TATEMENT OF DEFICIENCIES (X1 ND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(2) MULTIPLE CONSTRUCTION . BUILDING:		E SURVEY PLETED
		MHL034-336	B. WING		05/02/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	· · · ·	
		AND DDIVE 719 INLA	AND DRIVE			
	RE SOLUTIONS AT INL	AND DRIVE KERNER	RSVILLE, NC 27284	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	An annual survey wa A deficiency was cite	as completed on May 2, 2019. ed.				
	category: 10A NCAC	ed for the following service 27G .5600C Supervised Developmental Disabilities.				
	A. Sister facility staff	be identified as sister facility and clients will be identified a facility and a numerical				
V 115	27G .0208 Client Se	rvices	V 115			
	(a) Facilities that pro assure that:	8 CLIENT SERVICES vide activities for clients shall vision is provided to ensure				
	the safety and welfar (2) activities are suita					
	activities.	in planning or determining				
	in these Rules as "24 available 24 hours a	ams designated or described 4-hour" shall make services day, every day in the year.				
	clients shall ensure t	ve or prepare meals for hat the meals are nutritious.				
	are transported, the with secure adaptive					
	require special assis in a vehicle are trans	e preschool children who tance with boarding or riding sported in the same vehicle,				
	there shall be one ac assist in supervision	dult, other than the driver, to of the children.				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL034-336	B. WING		05	5/02/2019	
NAME OF PF	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE				
	RE SOLUTIONS AT INL	AND DRIVE 719 INL	AND DRIVE				
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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 115	Continued From pag	e 1	V 115				
	facility staff failed to a supervision were pro- the safety and welfar clients (#1). The find Review on 4/30/19 o dated 4/18/19 and w -Interviewed client #7 left alone during a ch -The interviews revea were sitting at a table -"On Sunday (4/15/1) [Client #1] and [client of each other (at a ta sitting next to his 1:1 and when he came b	iews and interviews, the assure space and wided in a way that ensured e of the clients for 1 of 3					
	-The length of time the was unknown	ne 1:1 was out of the room f client #1's record revealed:					
	physical aggression, elopement, inapprop	and Pedophilia ed 12/3/14 noting "exhibits verbal aggression, riate touching/remarks and					
	supervision or super others, invade their p others, history of psy	ent consists of leaving vised areas, will touch personal space, will grab rchiatric hospitalizations, th some independent living					

Division of Health Service Regulation STATE FORM

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		05/02/2019	
		MHL034-336	B. WING			
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
HOME CA	RE SOLUTIONS AT INL	AND DRIVE	AND DRIVE RSVILLE, NC 27284	L		
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN ((EACH CORRECTIVE A		(X5) COMPLET
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	DATE
V 115	Continued From pag	e 2	V 115			
	skills and issues with	his maladaptive behaviors,				
		ities to teach him similarities				
		ds to increase his attention,				
	memory and practice	e describing things and				
	events in greater det	events in greater detail and needs to receive				
	specialized therapy to address his Pedophilia					
	Disorder as recommended by his treatment					
	team."					
	-A treatment plan dated 1/1/19 noting "will					
	complete his daily hygiene skills, will clean his					
	room by vacuuming,	room by vacuuming, dusting and changing his				
	bed linens, will work on his problem solving skills					
	by talking and proces	ssing with staff, will work on				
	not taking items that	do not belong to him, will be				
	honest about his acti	ions when he has done				
	something inappropriate, will follow all safety					
	practices and appropriate behaviors while out in					
	the community, will p	practice self-calming				
		ect other's personal space				
		mate or staff, will keep his				
	nands to himself and not touch others, will follow					
	his call schedule and will respect his housemates'					
	personal space and	bedroom by asking if he can				
	come into their room					
		or support plan dated 4/17/19				
	0 1	4 hour supports for his own				
	•	well as the protection of				
		of assaulting and sexually				
		male (including family) and				
	has been charged w					
		ations in the past. He is				
	considered high risk in the community. Staff can					
	prevent him from touching, rubbing and/or					
		al space by monitoring him				
		ould include keeping him in				
		sual monitoring). Remember,				
	-	st of these behaviors by not				
		the opportunity. In the				
		ould follow the monitoring				
	requirements and mo alth Service Regulation	onitor his interactions with				

