

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 000	<p>INITIAL COMMENTS</p> <p>A complaint survey was completed on 3/8/19. Complaint Intakes # 00146809 and 00146846 were substantiated. A deficiency was cited.</p> <p>The facility is licensed for the following service category 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities</p> <p>11-26-19 Additional information was received after the survey was concluded. Based upon this additional information, the complaint intakes # 00146809 and 00146846 were unsubstantiated. The deficiency cited as a Type A1 violation was rescinded.</p>	V 000		
V 512	<p>27D .0304 Client Rights - Harm, Abuse, Neglect</p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs</p>	V 512		

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 1</p> <p>(a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on record review and interview two of two staff (#1, #2) failed to protect from harm to one of three clients (#1). The findings are:</p> <p>Review on 12/31/18 of client #1's record revealed: -Admission date of 8/23/18. -Diagnosis of Autism.</p> <p>Review on 12/31/18 of Incident report dated 12/30/18 for client #1 revealed: -"Consumer was in his room and had urinated on the floor, as staff was trying to enter the room after hearing unsettling noises, the consumer was bracing himself against the door and had slipped and fell sliding down the door and door knob resulting in injury to his arm shoulder and back side."</p> <p>Further review on 1/14/19 of updated incident report dated 12/30/18 regarding client #1 completed by Director revealed: -"12/29/18, an incident occurred during a behavior/accident involving said consumer [client #1] and staff [staff #1] about 10:15 am. This incident included [client #1] urinating in his bedroom and pushing himself up against the door when staff was doing a safety check/medication call. Staff [staff #1] entered his room and the consumer had fallen in his urine against the door. Staff [staff#1] then showered and redressed consumer. Staff [staff #1] noticed markings on his arm and had brought it to the other staff 's [staff #2] attention. Staff [staff #2] stated he applied an ointment to the area and a Band-Aid which</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	Continued From page 2 consumer took off. Staff [staff #2] notified supervisor. This incident resulted in, what appeared to both staff working in the home after his shower, was a 6-inch-long 1-inch wide red mark on his left forearm and 2 quarter sized "friction markings" on his right shoulder blade with some redness around the markings. Supervisor [Director] came to do a body check on the consumer, the consumer was already outside with mother to leave for an outing. Supervisor [Director] was denied interaction with the consumer by the mother before leaving the home. An incident report for the injuries was written up by staff along with an ABC report for the behavior of the consumer in relevance to the injuries. An Incident Reporting Improvement System (IRIS) report was entered into the system for this incident but was founded a level one from the original findings. Roughly about 4:30pm [client #1] mother came to the residence to retrieve his belongings since he was already being discharged 12/31/2018. At that time, she had shown [staff #2] a couple pictures that included red markings unseen previously by staff. On 12/31/2018, CPS (Child Protective Services) and [surveyor] North Carolina Department of Health and Human Services (NCDHHS) came to interview staff [staff #1 and #2] at approximately 1:30pm... At that time the staff and director was under the impression their visit was due to the IRIS entry On 01/01/2019 [County] Sheriffs Detective came to Living with Autism 2 to interview [staff #2] and then [staff #1]. On 01/02/2019, [surveyor] from NCDHHS licensure section came to Living with Autism 2 at approximately 12pm. At this time Living with Autism 2 director became aware of the allegations made to CPS, NCDHHS and law enforcement of a possible child abuse case regarding [client #1] and [Staff #2]. An internal	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 3</p> <p>investigation was started between the director and the allegations presented to us by [County] Sheriffs Detective and NCDHHS. This included interviews with [staff #1, staff #2 and staff #3], a mother of a consumer who was present during the time frame of said incident. Also, a separate internal investigation was started with a neutral party within [facility]. [Staff #1] was then put on Administrative leave pending the results of the investigation. On 01/03/2019, [County] Sheriffs Detective came to gather evidence such as clothing and a receipt