Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ` `		X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED	
		MHL049-123	B. WING		C 02/15/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HELMS H	OUSE	611 PRESE	BYTERIAN ROA	AD		
TILLING II		MOORESV	ILLE, NC 2811	15	<u> </u>	
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	15, 2019. The compla (Intake ID: NC001479 cited.	as completed on February aint was substantiated 960). Deficiencies were				
		d for the following service 27G .1700: Residential re for Children or				
V 109	27G .0203 Privileging	/Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be not qualified professional (b) Qualified professionals shall de and abilities required (c) At such time as a employment system in then qualified professionals shall de (d) Competence shall exhibiting core skills in (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication since (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18) met the requirements employment system in MH/DD/SAS.	ssionals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking, sionals and associate emonstrate competence. If be demonstrated by ncluding: dge; ss;				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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DATE SURVEY COMPLETED
C 02/15/2019
(X5) COMPLETE DATE

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STATE FORM 6899 192E11 If continuation sheet 2 of 13

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	OF DEFICIENCIES OF CORRECTION	PECTION INDENTIFICATION NUMBER		(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED
		MHL049-123	B. WING		C 02/15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
HELMS H	OUSE		BYTERIAN RO		
			ILLE, NC 281		
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 109	Continued From page	e 2	V 109		
	revealed: - The FAP was terming poor decisions on 1/2 client #1 "We determined [FAP because her shift was - "[FAP] was guilty for when [client #1] got of turning the situation of following up on the sibeen in contact with a day with the 25th (1/2 Interview on 2/15/19 - She was working at when FAP dropped of and client #1 was still - "I did not understand thinking that [FAP] was #1). If I had known [fince client #1] I would have	nated on 1/25/19 for making 23/19 regarding the care of AP] was in a hurry to leave s done." In not contacting the police out of her sight and not over to another staff and not tuation. She should have all parties involved. Her last 25/19)." with staff #4 revealed: Whalen House on 1/23/19 ff 2 clients at Whalen House			
	the AP at the time and more professional."	d I thought she would be			
	 She was aware that on 1/23/19. She did not contact relaying information to was still in his car and "I watched her (clier 	with the FAP revealed: client #1 had gone "AWOL" the police and left without o another staff member who d had just arrived. ht #1) until (former qualified up and I waved at him and			
	Report" revealed: - "At this time she (cli take her to the hospit	ent #1) requested that we al to get a catheter. I (FAP) uld most likely not take her			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			71. BOILBING.			
		MHL049-123	B. WING		02/1	5/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HELMS H	OUSE	611 PRESE	SYTERIAN ROA	AD		
TILLING TI			ILLE, NC 2811	15		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Continued From page	3	V 109			
	be a good option." - "At 3:50 I (FAP) call Professional], followir supervisor before call that at this point it was because I had someth	m but that urgent care might led my supervisor, [Qualified ag incident protocol to notify ing the police. I explained s very important that I leave ning important happening already staying later than				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea health care facility or health care facility sha	alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.				
	access the Health Ca (HCPR) prior to hire for (Former Qualified Pro- findings are: Review on 2/15/19 of	ew, the facility failed to re Personnel Registry or 1 of 2 audited former staff of off off off off off off off off o				
	Date of hire: 9/12/19Last Day of EmploysThere was no HCPF	ment: 1/25/19				
	Interview on 2/15/19 v	with the Operations Manager				

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STATE FORM 6899 192E11 If continuation sheet 4 of 13

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
			С			
		MHL049-123	B. WING			15/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			SBYTERIAN ROAD			
HELMS H	OUSE	MOORE	SVILLE, NC 28115			
(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 CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 131	Continued From page	e 4	V 131			
	longer was employed criminal checks "If they (HCPR and we don't have them."	vas previously the fficer administrator, who no , to complete the HCPR and criminal check) are not there asibility for it now not being				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to a program and any providevelopmental disabiservices that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a positia applicant to have an econditioned on consecriminal history record the applicant has been less than five years, the is conditioned on concriminal history record national criminal history record include a check of the applicant has been five years or more, the on consent to a State check of the applicant was perfectly an applicant to a state check of the applicant of the a	ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this offer of employment by a ler this Chapter to an attion that does not require the occupational license is not to a State and national dicheck of the applicant. If an a resident of this State for then the offer of employment sent to a State and national dicheck of the applicant. The				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL049-123	B. WING	C 02/15/2019
NAME OF PROVIDER OR SUPPLIED	STREET ADD	DESS CITY STATE ZID CODE	

