STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           ND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X3) DATE SURVEY COMPLETED			
			A. BUILDING:			
		MHL060-954	B. WING		04	/29/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	ZIP CODE		
NREACH/	CHELMSFORD ROAD		ELMSFORD ROAD			
			DTTE, NC 28211			
(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 CC (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
		laint survey was completed plaint was substantiated iciencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G 5600C Supervised Living for Adults Whose Primary Diagnosis is a Developmental Disability.					
V 290	27G .5602 Supervise	d Living - Staff	V 290			
	of this Rule shall be of enable staff to respon- needs. (b) A minimum of on present at all times we premises, except which habilitation plan docu- capable of remaining without supervision. as needed but not less the client continues to the home or commun- specified periods of ti (c) Staff shall be pre- following client-staff or child or adolescent cl (1) children or abuse disorders shall of one staff present. How present during sleepi emergency back-up p	above the minimum Paragraphs (b), (c) and (d) determined by the facility to not to individualized client e staff member shall be then any adult client is on the en the client's treatment or ments that the client is in the home or community The plan shall be reviewed as than annually to ensure to be capable of remaining in hity without supervision for ime. sent in a facility in the ratios when more than one ient is present: adolescents with substance I be served with a minimum or every five or fewer minor vever, only one staff need be ing hours if specified by the procedures determined by or				
	(2) children or	or adolescents with lities shall be served with				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				B. WING			
		MHL060-954			04	/29/2019	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE,				
NREACH	CHELMSFORD ROAD		OTTE, NC 28211				
(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	CTION SHOULD BE	(X5) COMPLET DATE	
V 290	Continued From page	e 1	V 290				
	one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.						
	failed to ensure that a member shall be pres adult client is on the p client's treatment or h that the client is capa or community without be reviewed as need to ensure the client co remaining in the hom supervision for specif	as evidenced by: and observation the facility a minimum of one staff sent at all times when any premises, except when the nabilitation plan documents able of remaining in the home t supervision. The plan shall ed but not less than annually ontinues to be capable of the or community without fied periods of time effecting #1,#2 and #3). The findings					
	Review on 4-25-19 or record revealed:	f former staff #1's personnel 18, termination date 3-18-19					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL060-954	B. WING		04	/29/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
NREACH	CHELMSFORD ROAD		ELMSFORD ROAD DTTE, NC 28211			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES XY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 290	Continued From page	e 2	V 290			
	-Orientation, cor	e values-10-18-18				
	Improvement System dated 3-2-19 reveale -Provider comme the group home repo [weekend relief mana [client #3] and anothe minutes with;e she w [former group home n staff #1], she stated th very quick second to dinner'. She stated th with her and he was she told the other con and to keep an eye o -Allegation desc customers unattende	ents: "A customer residing in orted to a staff member that ager (Former staff #1)] left er customer alone for 10 vent to [grocery store]. When manager] questioned [former that she left the home for 'a run and grab something for ne [client #3] refused to go already addressed for bed so nsumer she'd be right back				
	3-13-19 revealed: -While speaking weekend, he informe something he wanted to get another staff in promised not to tell. S could share anything telling the truth. He s WRM (weekend relie left him ([client #1] ha the house alone with not have alone time)	of incident report dated with [client #1] about his past ed staff that there was d to tell her but did not want n trouble because he had Staff told [client #1] that he with her as long as he was tated that [Former staff #1] of manager) staff person had as 4 hours of alone time) in two other residents (who do for around 10 minutes end on March 2019. When				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		· · /		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL060-954	B. WING		04	/29/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
NREACH/	CHELMSFORD ROAD		ELMSFORD ROAD			
			DTTE, NC 28211			
(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	(X5) COMPLET DATE
V 290	Continued From page	e 3	V 290			
	revealed: -He had only bee approximately 3 weel	ent #1 had alone time but				
	Interview on 4-25-19 with staff #2 revealed: -He worked second shift. -The only client with alone time was client #1					
		with client #1 revealed: of alone time where he could				
	-A former staff m clients one time.	ember had left him with the prried that he would get in				
		with client #2 revealed: een left alone in the facility.				
		with client #3 revealed: een left alone in the facility.				
	-They had fired t assured client #1 that telling people what ha	with the Director revealed: he staff member and t he had done the right thing ad happened. te that sort of thing."				
	Finding B:					
	-Admitted 12-1-0	own Syndrome and mild				
		Broup Home Stay Alone Time:				

STATE FORM

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		MHL060-954			04/29/2019		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE			
NREACH	/CHELMSFORD ROAD		ELMSFORD ROAD DTTE, NC 28211				
(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	(X5) COMPLET DATE	
V 290	Continued From page	e 4	V 290				
	skills 1-8. Staff will sig mastery of each skill. -"6. Opens the d -"7. Does not op -Skill achieveme "NC and signed by th Observation on 4-25- revealed: -Surveyor knock opened the door and -Surveyor inquire facility and was told t -Surveyor remain if client #1 could call could not. -Surveyor stated without staff and clien Interview on 4-29-19 -He has 4 hours -He can only ope best friend. -When asked wh surveyor he replied " -When reminded surveyor her respond shouldn't have done interview on 4-29-19 Professional revealed -They would hav	oor only for customers/staff." en door for strangers." nt for #6 and #7 signed by he director 2-15-19. -19 at approximately 10:00 ed on the front door, client #1 invited surveyor inside. ed was there any staff at the here was not. ned on the porch and asked staff and was told that he I she could not come inside nt #1 shut the door. with client #1 revealed: of alone time. en the door to his family or hy he opened the door for the I did ask who it was first." I that he didn't know the Bed; "That was my mistake, I that."					