and also interview another staff [staff #3]. This day the director was shown new pictures revealing significant 1st and 2nd degree "bubble type burns" on [client #1] backside and shoulder area. No medical information was given to [facility] at any time. Living with Autism 2 does not have the doctor or hospital information for this incident. On 01/04/2019 the internal investigation from the director concluded nothing was substantiated for the abuse or neglect accusation. There was an incident that had taken place with the consumer and staff and their were a few markings from the incident. It was found to be in good faith and safe practice and ruled an accident. Our neutral party investigation was concluded and that the few markings were from a fall or accident within the home including [staff #1] and [client #1] but no abuse or neglect was substantiated. Further investigation is still being conducted by NCDHHS, Child Protective Services (CPS) and [county] detective. Living with Autism 2 has started their plan of correction based on possibilities of accidental falls, possible extreme water temperature by adding new policies in detail and additional staff training... of 01/07/2019 Living with Autism 2 has concluded that [staff #1] has not to be found of any wrong doing and can return to work on 01/10/2019 following a one on one</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 4</p> <p>training with the director. Also a 60 day probation period has been put in place along with unannounced visits from supervisors to ensure the safety of the individuals. [Client #1] is no longer residing in the home. He departed with his mother approximately 12:30 on 12/29/2018 and did not return to Living with Autism 2..."</p> <p>During interview on 12/31/18 Staff #1 stated: -On 12/29/18 went to client #1's room to get him to come out for breakfast at "10:00am or 10:30am something like that." -He could not open the door, thought client #1 had locked it, but realized he was pushing on the door to hold it shut. -Client #1 stated he had to "pee," so he instructed him to come out and use the restroom. -Client #1 is very strong and was standing behind the door in his bedroom. -When he finally got the door open, client #1 was standing behind the bedroom door, between it and the closet door. -Further in the interview staff #1 stated client #1 was on the floor behind the door when he got the door open. -Client #1 was completely dressed at this time. -"Thinks" client #1 had a long sleeved shirt, jeans/pants, "not sure," socks with no shoes. -Client had urinated on his mattress, dresser and floor. -Not aware of client #1 ever having this type of incident where he had urinated all over his room. -Took client #1 to the bathroom and undressed him there. -Turned on the water and made sure it was not too hot. -Client #1 stood in the shower while he went to another client's room to grab a washcloth.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 5</p> <ul style="list-style-type: none"> -During this time, staff #2 was in the den. -Yelled out to staff #2 that client #1 had urinated all over the floor, staff #2 then walked to client #1's bedroom while they continued to stay in the bathroom. -Client #1 had what appeared to be a "rug burn" where the skin was rubbed off on his arm. -Had a bruise on his arm and skin was normal in color. -Did not see any other injuries. -Client #1 had hardwood floors in his room. -Client #2 was in the den, not sure if client #3 was present in the home. -Client #1's mom was supposed to pick him up at 11:30 AM for a scheduled outing, but did not get there until 12:00 PM. <p>During interview on 12/31/18 staff #2 stated:</p> <ul style="list-style-type: none"> -He had just arrived to work when the incident with client #1 occurred. -Staff #1 was trying to enter client #1's room. -Was in the kitchen and he heard staff #1 knocking on the door four to five times. -Then he heard "knocks and falls" from within client #1's bedroom. -After staff #1 pushed the door open, staff #1 noticed puddles of urine on the floor. -Heard staff #1 giving client #1 verbal prompts the entire way to the bathroom. -Staff #1 took client #1 to the shower. -Staff #1 showed him the marks on client #1's arm on the inside. -Did not look at client #1's back. -Staff #2 stated after staff #1 placed client #1 in the shower, he left and went to the grocery store to get cleaning supplies to clean client #1's room. - He went to the store down the road, gone about 20 minutes. -When he returned home, client #1 was 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 6</p> <p>dressed and in his clothes sitting on the couch.</p> <p>-Client #1 did not complain of any pain, he was quieter than usual, "he knew he had screwed up this time."