STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3)			X3) DATE SURVEY COMPLETED	
		MHL092-865	B. WING		02/0	7/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, S	STATE, ZIP CODE			
PHPOF	NC INC		NY ROAD				
1 111 01	NO INO	ZEBULOI	N, NC 27597				
(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 000	INITIAL COMMENT	rs .	V 000				
V 440	on 2/7/19. Complain NC00145381 was used intake #NC0014488 Deficiencies were of This facility is licens categories: 10A NC Developmental Voc NCAC 27G .5400 E	sed for the following service AC 27G .2300 Adult cational Programs and 10A Day Activity.	V 440				
V 110		204 COMPETENCIES AND PARAPROFESSIONALS	V 110				
	<ul><li>(a) There shall be a paraprofessionals.</li><li>(b) Paraprofession associate profession professional as spessional as specifical as sp</li></ul>	no privileging requirements for als shall be supervised by an an anal or by a qualified ecified in Rule .0104 of this als shall demonstrate					
	knowledge, skills ar population served. (d) At such time as employment system then qualified profe	nd abilities required by the s a competency-based n is established by rulemaking, ssionals and associate demonstrate competence.					
	exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin	ledge; ess; ; g;					
	<ul><li>(5) interpersonal sl</li><li>(6) communication</li><li>(7) clinical skills.</li><li>(f) The governing b</li></ul>						

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

(X6) DATE TITLE

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL092-865	B. WING		02/	07/2019
	PROVIDER OR SUPPLIER	700 B PC	NY ROAD	STATE, ZIP CODE		
•.		ZEBULO	N, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 110	develop and implent for the initiation of the plan upon hiring eather than the plan upon hiring eat	nent policies and procedures he individualized supervision ch paraprofessional.	V 110			
	& #2) demonstrated abilities required by findings are:  Review on 2/6/19 o - start date of Au	the knowledge, skills and the population served. The staff #1's record revealed:				
	- start date of Ma - 12/20/18: discu behaviors, redirecti interacting with con	ssed changes in consumer ng negative behaviors &				
	following: - surveyor in the approximately 40 fe - surveyor could someone state "Be that today!" in a ste	conference room eet from the cafeteria hear a client whining & quietI'm not going to hear rn voice  2/6/19 a staff reported:				
	<ul> <li>the client that w</li> <li>she does not like</li> <li>activities but liked to</li> </ul>	vas whining was client #1 se to transition to different to listen to her music ted client #1 to be quiet				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL092-865	B. WING		02/	07/2019
	PROVIDER OR SUPPLIER F NC INC	700 B PO	DRESS, CITY, S NY ROAD N, NC 27597	TATE, ZIP CODE		
(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)	I SHOULD BE	(X5) COMPLETE DATE
V 110	however staff #1 was compassionate per could be deceiving - staff #2 was a get to be reminded their clientsshe gets from staff #1 and #2 clients however, the clients could be betomatically clients remark the Qualified Profest the Program Direct - the PD keeps a between staff going business and when treated differently  During interview on - "[staff #2] is meant in a motherly - client #1 whinestrong and firm with - she told client #1 meant in a motherly - client #1 was not herself - her tone of voice she used - staff and mana the "motherly" figure - she has not be she was aware of  During interview on - "why am I in her request of surveyor interview)surveyor interview)surveyor interview)surveyor interview)surveyor interview)surveyor interview)surveyor interviewsurveyor interviewsurveyor interview)surveyor interviewsurveyor int	as a good worker & was a son but her tone of voice good worker however she has re was a way to speak to the ustrated with her 1:1 client are not verbally abusive to the ere approach to redirect the ter actions have been reported to asionals (QP), however not to or (PD) a lot of negative interaction on, she tells staff personal concerns are voiced, staff are  2/6/19 client #2 reported: a lot and staff have to be a her to "be quiet" however it was y way onverbal and abusive to be was strongstaff and poke with her about the tone gement knew she was more of the tothe clients are without smiling (upon				

