | ge 9 me, they could ask staff to to let them have access. 2 staff in the facility during one staff overnight. The awake. If a client went into could be aware. She would nen cabinets were left erstood that locking cabinets bersonal property was a rights. | V 364 | | | |

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Division of Health Service Regulation STATE FORM