Division of Health Service Regulation STATE FORM

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IND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL034-336	B. WING		05	6/02/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE		
HOME CA	RE SOLUTIONS AT INL	AND DRIVE	AND DRIVE RSVILLE, NC 27284	L		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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) COMPLET DATE
V 115	Continued From page	e 3	V 115			
	and monitoring to sto help him recognize a	e does not interact uires constant supervision op inappropriate touching, nd process stressors that opropriate sexual thoughts				
	Disorder, Post-Traun Deficit Hyperactivity Fetal Alcohol Syndro Neglect in Childhood -An assessment date previously at a state	of 3/11/19 Intellectual Disability, Bipolar Inatic Disorder, Attention Disorder, Conduct Disorder, Ime, Personal History of , Physical and Sexual Abuse ed 3/11/19 noting "Was psychiatric facility, previously appropriate sexual notes to				
	sexualized thoughts constant reminders a physical aggression a herself until she blee something, she will, Residential Treatmer sexually reactive beh	towards her peers, needs and coping skills, history of and suicide threats, will bite ds, if a peer tells her to do was in a PRTF (Psychiatric nt Facility) for 5 years, had avior towards her brother om her mother's care,				
	exposed to drug use violence, has though scissors and nails, w mother's boyfriend bo previously attacked for	and extensive domestic t about stabbing peers with as sexually molested by her etween the age of 3 and 5, oster parents, has assaulted bl, first used alcohol at the				
	age of 10, needs ong the ability to make an direction and support treatment, needs cor medication managen	ooing supervision and lacks opropriate choices without t, previously uncooperative in				

Division of Health Service Regu STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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		MHL034-336	B. WING		05	5/02/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HOME CA	RE SOLUTIONS AT INL	AND DRIVE	AND DRIVE RSVILLE, NC 27284	1		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pag	e 4	V 115			
	re-offend and require hours per day." -A treatment plan dat maintain a healthy lif healthy and participa group home), will est relationship boundar to work through the t and to continue to se continue therapy, will implement effective of calming techniques, management technic regimen as a stress of to verbalize feelings, home living skills, op help with meal prepa of her clothing includ with housekeeping a and other areas of th community living active recreation/leisure active purchasing goods, part community activities will be monitored in a improved her social a activities with others, outside in the commu- with communicating lifelong learning active self-determination sk learning to use proble health and physical ev with others and accee -A behavior support p inappropriate sexual disrobing in public, e others, masturbating	tes with others by continuing rauma suffered in the past te her psychiatrist and I continue to develop and coping skills through learning working on her anger jues, implement an exercise release technique, learn how will continue to increase her erating home appliances, ration, will help with the care ing laundering them, assist nd cleaning of her bedroom e home, will improve her vities will participate in tivities, shopping and articipate in preferred (church, volunteering and all settings at all times.), will activities with monitoring in within the household and unity and requires assistance with others, will improve her rities with learning ills, self-management skills, em solving techniques, education skills, interacting ssing educational settings." olan dated 8/9/18 noting "has				

Division of Health Service Regu STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		NUL 004 000	B. WING		05/02/2019	
		MHL034-336				
AME OF Pr	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
IOME CA	RE SOLUTIONS AT INLA	AND DRIVE	SVILLE, NC 27284	L		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From page	e 5	V 115			
	rapeshe needs clo per daysince she a love, she has engage during a psychosexua was determined that sexual offender facto to high risk to re-offer unsupervised around cannot protect thems Interview on 4/29/19 -Does not have a 1:1 community -Goes to church on S on Wednesday -The sister facility's c with his facility -Client #1 also attend -"I am not supposed f #1) because he touch -On 4/15/19, client #1 the table from one am function. -"When [client #1]'s 1 handle another consu when he touched me people there when it remember." -Was unable to state -Decided she did not interview.	se staff supervision 24 hours appears to conflate sex and ed in risky sexual behaviors, al assessment on 5/12/16, it she exhibits a high ratio of rs and deemed a moderate nd. She should never be children or individuals that elves" with client #A2 revealed: staff member in the Sundays and has Bible Study lients meets with the clients ds the functions at the church to sit next to this dude (client ned me one time" 1 and client #A2 sat across nother while at a church :1 worker, [staff #2] left to umer's behaviors and that is . There were a whole lot of happened. That is all that I how long staff #2 was gone. want to continue the curring at the movies with				
	-Staff #2 was his 1:1 -Stated staff #2 took	with client #1 revealed: in the community all 3 clients from the sister Sundays and Bible Study on				

