	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY PLETED
					R	
		MHL074-245	B. WING		02/2	21/2019
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
OORE	STREET RESIDENTIA	ΔΙ	T MOORE STI ILLE, NC 278			
(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 C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	TS	V 000			
		ow-up survey was completed 19. Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised th Developmental Disabilities.				
V 112	27G .0205 (C-D) Assessment/Treatr	ment/Habilitation Plan	V 112			
	PLAN (c) The plan shall assessment, and in legally responsible of admission for cli receive services be (d) The plan shall (1) client outcome achieved by provisi projected date of a (2) strategies; (3) staff responsible (4) a schedule for annually in consultar responsible person (5) basis for evalua- outcome achievem (6) written consent responsible party, of	BILITATION OR SERVICE be developed based on the n partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. include: (s) that are anticipated to be ion of the service and a chievement; le; review of the plan at least ation with the client or legally or both; ation or assessment of				
sion of He	ealth Service Regulation	DER/SUPPLIER REPRESENTATIVE'S SIG				

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EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL074-245	B. WING			R)2/21/2019	
ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
STREET RESIDENTI						
SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE	
Continued From pa	age 1	V 112				
Based on record re interviews, the facil implement strategie affecting one of thr findings are:	eviews, observation and ity failed to develop and es based on assessment ee clients (#2 and #3). The					
8:55am revealed S	taff #5 was at the facility with					
revealed: - 26 year old male. - Admission date of - Diagnoses of Moo Developmental Dis - FL- dated 09/24/1	f 10/16/14. derate Intellectual ability (IDD) and Epilepsy. 8 identified an inappropriate					
Support Plan (ISP) revealed:	" for client #2 dated 02/11/19					
needs to change no situation does not v on one attention my in a 3 person group	ow?At times my living work for me because I like one y from support staff and I live b home"					
safeI need my su to me in my home a leave my home with advance when I ge	pports to provide full supports and community because I will hout letting my staff knows in t upset. I sometimes act					
has requested 2 or	1 staff during the hours I am					
	OF CORRECTION PROVIDER OR SUPPLIER STREET RESIDENTIA SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa This Rule is not me Based on record re- interviews, the facili implement strategia affecting one of thre- findings are: Observation on 02/ 8:55am revealed S client #1, #2 and #3 at the facility. A. Review on 02/20 revealed: - 26 year old male. - Admission date or - Diagnoses of Moo Developmental Dis - FL- dated 09/24/11 behavior of wander Review on 02/21/19 Support Plan (ISP) revealed: - "Based on what is needs to change no situation does not wo on one attention my in a 3 person group - "Long Range Out safeI need my su to me in my home at leave my home witt advance when I ge without thinking. Be has requested 2 or	OF CORRECTION IDENTIFICATION NUMBER: MHL074-245 PROVIDER OR SUPPLIER STREET RESIDENTIAL STREET RESIDENTIAL 406 WES GREENV SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 1 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2 and #3). The findings are: Observation on 02/19/19 at approximately 8:55am revealed Staff #5 was at the facility with client #1, #2 and #3. No other staff were present at the facility. A. Review on 02/20/19 of client #2's record revealed: - 26 year old male. - Admission date of 10/16/14. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Epilepsy. - FL- dated 09/24/18 identified an inappropriate behavior of wandering. Review on 02/21/19 of an "Update to Individual Support Plan (ISP)" for client #2 dated 02/11/19 revealed: - "Based on what is happening in my life, what needs to change now?At times my living situation does not work for me because I like one on one attention my from support staff and I live in a 3 person group home" - "Long Range Outcome: I will be healthy and safeI need my supports to provide full supports to me in my home and community because I will leave my home without letting my staff knows in advance when I get upset. I sometimes act	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL074-245 B. WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, ST STREET RESIDENTIAL 406 WEST MOORE STI GREENVILLE, NC 278 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID Continued From page 1 V 112 This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2 and #3). The findings are: V 112 Observation on 02/19/19 at approximately 8:55am revealed Staff #5 was at the facility with client #1, #2 and #3. No other staff were present at the facility. A. Review on 02/20/19 of client #2's record revealed: - 26 year old male. - Admission date of 10/16/14. - Diagnoses of Moderate Intellectual Developmental Disability (IDD) and Epilepsy. - FL- dated 09/24/18 identified an inappropriate behavior of wandering. 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WING PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE STREET RESIDENTIAL 406 WEST MOORE STREET GREENVILLE, NC 27834 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREPIX TAG PROVIDER'S PLAN OF (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREPIX TAG PROVIDER'S PLAN OF (EACH DEFICIENCY MIST TAG Continued From page 1 V 112 V 112 V This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2 and #3). The findings are: V Observation on 02/19/19 at approximately 8:55am revealed Staff #5 was at the facility with client #1, #2 and #3. No other staff were present at the facility. A. 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WING 027 ROVIDER OR SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE 406 WEST MOORE STREET 028 STREET RESIDENTIAL 406 WEST MOORE STREET GREENVILLE, NC 27834 PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFREENCED TO THE APPROPRIATE Continued From page 1 ID PRETX CROSS-REFREENCED TO THE APPROPRIATE DEFIDENCY) Continued From page 1 V 112 V 112 V DEFIDENCY) This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement strategies based on assessment affecting one of three clients (#2 and #3). The findings are: V 112 Observation on 02/19/19 at approximately 8.55am revealed Staff #5 was at the facility with client #1, #2 and #3. No other staff were present at the facility. A. Review on 02/20/19 of client #2's record revealed: - 26 year od male. - 20 year od male. - 20 year od male. - 20 year od male. - 30 year od male.	