</p> <p>-Placed neosporin and a bandage on client's left arm, where it appeared to be a "rug burn" type of injury.</p> <p>-There was no bleeding on the area on client #1's arm.</p> <p>-Client #1's mom was to pick him up at 11:30 AM for a visit, but he called her at 11:30am to let her know of the incident and the floors were wet and had been covered in urine.</p> <p>-Client #1's mom said she was running late and would be there around 12:30 PM.</p> <p>-Mom picked client up at 12:30 PM and was supposed to bring him back in the afternoon.</p> <p>-Received a text from client #1's mom at 2:57 PM saying client #1 was "cozy on the sofa" and she was not going to bring him back.</p> <p>-Client #1's mom arrived to the facility around 4:00 PM, and she did not have client #1 with her.</p> <p>-Client #1's mom asked him to help pack client #1's clothes and medications.</p> <p>-Client #1's mom stated she was going to keep client #1 home with her until his move next week to the new group home so she could spend more time with him.</p> <p>-Client #1's mom showed him pictures she had taken of client #1's shoulder, they were the marks he saw after the incident earlier in the day.</p> <p>-The marks on client #1 were consistent from him using his body to brace against the door.</p> <p>-The pictures she showed him consisted of a "series of rug burn" areas, some with little pieces of skin rubbed off and the shoulder was pink.</p> <p>-Client #1's mom told him that client #1's dad said they needed to call the police department regarding these injuries.</p> <p>-Not sure how else client #1 could have</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	--

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 7</p> <p>obtained the injuries, he only had a dresser, bed and lamp in his room.</p> <ul style="list-style-type: none"> -Other clients in the home do not bother client #1. -Did not witness incident in the bedroom, could only hear the noises from the kitchen where he was located at the time <p>During interview on 12/31/18 the Director stated:</p> <ul style="list-style-type: none"> -On 12/29/18 received phone call at 9:41 AM from staff #1 stating he was at the facility and why he was late for work, as he was to be there at 8:00 to relieve staff #3. -Received another phone call at 11:07 AM from staff #2 stating client #1 had an incident regarding client #1 and him urinating all over his bedroom. -Staff #2 told her he was cleaning up the urine and that staff #1 had given client #1 a shower. -Was at sister facility that is 10 minutes away. -Arrived at the facility approximately 11:30-11:45 AM. -Client #1's mom was already at the facility. -Staff #2 was outside talking to client #1 mom while client #1 was walking towards his mom's car. -Staff #2 told her he had informed client #1's mom about the incident with client #1 when mom arrived to pick the client up. -During interview with staff #1 regarding the incident, he stated to her that client #1 had "slipped down the door of his bedroom with his arm and shoulder." -Staff #1 stated to her that client #1 did have what appeared to be a "rug burn," it was really pink, but not bleeding. -Staff #1 stated he observed these marks on client #1's left arm and right shoulder. -Staff #1 told her he physically washed client 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 8</p> <p>#1's back and body.</p> <ul style="list-style-type: none"> -It is in client #1's treatment plan for staff to check the water temperature and then turn the shower on to wash him. -Had done unannounced visits along with the QP to monitor showers and goals. -Did not check client #1 before he left for marks and bruises. -When an incident occurs they are to document any marks or bruises, complete incident report and follow up within 24 hours to check the injuries. -This incident happened so fast with client #1 and his mom picking up so soon after, they were not able to do the follow up checks. -Client #1 had been exhibiting aggressive behaviors since soon after his admission. -Had issued a discharge notice three weeks after his admission due to his increased aggressive behaviors with staff. -Expressed concerns to client #1's mom about this as to how this was also affecting the other clients in the home who do not exhibit these types of behaviors. -Client #1's mom had always been "disgruntled" with their services accusing them of using soap/washing detergent that had chemicals that would give him cancer. -Client #1's mom never felt staff "did anything" with client #1. -Client #1 had been aggressive with her by head butting, kicking, scratched her elbow, pushed her, and had grabbed at her breast and groin area. -Due to these behaviors they felt in the best interest of the other clients and staff it was no longer safe for him to reside in the home. -He was planned to be discharged 12/31/18 to a new facility for higher level of care. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 9</p> <p>Review on 1/3/19 of Medical Records dated 12/30/18 regarding client #1's Emergency Room visit revealed:</p> <p>"...17 year old male presents for evaluation of burns...Yesterday while changing his clothes mother noticed some burns on his right shoulder region and left forearm. There was no mention of any injuries from the group home. Mother states that they then told her that he had barricaded himself in his room and may have been injured when they attempted to get in the room. While here patient yelled 'hot water' several times and mother states this is the first time she has heard this...Exam is consistent with first and second degree burns. Second degree burns are approximately 1% of total body surface area."</p> <p>During further interview on 1/2/19 the Director stated:</p> <ul style="list-style-type: none"> -Had not seen or heard from client #1 since he left the home on 12/29/18. -Was not aware of any burns on client #1, only a few red marks from the incident on 12/29/18 where client #1 had a behavior and hurt himself in his room. -Staff #1 and #2 informed her of the incident and she completed the incident report. -Staff #1 and #2 had been working for the company before they opened this home last year. -Had given mom a discharge notice three weeks after his admission due to his difficult behaviors. -They let client #1 stay past his discharge date due to his mom did not like the placements they found. -He was scheduled to move to a new facility this week, was to go home with mom on 12/30/18 for a day visit and move to new placement the following days. -Client #1 had extremely aggressive 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 10</p> <p>behaviors and they felt he needed a higher level of care.</p> <ul style="list-style-type: none"> -Gave client #1's mom a 60 day discharge notice on 9/19/18, and she was not happy about this, she wanted him to stay. -Had multiple complaints from client #1's mom during his stay regarding their care for him. -Client #1's mom had complained about the type of soap, laundry detergent and food that was provided. -Client #1's mom had sent long emails saying they were going to give her son cancer by using products with certain chemicals. -They bought new products to her pleasing and tried to accommodate her concerns. -There was some tension between she and client #1's mom due to her complaints of client #1's care. -Had made staff #2 the point of contact with client #1's mom as she felt more comfortable with him. -Not aware client #1's injuries were more severe, "That did not happen here." -When questioned regarding her staff bathing client #1 after the incident and possible burns, the director stated, "They would not do that, I know because I trained them how to bathe clients, this never happened here." -She had completed an internal investigation and did not find any evidence the staff had harmed client #1. -"I question if this could have happened at the mom's home." -Staff #1 and #2 are still employed in the home, "I am not concerned about them harming any of the clients." <p>Further review on 1/2/19 of client #1's record revealed a "Notice of Discharge" dated 9/19/18: -"Reason for Discharge- Individual needs a</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 11</p> <p>higher level of support in a highly structured environment. Safety of individual is at risk due to his strength.</p> <p>-It is recommended by Living with Autism 2 that the individual does not return home as it is a higher risk of safety for the individual and family."</p> <p>Review on 1/3/19 of client #1's pictures of injuries revealed:</p> <p>-Multiple red welt like marks on client #1's lower right side of back up to his upper right side back and shoulder.</p> <p>-Multiple large areas on the right shoulder and right upper arm with exposed tissue where skin has been peeled back.</p> <p>-Multiple small and large blister like areas on upper right shoulder and right arm, some appeared to have burst with sloughing like skin.</p> <p>During interview on 1/11/19 Client #1's mother stated:</p> <p>-On 12/29/18 had planned to go to the home and pack client #1's stuff for his up coming move, he had been discharged from the home and was moving to a new group home on 1/3/19.</p> <p>-Had planned to pick client #1 up around 11:30 AM for a few hours, but was running late so she called to let staff know.