	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL079-113	B. WING		02	/22/2019		
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,					
HURCH	STREET	908 CHU	IRCH STREET					
	SIREEI	EDEN, N	IC 27288					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
V 000	INITIAL COMMENTS		V 000					
		as completed on February aint (NC#00148596) was eficiency was cited.						
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.						
	staff (1) failed to dem	ews and interviews, 1 of 7 onstrate the knowledge, served. The findings are:						
	Review on 2/21/19 of -A hire date of -A job description of a	staff #1's record revealed: Paraprofessional						
	-An admission date o	[:] client #1's record revealed: f 8/10/17 ctual Disability, Autism						
	Spectrum Disorder, Ir Unspecified, Schizop	npulse Control Disorder, hrenia, Gastroesophageal						
	Reflux Disorder and (-An assessment date supervised living, spe	d 8/10/17 noting, "needs						
		tional and behavioral issues, bitalizations (a state mental a less restrictive						
	of bed wetting, history	ng impaired, verbal, history y of aggression, was rseas] orphanage, has						
	challenging behaviors aggression, many of	s, exhibits episodes of his behaviors are to alleviate						
	the likelihood of powe	oting strategies that minimize er struggles, hits, kicks, damage to property and a						
	history of stealing." -A treatment plan date	ed 5/31/18 noting, "will of physical aggression, will						
		of inappropriate behaviors,						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL079-113	B. WING		02	2/22/2019
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
CHURCH	STREET		IRCH STREET IC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	Continued From page	e 1	V 000			
	inappropriate behaviors, of non-compliance, w disruptive behaviors, steals and will continu- elopement." -No documentation of Review on 2/21/19 of revealed: -"On 1/5/19, [client # from the group home returned with a large Prompted [client #1] v stated he had a been have a seat. Staff (#1 the beercalled [the Interview on 2/21/19 -One time he went to -Staff #1 was working -Went up to the store -"I walked off and bot one size'. It was a 24 it, got sick and threw of it." -Had gone to a nearth -Stated after he dram shaky and kinda slee [Staff #1] saw me wa come back but I didn	ue to refrain from sexually ors, will reduce the frequency vill reduce the frequency of will continue to refrain from ue to refrain from f unsupervised time f client #1's Data Sheet Form 1] got upset, walked away , proceeded to walk off and can in a paper bag. what he had in the bag. He . Prompted [client #1] to 1) allowed [client #1] to 1) allowed [client #1] to drink Group Home Manager" with client #1 revealed: buy beer (1/5/19) g that day				
	-Was aware of client he was declared inco	with staff #1 revealed: #1's diagnoses and aware mpetent by the court system re unsupervised time in the				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	PROVIDER OR SUPPLIER STREET		B. WING		02	2/22/2019
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
HURCH	STREET		JRCH STREET IC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	Continued From page	e 2	V 000			
	psychotropic medical the morning. -Was at church on 1/ had a behavior -Transported client # -"We talked for 15 to room and I went to th out, he was gone." -Called the group hor call the police. -"Before the police go bag. In the bag was a good to drink the beer remove the beer from a behavior. I saw him whether he drank all and I monitored him to sick. I also called his -Client #1's prescribe administered by anot -Was not sure if he di had had a beer earlief Interview on 2/21/19 Professional revealed -Stated client #1 took -Client #1 was not co unsupervised time in -The biggest challeng being told no or conff -"If he is taking psych should not be allowed will hold an in service written up"	20 minutes. He went into his he bathroom. When I came me manager whom stated to of there, he returned with a a beer. I told him it was not er. I did not try to physically in him as he would have had in take a sip, but I cannot say of ithe stated he felt bad to make sure he did not get legal guardian" ed medications were ther staff at 8pm isclosed to the staff client er in the day with the Qualified d: a psychotropic medication ompetent and did not have the facility or the community ges were client #1's trigger of ronted about something notropic medications, he d to drink any alcohol. We e with [staff #1] and he will be with the Quality Assurance				

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
	MHL079-113 B. WING		B. WING		02	2/22/2019	
IAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 908 CHURCH STREET							
CHURCH	STREET	908 CHU	RCH STREET				
		EDEN, N	C 27288				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	Continued From page	e 3	V 000				
	think drank it" -Would do the followi from occurring again: Rights Committee ab #1's windows, bedroo entrances/exits; woul registered nurse or cl conduct an in service the effects of psychol of mixing psychotrop or other drugs, would environment with clie classes held by [the I medications, alcohol should never mix the facility staff were kno	was told he had a beer and I ng things to prevent this discuss with the Human bout putting alarms on client of doors and the facility Id contact the Agency's lient #1's pharmacist to e on controlled substances, tropic medications, dangers ic medications with alcohol I provide a more structured ant #1; have client #1 go to Local Management Entity] on and the effects and why you two, would make sure wledgeable about Poison acility staff documented the heir information.					
V 110	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional professional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system	4 COMPETENCIES AND PARAPROFESSIONALS o privileging requirements for s shall be supervised by an al or by a qualified fied in Rule .0104 of this s shall demonstrate d abilities required by the a competency-based is established by rulemaking, sionals and associate	V 110				