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
						R
		MHL074-245	B. WING			21/2019
AME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
IOORE	STREET RESIDENTI	Δ	ST MOORE STI /ILLE, NC 278			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	age 2	V 112			
	Hypothyroidism, Hy Diabetes Mellitus. Review on 02/20/19 06/01/18 revealed: - "What's Important supervision due to - "Long Range Out and frustrationI re Interview on 02/19/ - She had worked a 4 months. - She worked 1st st - Client #2 would w	izophrenia, Seizure Disorder, /pertension Moderate IDD and 9 of client #3's ISP dated t To Me?I need 1:1 my unstable behaviors" come: I will mange my anger equire close supervision"				
	Clinical Director sta - One staff worked	at the facility per shift. up to ensure the ISP's for				
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b	207 EMERGENCY PLANS an for each facility and plan shall be developed and by the appropriate local be made available to all staff ocedures and routes shall be y.				

STATE FORM

If continuation sheet 3 of 7

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL074-245	B. WING			21/2019
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
MOORE	STREET RESIDENTIA	ΔΙ	ST MOORE ST /ILLE, NC 278			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC		DATE
V 114	Continued From pa	age 3	V 114			
	shall be held at lear repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	Based on record re failed to have fire a	et as evidenced by: eview and interviews the facility and disaster drills held at least ated on each shift. The	,			
	January 2018 thru - No fire or disaster for the second qua - 09/18/18 - No doc - 09/19/19 - No doc drill. - No fire or disaster 3rd shift for the thi - No fire drill docum	cumented time of the fire drill. cumented time of the disaster r drills documented on 2nd or rd quarter of 2018. nented for 2nd shift in the	t			
	stated: - 1st shift was 8am - 2nd shift was 4pm - 3rd shift was 12 n - The weekend shift 8am.	19 the Residential Director to 4pm. n to 12 midnight.				
vision of H	stated they were av	19 an Administrative Staff ware fire and disaster drills ted quarterly and repeated on				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			R	
	MHL074-245			02/	21/2019	
AME OF PROVIDER OR SUPPLIER	406 WES	DDRESS, CITY, ST ST MOORE STF				
NOORE STREET RESIDENTI	ΔΙ	/ILLE, NC 278				
PREFIX (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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 114 Continued From pa	age 4	V 114				
each shift.						
V 736 27G .0303(c) Facili	ity and Grounds Maintenance	V 736				
EXTERIOR REQU (c) Each facility and maintained in a saf	303 LOCATION AND IREMENTS d its grounds shall be re, clean, attractive and orderly be kept free from offensive	,				
Based on observat	et as evidenced by: ions and interviews, the facility d in a clean, attractive and le findings are:	,				
 9:30am revealed: Client #1's bedrood debris scattered that Client #2's bedrood debris scattered that Client #3's bedrood hole and a golf ball The 1st floor bath frame above the sint the wall. The wall n an approximately 1 plastered area. 	19/19 at approximately om revealed bits of paper and roughout the carpet. om revealed revealed bits of roughout the carpet. om revealed a baseball sized sized hole in the wall. rrom revealed an empty mirro nk and a baseball sized hole in tear the light switched revealed 2 inch by 12 inch unpainted stairs revealed a broken	1				
	19 the Quailfied Professional pove the bathrrom sink had September 2018.					

YZ9R11

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED R 02/21/2019	
		MHL074-245	B. WING			
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S ⁻	TATE, ZIP CODE		
MOORE	STREET RESIDENTIA		F MOORE STI LLE, NC 278			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	COMPLET
V 736	Continued From pa	ge 5	V 736			
		19 the Administrative staff did onal questions regarding items				
		nstitutes a re-cited deficiency ted within 30 days.]				
V 752	27G .0304(b)(4) Ho	t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas c	04 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the				
		tained between 100-116				
	water temperatures 100-116 degrees Fa	et as evidenced by: on and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings				
	 9:30am revealed: The downstairs baand client #3 had a Fahrenheit. The upstairs bath 	19/19 at approximately athroom utilized by client #1 temperature of 120 degrees room utilized by client #2 had degrees Fahrenheit.				
	indicated they were	19 the Administrative Staff aware the water temperature between 100 degrees				

STATEMENT OF DEFICIENCIES (X1) P AND PLAN OF CORRECTION ID				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-245				R 21/2019	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S		02/	21/2013	
		406 WES	ST MOORE STI				
IOORE	STREET RESIDENTI	AL GREEN	VILLE, NC 278	34			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 752	Continued From pa	age 6	V 752				
	Fahrenheit and 116	6 degrees Fahrenheit.					
	[This deficiency co and must be correc	nstitutes a re-cited deficiency cted within 30 days.]					