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER	MHL034-336		B. WING 05/02/201 ESS, CITY, STATE, ZIP CODE 05/02/201			
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OME CA	RE SOLUTIONS AT INL	AND DRIVE	RSVILLE, NC 27284	4			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY 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) COMPLE DATE	
V 115	Continued From pag	e 6	V 115				
	clients -"[Client #A2] sits at a on opposite ends of a behaviors." -On 4/18/19, his 1:1 members with anothe -"There were no staff sitting next to [client sat next to me and I can't be around fema -When client #1's 1:1 he told [client #A2] to is when she said tha -Was not sure if clien needs one so she ca me."	the table with me but we are the table. I can't be close to ave sexually inappropriate staff left to assist other staff er client's behaviors f there at the table. I was #4]. [Client #A2] came and told her to leave because I ales." I came back into the room, o move back to her seat. That t I touched her, but I didn't." of #A2 had a 1:1, "but she in't make up things about					
	-Was at church one of exact date) -Present at church w client #3 and client # -Staff present at the -"[Client #A2] attacke was saying he would #A2] told me he (clie didn't seen anything. -Client #1 had a 1:1 -Staff #2 left the table assist another staff -No other staff were -Client #A2 came an -"She was not suppo [client #1] later when see [client #A2] touc	church were staff #2 ed [client #1] because she I not be her boyfriend. [Client nt #1) tried to touch her. I "					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL034-336	B. WING		05	6/02/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ОМЕ СА	RE SOLUTIONS AT INL	AND DRIVE	AND DRIVE RSVILLE, NC 27284	L		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O	F CORRECTION	(X5)
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V 115	Continued From pag	e 7	V 115			
	-Lived at the facility v	vith clients #1 and client #2				
	-Attended church and					
	-Client #1 had a 1:1	worker in the community				
	(staff #2)					
	-Was attending church on 4/18/19 when staff #2					
	left the room to help another staff					
	-This left client #1 without a 1:1 worker -Client #A2 came and sat by client #1					
	-Client #A2 came and sat by client #1 -"She knows she is not supposed to do that. She					
	better not come near me because I don't want a					
	"sexual person" around me.					
		ong staff #2 left client #1.				
	Interview on 4/30/19 with staff #2 revealed:					
	-Had been trained in client #1's Behavior Support Plan					
	-Was aware client #1	had sexualized behaviors				
		required a 1:1 at all times				
	while in the commun	•				
		ient #1 on 4/18/19 as his 1:1				
		ne sister facility to church. ch. It was me, [client #1],				
		nt #A4]. We went into the				
	- T	e all sat at the table. [Client				
	,	at our table but not near				
		orkers for [client #A2] were				
	assisting another clie	ent whom had a behavior. A				
		acility came in and told me				
		stance. I left (the table) to				
	•	en I came back [client #A2]				
		lient #1]. I did not see them n [client #1] is left alone				
		that he has touched others				
	inappropriately"					
		required a 1:1 staff while in				
	the community					
	•	resent with the clients.				
		the facility needed help				
	because another cor	nsumer was having a				
	behavior"					

STATE FORM

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HOME CARE SOLUTIONS AT INLAND DRIVE TIP INLAND DRIVE KERNERSVILLE, NC 27284 (X4) ID PREFIX TAG IMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH OCRRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 115 Continued From page 8 V 115 . Stated he left client #1 with the other clients (client #A2, client #3 and client #4) to assist another staff. "When he (client #1) is left alone that is when allegations of touching female clients occur." -Only left client #1 alone for a brief amount of time. Interview on 5/2/19 with the Qualified Professional revealed: Thought client #1 only required a 1:1 staff at the day program Staff should be monitoring him very closely Only has staff monitoring him in the community Stated 2 staff are to be with the clients during the day and on outings "If in a group setting there are multiple staff supervising there are multiple staff supervising them). There are 2 staff from the sister facility and 1 from the other facility" Doesn't think client #A2 has a 1:1 "At the day program, [Client #A2] had a 1:1 but not in the community"	(X3) DATE SURVEY COMPLETED	
VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CTY, STATE, ZIP CODE 19 INLAND DRIVE COME CARE SOLUTIONS AT INLAND DRIVE (Y4)ID SUMMARY STATEMENT OF DEFICIENCIES (Y4)ID SUMMARY STATEMENT OF DEFICIENCIES (PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V115 Continued From page 8 -Stated he left client #1 with the other clients (client #A2, client #3 and client #4) to assist another staff. -"When he (client #1) is left alone that is when allegations of touching female clients occur." -Only left client #1 only required a 1:1 staff at the day program -Statef are to be with the clients during the community -Statef are to be with the clients during the day and on outings -"If in a group setting there are multiple staff supervising them). There are 2 staff from the sister facility and 1 from the other facility" -Doesn't think client #A2 has a 1:1 -"At the day program, [client #A2] had a 1:1 but		
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-Stated there should have been staff from client #A2's facility with her -Further stated staff from the sister facility should have been with clients #A2 and #A3 -The sexualized behaviors exhibited by client #1 and client #A2 were the reason for close supervision by the staff -Was aware staff #2 had left client #1 alone and unsupervised.		