</p> <p>-She spoke with staff #2 who informed her that client #1 had an incident earlier in the morning where he had urinated all over his room, his walls, floors and bed.</p> <p>-Staff #2 stated they were cleaning his room and client #1 was being bathed as well.</p> <p>-Staff #2 told her it would take multiple times to clean the room, so probably not safe for her to come in to get client #1.</p> <p>-This was unusual for client #1 to urinate all over his things.</p> <p>-She stated she told staff #1 she would be</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 12</p> <p>there around 12:30 PM to pick him up.</p> <ul style="list-style-type: none"> -Arrived at 12:30 PM and stayed in her car, staff #2 came out and said client #1 was now having a bowel movement and would be about ten minutes. -The Director arrived with some other residents (possibly from their other home) and was unloading stuff from her car (house type supplies) and -Staff #2 walked out with client #1, no mention of any marks on him at this time. -Took client #1 straight home and fed him lunch. -Client #1 seemed fine, did not seem to have any discomfort or exhibit any pain. -When client #1 hurts, he will sometimes say "ouch." -Sometimes client #1 will get "bumped" and not show discomfort, so not surprised he did not say anything. -Client #1 then layed on the couch and was resting afterwards. -She texted staff #2 to let them know client #1 was "cozy" on the couch and would be there in a few as client #1 needed to take his 3:00 PM medications. -Prior to taking client #1 back to the home, she wanted him to try on some of his brothers old jeans to see if they fit. -While checking the waist area of the jeans, she lifted his shirt and noticed the red marks and then looking further up, all the other marks and torn skin at the top of his back and shoulder. -She and her older son immediately took pictures. -She stated she called a crisis line and asked what she should do regarding these marks on her sons body. -She was instructed to contact law enforcement. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 13</p> <ul style="list-style-type: none"> -At this point, she decided to go to the group home to gather the rest of his medications and his clothes as she was not going to allow him to stay there any longer. -She stated she told the staff that client #1 was with his dad and she was going to gather the rest of his things and he would not be returning to the home. -Staff #2 helped her pack client #1's clothes and medications. -Staff #2 helped her to the car with the items as staff #1 stayed inside. -She showed staff #2 the pictures of client #1's injuries and asked him had he seen these marks on her son's body. -Staff #2 then told her more details of the incident earlier that morning where client #1 urinated in the room. -Staff #2 stated client #1 was in his bedroom holding the door not allowing staff #1 to get in the room. -Staff #2 stated he assisted staff #1 where they pushed client #1's door open and he fell back on the floor. -Staff #2 stated client #1 did have red scratches on his arm and back from where he was holding the door and slid down after they pushed it open. -Staff #2 stated the marks on client #1 could be "floor burns." - She stated there is no rug in his room. -Had bandaged client #1's injuries and he seemed fine. -After returning back to her home, she immediately called the police and made the report. -Woke up at 5:00 AM on Sunday morning (12/30/18) and took him to the Emergency Room to be checked as the marks had continued to worsen. 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 14</p> <ul style="list-style-type: none"> -The doctor stated these appeared to be first and second degree burns, they could be from hot water or chemical. -While in the Emergency Room, client #1 blurted out "hot water" several times, she had never heard him say that before. -On 12/28/18 she attended a doctor's appointment with client #1 and there was no presence of any marks on his body. -An officer with the county Sheriffs Department came to her home on 12/30/18, she told the officer that staff #2 said these injuries could have been from the fall in his room. -A Detective assigned to the case came to her home on 1/1/19 to open an investigation. -Since the incident client #1 had been waking up at night saying, "hot water, laundry, cleaning." -On one occasion client #1 had a nightmare, he was agitated, when she got to him he kicked her and yelled out, "clean it." -After putting him back to bed, client #1 looked at her and said, "hot water, clean it [staff #2]." -One night she was standing at client #1's bedroom door, he tried to close her arm in the door and then got into his bed. -Not sure what really happened, but these recent behaviors made her believe something bad happened that morning of 12/29/18. -Client #1 is limited verbally, but can say words describing something, but not convey details or sequence of events. -Currently he was still residing with her as the doctor had not released him to be placed in his new placement in his new group home. -The "burns" are slowly healing, they were really bad day two and three, with lots of oozing and "gory" looking stuff. -The story staff #1 told her about client #1 holding the door closed and staff #1 not able to 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 15</p> <p>get in is hard to believe because both staff are very large men and client #1 is "just a tall skinny kid."