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STATE FORM 6899 LUCB11 If continuation sheet 3 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)	) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	MIII 000 005	B. WING		00/07/0040	
	MHL092-865			02/0	7/2019
NAME OF PROVIDER OR SUPPLIER	700 B PO		STATE, ZIP CODE		
P H P OF NC INC		, NC 27597			
PREFIX (EACH DEFICIENCY MU	IENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
issues and eating fast - she has not witnes mistreatedand she h mistreatment of any cli  During interview on 2/6 - she has written sta the job, but no disciplin mistreatment of clients - client #1 whined a with herhowever, she staff telling a client to "I - she has talk with si speak to the clients - client #2's behavior out so as of January 20 days a week and in gro - staff felt comfortab about client concerns, - the PD over steppe by telling staff personal staff like adults - she has requested Executive Director or H  During interview on 2/6 - staff #1 was stern - she has not written spoke with her about h - she reminded her t with mental health issu - staff #2 has "one m terminated - she was found slee day program) but anoth	swere cursing, toileting sed any client being has not been written up for hents  6/19 QP#1 reported: has fup for cell phone use on hary issues for staff had to be firm he was not in agreeance with he quiet" has only has 1:1 two houp the rest of the week hole speaking with the QPs however not the PD hed her boundaries at times housiness and not treating has staff to contact the human Resources has staff #1 up however has how she spoke to the clients has staff #1 up however has how she spoke to the clients has the clients are disabled her service offered	V 110			

Division of Health Service Regulation

STATE FORM 6899 LUCB11 If continuation sheet 4 of 7

DIVISION	of Health Service Re	guiation				
AND DUAN OF CODDECTION INTERCATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL092-865	B. WING		02/07/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
P H P OF NC INC 700 B PON ZEBULON						
(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 110	usage while working - she was not aw staff or clients - she and the QF throughout the day interactions - staff #1 has a lo invested in the clier - staff #2 didn't li community due to thas not witnessed a staff #2  During interview on reported: - she visited the - she monitored while she was there - there were no cobservations or visi - no concerns ha the PD, staff or clie - staff receive an with clients and per  During interview on - she often make - she has not wither visits - staff has her per have any concerns - she has spoker informed her that e - she reminds staclients & promote of	written up for cell phone g with the clients ware of any other issues with a will walk through the facility to monitor client/staff and voice however was attacked to take client #2 in the colleting issues, however she any issues with client #2 & 2/6/19 the Executive Director facility at least twice a month the client/staff interactions and the client/staff interactions are concerns during her the verbeen reported to her about ants and training on interactions son centered training and training was son centered training are sonal contact number if they are with the QPs and they have verything was going well aff to offer choices to the	V 110	DETICIENCY)		
	tight shift - a lot of parents praise staff #1 because she					

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worked with the clients so well

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-865	B. WING		02/0	7/2019
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PHPOF	NC INC	700 B POI ZEBULON	NY ROAD I, NC 27597			
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V 110	- she was not aw job, however was a the job - cell phones are receptionist area - most concerns human resources - she has not rea	ge 5 vare of anyone sleeping on the ware of cell phone usage at requested to be left at the may have been reported to ad any disciplinary actions in regards to staff/client	V 110			
V 752	10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot water shall be main degrees Fahrenheir  This Rule is not me Based on observatifailed to maintain we 100-116 degrees Fahrenheir	et as evidenced by: on and interview the facility rater temperatures between ahrenheit. The findings are: /19 between 11:15am -	V 752			
	<ul><li>the men's bathing</li><li>of 80 degree's Fahing</li><li>the women's bare</li><li>80 degree's Fahren</li></ul>	room sink had a temperature renheit athroom sink temperature was wheit water temperature was 82				

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6899 LUCB11 If continuation sheet 6 of 7

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PF IDE		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: (X3) DATE COMI		SURVEY PLETED	
		MHL092-865	B. WING		02/0	07/2019
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
PHPO	F NC INC		NY ROAD N, NC 27597			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 752	During interview the - she was not aw temperatures - there are repair	ge 6 e Licensee reported: vare of the facility's low water rs being completed at the ve affected the water	V 752			

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