## PRINTED: 02/22/2019 FORM APPROVED

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
	MUI 070 72			02/21/2019		
				02/21/2019		
OUSE						
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
INITIAL COMMEN	TS	V 000				
This facility is licens category:	sed for the following service					
27G .1703 Resider P	ntial Tx. Child/Adol - Req. for A	V 295				
ASSOCIATE PROF (a) In addition to the specified in Rule .1 facility shall have a staff who meets or an associate profess NCAC 27G .0104(1 (b) The governing facility shall develop policies that specify associate profession policies shall addres (1) managen day-to-day operation (2) supervision regarding responsili implementation of eter treatment plan; and	ESSIONALS ne qualified professional 702 of this Section, each t least one full-time direct care exceeds the requirements of ssional as set forth in 10A 1). body responsible for each p and implement written y the responsibilities of its onal(s). At a minimum these ess the following: nent of the day to day ons of the facility; on of paraprofessionals bilities related to the each child or adolescent's					
	OF CORRECTION PROVIDER OR SUPPLIER DUSE SUMMARY STA (EACH DEFICIENC) REGULATORY OR L INITIAL COMMENT An Annual Survey of 21, 2019. A deficient This facility is licensic category: - 10A NCAC 27 Treatment-Staff Set Adolescents 27G .1703 Resident P 10A NCAC 27G .17 ASSOCIATE PROF (a) In addition to the specified in Rule .1 facility shall have a staff who meets or an associate profest NCAC 27G .0104(1) (b) The governing facility shall develop policies that specify associate profession policies shall addred (1) managent day-to-day operation (2) supervision regarding responsi implementation of ether (3) participat	OF CORRECTION       IDENTIFICATION NUMBER:         MHL079-73       MHL079-73         PROVIDER OR SUPPLIER       STREET A         DUSE       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS         An Annual Survey was completed on February 21, 2019. A deficiency was cited.         This facility is licensed for the following service category:         - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents         27G .1703 Residential Tx. Child/Adol - Req. for A P         10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).         (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL079-73       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S'         DUSE       1115 ROSEMONT DRIV REIDSVILLE, NC 2732         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An Annual Survey was completed on February 21, 2019. A deficiency was cited.       V 000         This facility is licensed for the following service category:       - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents       V 295         27G .1703 Residential Tx. Child/Adol - Req. for A P       V 295         10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).       NCAC 27G .0104(1).         (b) The governing body responsibile for each facility shall develop and implement written policies shall address the following: (1) management of the facility; (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning	OF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:       MHL079-73     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SUMWARY STATEMENT OF DEFICIENCIES     ID       VIGEAT DEFICIENCY WIDE E PRECEDED BY FULLE, NC 27320     PROVIDER'S PLAN OF (EACH DEFICIENCY WIDE EPRECEDED BY FULLE, NC 27320)       INITIAL COMMENTS     V 000       An Annual Survey was completed on February 21, 2019. A deficiency was cited.     V 000       This facility is licensed for the following service category:     - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents       27G .1703 Residential Tx. 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WING     02/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     02/       SUMMARY STATEMENT OF DEFICIENCY     ID     PROVIDER'S PLAN OF CORRECTION SHOULD BE       RECOULATORY OR LSC IDENTIFYING INFORMATION     ID     PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL     PREFIX     CROSS-REFERENCED TO THE APPROPRIATE       DEFICIENCY OR LSC IDENTIFYING INFORMATION     ID     PREFIX     CROSS-REFERENCED TO THE APPROPRIATE       INITIAL COMMENTS     V 000     V 000     V 000     V 000       An Annual Survey was completed on February 21, 2019. A deficiency was cited.     V 000     V 295       This facility is licensed for the following service category:     - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents     V 295       27G .1703 Residential Tx. 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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 02/21/2019	
		MHL079-73				
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	DRESS, CITY, STATE, ZIP CODE		
FAITH H	OUSE		SEMONT DRIN			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPL THE APPROPRIATE DAT	
V 295	Continued From pa	age 1	V 295			
	Based on interview failed to ensure the direct care staff wh requirements of an manage the day to supervise paraprofi implementing each participate in servic The findings are: Review of personne House Manager (H - date of hire: 2 - education: hig - job description responsibilities liste - "Work wit Services) staff in re individual client(s)." - "Respons and groceries for fa - "Ensure th complete, accurate Resources) in a tim - "Commur client 's families ensure the best tre followed." - "Attend an client treatment tea - "Arrange appointments for cl	2-15-13 gh school diploma n dated 4-19-18 with some ed as: th YHS (Youth Haven egards to service delivery to sible for maintaining supplies acilities." hat staff timesheets are e, and turned in to HR (Human nely manner as needed." nicate pertinent information to , and outside agencies to atment for the client is w MARS (medication ords) on a weekly basis to "				