</p> <p>During interview on 1/30/19 a Detective with the Sheriffs Department stated: -Had been assigned to the case on 1/1/19. -Had interviewed client #1's mom, staff #1 and staff #2. -Met with the District Attorney regarding the evidence.</p> <p>During meeting on 2/11/19 with the county Assistant District Attorney (ADA), County Child Protective Services worker (CPS), A Pediatrician and Detective with county Sheriffs Department to discuss the case. The meeting revealed: -Detective stated the Sheriffs Department received call from client #1's mom on 12/29/18. -The detective stated she went out to the group home on 1/1/19 to interview staff #1 and staff #2. -The detective stated she visited and interviewed client #1 and client #1's mother on 1/1/19. -The detective stated the interviews with staff #1 and staff #2 were not "consistent" in their stories. -The CPS worker stated she had interviewed staff #1 and staff #2 along with client #1's mom and still had difficulty understanding how the injuries could have occurred based on the interviews and injuries. -The CPS worker stated the staff claimed the client received these marks by either rubbing up against the door of his bedroom or from the rug. -The CPS worker stated there was no rug in the room, the floor is hardwood. -The Pediatrician stated she had reviewed all pictures provided and these marks and blisters</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 16</p> <p>are a result of a liquid burn.</p> <ul style="list-style-type: none"> -The Pediatrician stated she had seen this in the past where hot liquid had been thrown on the skin causing the welts, and the blisters that form later after the burn. -The Pediatrician stated sometimes it takes a few hours before the blisters and sloughing off of the skin begins from when the burn occurred. -The Pediatrician stated the blisters on client #1's pictures are the result of a burn that has progressed. -The Pediatrician stated burns will initially show as pink/red marks and as the hours progress the blisters and sloughing of skin will occur. -The ADA stated she felt there was enough evidence based on the information presented to charge both staff #1 and staff #2. <p>During further interview on 2/18/19 the Detective stated she was charging both staff #1 and staff #2 today with NCGS 14-316.1. Contributing to delinquency and neglect by parents and others.</p> <p>Review on 2/18/19 of North Carolina General Statutes (NCGS) revealed the following,</p> <ul style="list-style-type: none"> -"Any person who is at least 18 years old who knowingly or willfully causes, encourages, or aids any juvenile within the jurisdiction of the court to be in a place or condition, or to commit an act whereby the juvenile could be adjudicated delinquent, undisciplined, abused, or neglected as defined by G.S. 7B-101 and G.S. 7B-1501 shall be guilty of a Class 1 misdemeanor. -It is not necessary for the district court exercising juvenile jurisdiction to make an adjudication that any juvenile is delinquent, undisciplined, abused, or neglected in order to prosecute a parent or any person, including an employee of the Juvenile Justice Section of the 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 17</p> <p>Division of Adult Correction and Juvenile Justice of the Department of Public Safety under this section. An adjudication that a juvenile is delinquent, undisciplined, abused, or neglected shall not preclude a subsequent prosecution of a parent or any other person including an employee of the Juvenile Justice Section of the Division of Adult Correction and Juvenile Justice of the Department of Public Safety, who contributes to the delinquent, undisciplined, abused, or neglected condition of any juvenile."