NAME OF PROVIDER OR SUPPLIER

 ${\tt STREET\,ADDRESS,\,CITY,\,STATE,\,ZIP\,CODE}$

HELMS HOUSE

611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115

HELMS H	HELMS HOUSE MOORESVILLE, NC 28115						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
V 133	Continued From page 5	V 133					
	section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection						

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Division of Health Service Regulation

DIVISION	n nealth Service Regu	lation				
	FEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SU					
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			B. WING	R WING		
		MHL049-123	B. WING		02/15	/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		611 PRFS	BYTERIAN RO	ΔD		
HELMS H	OUSE		VILLE, NC 281			
	OUR MAR DV OT					
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
1/ 400	0 (15	0	V/ 422			
V 133	Continued From page	9 0	V 133			
	(c) of this section. For	r purposes of this				
	subsection, the term '	"private entity" means a				
	business regularly en	gaged in conducting				
	criminal history record	d checks utilizing public				
	records obtained from	n a State agency.				
	(c) Action If an appl	licant's criminal history				
	record check reveals	one or more convictions of				
	a relevant offense, the	e provider shall consider all				
		s in determining whether to				
	hire the applicant:	-				
	(1) The level and seri	ousness of the crime.				
	(2) The date of the cri	ime.				
	(3) The age of the per	rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri	me, if known.				
	(5) The nexus between	en the criminal conduct of				
	the person and the jo	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
		ployment records of the				
	· ·	the crime was committed.				
		ommission by the person of				
	a relevant offense.					
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
		e information contained in				
	_	cord check that is relevant				
		, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
		- A provider and an officer				
		vider that, in good faith,				
	complies with this sec	ction shall be immune from				
	civil liability for:					
	(1) The failure of the	provider to employ an				

Division of Health Service Regulation

STATE FORM 6899 192E11 If continuation sheet 7 of 13

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE S	
ANDILANC	O CONTROLLONG	IDENTIFICATION NOMBER.	A. BUILDING: _	A. BUILDING:		-125
		MHL049-123	B. WING		02/1	5/2019
NAME OF D		OTDEET A		TE 7/D 00DE		
NAME OF PE	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
HELMS HO	DUSE		SBYTERIAN ROA			
		MOORES	SVILLE, NC 2811	15		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 133	Continued From page	÷ 7	V 133			
		s of information provided in				
	_	cord check of the individual.				
	• •	n employee's history of				
		e employee's criminal				
	compliance with this	s requested and received in				
	-	- As used in this section,				
	• •	ans a county, state, or				
		y of conviction or pending				
		whether a misdemeanor or				
		on an individual's fitness to				
	•	r the safety and well-being of				
		ital health, developmental				
	-	nce abuse services. These				
	crimes include the cri	minal offenses set forth in				
	any of the following A	rticles of Chapter 14 of the				
	General Statutes: Arti	icle 5, Counterfeiting and				
	Issuing Monetary Sub	ostitutes; Article 5A,				
		ve and Legislative Officers;				
		rticle 7A, Rape and Other				
		8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by	-				
		Material; Article 14, Burglary				
		akings; Article 15, Arson and				
	_	e 16, Larceny; Article 17,				
	_	Embezzlement; Article 19,				
	False Pretenses and					
	Obtaining Property or					
		edit Device or Other Means;				
		Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against	•				
		, Adult Establishments; n; Article 28, Perjury; Article				
	ALLICIE ZI, PIOSIIIUIIOI	i, Ailicle Zo, Feijury, Ailicle	1			

Division of Health Service Regulation

29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40,

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Division of	of Health Service Regu	ılation			
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED
7.1.12 . 27.11 .	,,		A. BUILDING:		
		MHL049-123	B. WING		C 02/15/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	;, ZIP CODE	
HELMS H	OUSE		SBYTERIAN ROAD		
1122	Г		SVILLE, NC 28115		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 133	Continued From page	e 8	V 133		
	Crime. These crimes sale of drugs in violate Controlled Substance 90 of the General State offenses such as sale violation of G.S. 18B-impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employing supplies, or otherwise an employment applic criminal history record shall be guilty of a Classical (g) Conditional Employement applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as reconstructed (2) The provider shall criminal history record business days after the conditional employment 2001-155, s. 1; 2004-	cle 60, Computer-Related also include possession or tion of the North Carolina as Act, Article 5 of Chapter atutes, and alcohol-related at to underage persons in 302 or driving while of G.S. 20-138.1 through the ming False Information Any ment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. To by ment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. I submit the request for a dicheck not later than five the individual begins ent. (2000-154, s. 4; 1-124, ss. 10.19D(c), (h); p. 5(a); 2007-444, s. 3.)			
		ews and interview the facility			