Division of Health Service Regulation STATE FORM

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		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		02/21/2019	
	MHL079-73				
PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
OUSE					
	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
		PREFIX TAG	CROSS-REFERENCED TO T	THE APPROPRIATE	COMPLET DATE
Continued From pa	ige 2	V 295			
responsible for the facility which includ - grocery and s - reviewing PCI - schedules sta - reviews staff ' such as timesheets - liaisons with o - picks up medi accuracy - organizes and - attends and c Family Team) meet Interview on 2-21-1 - the HM worke - the HM make - the HM sociate does not have a ba - her position tii - the House Ma day to day operatio - the House Ma administrative supe Counselors - there was and full-time there with a staff is, "a floater be	day to day operations of the es: upply shopping Ps (Person Centered Plans) iff to work s non-clinical documentation distributes and reviews to insure dischedules outings ontributes to CFT (Child and ings 9 with client #1 revealed: ed full-time at the facility s sure things are going right a care of staff" 9 with the Residential Director Professional at the facility chelor ' s degree the is House Manager anager is responsible for the ns of the facility anager provides the ervision of the House other staff person who worked a bachelor ' s degree, but that ecause he bounces back and				
	OF CORRECTION PROVIDER OR SUPPLIER OUSE SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa Interview on 2-21-1 responsible for the facility which includ - grocery and s - reviewing PCI - schedules sta - reviews staff ' such as timesheets - liaisons with o - picks up medi accuracy - organizes and - attends and c Family Team) meet Interview on 2-21-1 - the HM worke - the HM make - the HM m	OF CORRECTION       IDENTIFICATION NUMBER:         MHL079-73       MHL079-73         PROVIDER OR SUPPLIER       STREET AT         OUSE       1115 RO: REIDSVI         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 2       Interview on 2-21-19 with the HM revealed she is responsible for the day to day operations of the facility which includes: - grocery and supply shopping - reviewing PCPs (Person Centered Plans) - schedules staff to work - reviews staff 's non-clinical documentation such as timesheets - liaisons with client 's schools, family, etc - picks up medications and reviews to insure accuracy - organizes and schedules outings - attends and contributes to CFT (Child and Family Team) meetings         Interview on 2-21-19 with client #1 revealed: - the HM worked full-time at the facility - the HM makes sure things are going right - the House Manager is responsible for the day to day operations of the facility - the House Manager provides the administrative supervision of the House	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL079-73       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S'         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         Continued From page 2       V 295         Interview on 2-21-19 with the HM revealed she is responsible for the day to day operations of the facility which includes: - grocery and supply shopping - reviewing PCPs (Person Centered Plans) - schedules staff to work - reviews staff 's non-clinical documentation such as timesheets       V 295         Interview on 2-21-19 with client 's schools, family, etc - picks up medications and reviews to insure accuracy - organizes and schedules outings - attends and contributes to CFT (Child and Family Team) meetings       Interview on 2-21-19 with client #1 revealed: - the HM worked full-time at the facility - the HM worked full-time at the facility does not have a bachelor 's degree - her position title is House Manager - her bouse Manager is responsible for the day to day operations of the facility - the House Manager provides the administrative supervision of the House Counselors - here was another staff person who worked full-time there with a bachelor 's degree, but that staff is, "a floater because he bounces back and	OF CORRECTION     IDENTIFICATION NUMBER:     A. BUILDING:       MHL079-73     B. WING       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE       SUMMARY STATEMENT OF DEFICIENCIES     ID       VERDISTICATION YOR LSC IDENTIFYING INFORMATION)     D       PROVIDER FOR Day DEFICIENCIES     ID       REGULATORY OR LSC IDENTIFYING INFORMATION)     D       PREPRX     (EACH DEFICIENCIES)       Continued From page 2     V 295   Interview on 2-21-19 with the HM revealed she is responsible for the day to day operations of the facility which includes: <ul> <li>grocery and supply shopping</li> <li>reviews staff 's ono-clinical documentation such as timesheets</li> <li>liaisons with client 's schools, family, etc</li> <li>picks up medications and reviews to insure accuracy</li> <li>organizes and schedules outings</li> <li>attends and contributes to CFT (Child and Family Team) meetings</li> </ul> Interview on 2-20-19 with the Residential Director revealed: <ul> <li>the HM wakes care of staff"</li> </ul> Interview on 2-20-19 with the Residential Director revealed: <ul> <li>the HM wake full-time at the facility</li> <li>the HM wake supervision of the facility</li> <li>the HM wake supervision of the facility</li> <li>the House Manager is responsible for the day to ay operations of the facility</li> <li>the House Manager provides the administrative supervision of the House Counselors</li> <li>there with a bachelor 's degree, but that staff is, "a foater because he bounces back and</li> </ul>	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:       COM         MHL079-73       B. WING       02/         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       02/         DUSE       1115 ROSEMONT DRIVE REIDVILLE, NC 27320       PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX       PROVIDER'S PLAN OF CORRECTION SHOULD BE (EACH ORRECTIVE ACTION SHOULD BE (EACH ORRECTIVE ACTION SHOULD BE responsible for the day to day operations of the facility which includes:       CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         Continued From page 2       V 295       V 295         Interview on 2-21-19 with the HM revealed she is responsible for the day to day operations of the facility which includes:       Centered Plans) - schedules staff to work       - reviewing PCPs (Person Centered Plans) - schedules staff to work       - reviewing and contributes to CFT (Child and Family Team) meetings         Interview on 2-21-19 with client #1 revealed: - the HM worked full-time at the facility - the HM makes sure things are going right - the HM worked full-time at the facility - the HM makes care of staff"       Interview on 2-20-19 with the Residential Director revealed: - the HOUSE Manager provides the administrative supervision of the House Counselors - there was another staff person who worked full-time there with a bachelor's degree - here position title is House Manager - the House Manager is responsible for the day to day operations of the House Counselors - there was another staff person who worked full-time there with a bachelor's degree, but that staf

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