</p> <p>During interview on 3/8/19 the Director stated: -Staff #1 was placed on administrative leave on 1/14/19 pending an internal investigation. -The internal investigation was completed by a contract Qualified Professional (QP) and found no evidence that staff #1 caused injury to client #1, but then was placed back on administrative leave on 1/26/19 due to the ongoing investigation from the Sheriffs department. -Staff #2 was placed on administrative leave on 2/16/19 due to ongoing investigation from the sheriffs department. -"I still do not believe the injuries occurred in this home." -Both staff #1 and #2 have requested to take a polygraph and stand by their word that they did not cause the injury to client #1.</p> <p>During interview on 3/8/19 the licensee stated: -Not sure what happened to client #1, can only go on what her staff told her. -"I can't imagine the staff would do this." -These staff had worked with her son many times who lived in the sister facility and never had a concern. -When opening these homes, "I did it so families like me could have a safe place to send their children."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 18</p> <ul style="list-style-type: none"> -Stayed in constant contact with the Director daily and is aware of everything going on in the home. -Was in the homes multiple times a week and saw all the clients during those visits. -Never observed inappropriate behavior from staff #1 or staff #2 during their time of employment. -Planned to install cameras in the facility but was told by another QP that it wouldn't be a good idea. -Felt now she should install them to ensure this will not happen again. <p>Review on 3/8/19 of Plan of Protection dated 3/8/19 completed by the facility QP revealed:</p> <ul style="list-style-type: none"> -"Staff involved in incident have been place on leave following charges. All staff remaining with Living with Autism 2 as well as new staff will receive training on how to handle a behavior properly and staff will train on types of incidents and how to report the incident. Staff still working with Living with Autism 2 have taken these training. Water checks are being conducted daily as well as checks before (3 min) prior to shower and during shower. Signs have been placed around home to remind staff to check water temperature in multiple areas of the home. Wet floor signs have been purchased to prevent falls and to notify anyone of wet floor areas. All staff have been trained to keep chemical supplies locked up. Cameras will be placed in common areas to record activities in home common areas as well to prevent consumer neglect and to provide safety monitoring. Random checks are being done to ensure consumer safety and to make sure staff are following Living with Autism 2 rules and guidelines. [QP] has and will continue to do monthly supervisions with staff to ensure that staff is knowledgeable of client plans and 	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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 512	<p>Continued From page 19</p> <p>household duties/safety. Safety monitoring is also done monthly to make sure home is safe for consumers."</p> <p>Client #1 had received multiple injuries during an incident on 12/29/18 approximately 10:30 AM while in the care of staff #1 and staff #2 that appeared to be first and second degree water burns. Examination by Emergency Room doctor and pediatrician both confirmed these are consistent with hot water injuries. Staff #1 and #2 stated client had a behavior on 12/29/18 where he barricaded himself in his bedroom and urinated all over the floor/bed and dresser. Staff #1 and #2 stated after they got the door open, client #1 appeared to have "rug burns" on his shoulder as a result of pressing himself against the door. After the incident staff #1 placed client #1 in the shower and left him alone while he searched for a washcloth in another room. Staff #2 applied first aid to the areas where skin was rubbed off. Client #1 was picked up by his mother at 12:30 PM for a visit and she noticed the injuries on his body around 2:30 PM while changing his clothes. Client #1's mom confronted staff #2 with the pictures around 4:00 PM as he confirmed those were injuries that were caused by him pressing against the door and wall in his room earlier in the morning. The injuries occurred while in the care of the facility. According to the treating physician the client endured 1st & 2nd degree burns. This resulted in serious harm to client #1 . This deficiency constitutes a Type A1 rule violation for serious harm and must be corrected within 23 days. An administrative penalty in the amount of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-959	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 03/08/2019
--	---	---	---

NAME OF PROVIDER OR SUPPLIER LIVING WITH AUTISM 2	STREET ADDRESS, CITY, STATE, ZIP CODE 7401 DENLEE ROAD RALEIGH, NC 27606
---	--

(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