Division of Health Service Regulation STATE FORM

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If continuation sheet 4 of 8

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED
	MHL079-113 ME OF PROVIDER OR SUPPLIER STREET				02	/22/2019
IAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
HURCH	STREET	EDEN, N	RCH STREET C 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 4	V 110			
	 exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski (6) communication s (7) clinical skills. (f) The governing bod develop and implement 	edge; ess; ;; ;; skills; and ody for each facility shall ent policies and procedures e individualized supervision				
	staff (#1) failed to de skills and population	ews and interviews, 1 of 7 monstrate the knowledge, served. The findings are: f staff #1's record revealed:				
	Review on 2/21/19 or -An admission date or -Diagnoses of Inteller Spectrum Disorder, I Unspecified, Schizop Reflux Disorder and -An assessment date supervised living, spe services, mental/emo several previous hos health facility), needs	f client #1's record revealed: of 8/10/17 ctual Disability, Autism mpulse Control Disorder, ohrenia, Gastroesophageal Constipation. ed 8/10/17 noting, "needs ecialized consultative otional and behavioral issues, pitalizations (a state mental				

STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL079-113	B. WING		02/22/2019	
iame of Pi	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
CHURCH	STREET		JRCH STREET IC 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 5	V 110			
	challenging behavior aggression, many of anxiety, needs promy the likelihood of powe shouts and history of history of stealing." -A treatment plan dat reduce the frequency will continue to refrain behaviors, will contini inappropriate behavior of non-compliance, w	erseas] orphanage, has s, exhibits episodes of his behaviors are to alleviate oting strategies that minimize er struggles, hits, kicks, damage to property and a red 5/31/18 noting, "will of physical aggression, will of inappropriate behaviors, n from self-injurious ue to refrain from sexually ors, will reduce the frequency vill reduce the frequency of will continue to refrain from ue to refrain from				
	revealed: -"On 1/5/19, [client # from the group home returned with a large Prompted [client #1] stated he had a been have a seat. Staff (#	f client #1's Data Sheet Form 1] got upset, walked away , proceeded to walk off and can in a paper bag. what he had in the bag. He . Prompted [client #1] to 1) allowed [client #1] to drink e Group Home Manager"				
	-One time he went to -Staff #1 was working -Went up to the store -"I walked off and bot one size'. It was a 24 it, got sick and threw of it."	g that day				

STATE FORM

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL079-113	B. WING	· · · · · · · · · · · · · · · · · · ·	02/22/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHURCH	STREET		RCH STREET C 27288			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 6	V 110			
	[Staff #1] saw me wa come back but I didn	py. Like I had to take a nap. Ik up the road and told me to 't. I tried a second time to ', but [staff #1] would not let				
	-Was aware of client he was declared inco -Client #1 did not hav facility or community -Was aware client #1 psychotropic medicat the morning. -Was at church on 1/ had a behavior -Transported client # -"We talked for 15 to room and I went to th out, he was gone." -Called the group hor call the police. -"Before the police go bag. In the bag was a good to drink the beer remove the beer from a behavior. I saw him whether he drank all	20 minutes. He went into his ie bathroom. When I came me manager whom stated to ot there, he returned with a a beer. I told him it was not er. I did not try to physically in him as he would have had in take a sip, but I cannot say of ithe stated he felt bad to make sure he did not get				
	had had a beer earlied Interview on 2/21/19 Professional revealed	her staff at 8pm isclosed to the staff client er in the day with the Qualified				
	-Client #1 was not co	mpetent and did not have the facility or the community				

STATE FORM

6899

If continuation sheet 7 of 8

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED			
			A. BUILDING:					
		MHL079-113	B. WING		02	2/22/2019		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	TY, STATE, ZIP CODE				
HURCH	STREET	908 CHU EDEN, N	RCH STREET					
(X4) ID	SUMMARY ST		ID	PROVIDER'S PLAN OF		(X5)		
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	COMPLET DATE		
V 110	Continued From page	e 7	V 110					
	-The biggest challeng being told no or confr -"If he is taking psych should not be allowed will hold an in service written up" Interview on 2/22/19 Coordinator revealed -Was called by staff # walked off -"I instructed him to c (client #1] returned, I think drank it" -Would do the followin from occurring again: Rights Committee ab #1's windows, bedroo entrances/exits; woul registered nurse or cl conduct an in service the effects of psychot of mixing psychotropi or other drugs, would environment with clie classes held by [the L medications, alcohol should never mix the facility staff were know	ges were client #1's trigger of onted about something notropic medications, he d to drink any alcohol. We with [staff #1] and he will be with the Quality Assurance the work of the stated client #1 had all the police. When he was told he had a beer and I all the police. When he was told he had a beer and I ing things to prevent this discuss with the Human out putting alarms on client or doors and the facility d contact the Agency's ient #1's pharmacist to on controlled substances, tropic medications, dangers c medications with alcohol provide a more structured int #1; have client #1 go to Local Management Entity] on and the effects and why you two, would make sure wledgeable about Poison acility staff documented the						