failed to ensure criminal history record checks

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3) DATE SU			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		TED
					С	
		MHL049-123	B. WING	NG 02/15/20		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		611 PRESB	YTERIAN ROA	AD		
HELMS H	OUSE		ILLE, NC 2811			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N .	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	COMPLETE DATE
V 133	Continued From page	9	V 133			
	were requested within date of hire affecting (Former Qualified Pro- findings are:	n five business days of the 1 of 2 audited former staff ofessional (FQP)). The the FQP's record revealed:				
	- Date of hire: 9/12/19					
	- Last Day of Employ					
		nal history check found in his				
	revealed: - He reported that it we responsibility of the or longer was employed criminal checks "If they (HCPR and we don't have them."	with the Operations Manager vas previously the fficer administrator, who no , to complete the HCPR and criminal check) are not there asibility for it now not being				
V 296	27G .1704 Residentia Staffing	al Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct cone, two, three or fou	sional shall be available by direct care staff shall be lity within 30 minutes at all mber of direct care staff en or adolescents are as follows: are staff shall be present for r children or adolescents; care staff shall be present				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
						;
		MHL049-123	B. WING		02/1	5/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HELMS H	OUSE		YTERIAN ROA ILLE, NC 2811			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	nine, ten, eleven or to adolescents. (c) The minimum nur during child or adolescents follows: (1) two direct cand one shall be awarchildren or adolescent (2) two direct cand both shall be awarchildren or adolescent (3) three direct of which two shall be asleep for nine, ten, eadolescents. (d) In addition to the care staff set forth in Rule, more direct care the facility based on the individual needs as splan. (e) Each facility shall supervision of childreare away from the face	care staff shall be present for velve children or mber of direct care staff scent sleep hours is as are staff shall be present ke for one through four its; are staff shall be present ake for five through eight its; and care staff shall be present awake and the third may be eleven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment be responsible for ensuring in or adolescents when they cility in accordance with the individual strengths and	V 296			
	failed to ensure super (client #1) when away	ew and interview, the facility rvision for 1 of 3 clients of from the facility based on specified in the treatment				

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Division c	<u>of Health Service Regu</u>	lation					
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _				
					С		
МНІ		MHL049-123	B. WING		02/15/2019		
					1 02/10/2010		
NAME OF PR	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE			
HELMS HOUSE 611 PRESBYTERIAN ROAD							
TILLING TI	300L	MOORES	VILLE, NC 2811	5			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION			
PREFIX		Y MUST BE PRECEDED BY FULL I SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF			
TAG	G REGULATORY OR LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)	WAIL		
V 296	Continued From page 11		V 296				
	Review on 2/13/19 of	client #1's record revealed:					
	- Admission date: 10/	4/18					
	- 17 years-old						
	- Diagnoses:- Bipolar Disorder and Post Traumatic StressDisorder (PTSD)						
- Review of client #1's goals in the PCP da 1/3/19 revealed:		s goals in the PCP dated					
	- "Client will reduce symptoms of PTSD and						
	depression"						
	- "Client will reduce symptoms associated with						
Bipolar and Cluster B traits"							
	- "Participate in therapy with assigned therapist at a minimum of one time each month to enhance socialization skills to improve decision making skills and engagement in appropriate behaviors						
	"	ded as described of					
	-Further review revealed no documentation of client #1's strengths that would allow for transportation with only one staff						
	transportation with only one staff.						
	Review on 2/15/10 of	the "1/23/19 Incident					
Report" revealed:		and mean in moracine					
	- The Former Associate Professional (FAP)						
	reported that on 1/23/19 she had driven 3 clients						
	in the facility van.						
	- "When I (FAP) arrived to [client #1's school] they						
had removed her (client #1) from the bus and							
	requested that I transport her home. I then had [client from sister facility], [client #1], and [second						
	client from sister facil						
	Interview on 2/15/19 with the Former Associate Professional (FAP) revealed:						
- She was picked up 3 consumers from school		3 consumers from school on					
	1/23/19.						
		other two kids along with					
	Iclient #11 and drop th	ne two kids off at Whalen "	1				

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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					
					С					
	B. WING		02/	02/15/2019						
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
HELMS HOUSE 611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115										
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE					
clients on 1/23/19. - "As far as I know show (FAP) in the van." Interview on 2/15/19 where the control of the	vith the Qualified : er (FAP) was driving three e was the only one staff vith staff #4 revealed: Whalen House when the	V 296								

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