STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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	INITIAL COMMENTS An annual, complaint and follow up survey was completed on 5/6/19. The complaint was unsubstantiated (intake #NC00150837). Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G.1300 Residential Treatment for Children and Adolescents.	V 000		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The findings are: Review on 5/3/19 of the facility's fire and disaster drill log revealed the following: -4/20/19-1st shift fire drill	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 114	Continued From page 1 -4/17/19-3rd shift fire and disaster conducted at same time -4/17/19-2nd shift fire and disaster conducted at same time -3/29/19-3rd shift fire and disaster conducted at same time -3/23/19-1st shift fire and disaster conducted at same time -3/18/19-2nd shift fire and disaster conducted at same time -2/8/19-3rd shift fire and disaster conducted at same time -1/26/19-1st shift fire and disaster conducted at same time -12/18/18-1st shift fire and disaster conducted at same time -11/10/18-2nd shift fire drill -10/20/18-2nd shift-type of drill not indicated -10/19/18-3rd shift fire drill -10/15/18-1st shift fire and disaster conducted at same time -9/21/18-3rd shift fire drill -8/29/18-2nd shift fire drill -8/23/18-3rd shift fire drill -8/12/18-1st shift fire drill -7/21/18-1st shift fire drill -7/20/18-2nd shift fire drill -7/12/18-3rd shift fire drill -Staff conducted fire and disaster drills at the same time during the 1st quarter of 2019. -Staff conducted fire and disaster drills at the same time during the 4th quarter of 2018. -There were no disaster drills conducted during the 3rd quarter of 2018. Interview with client #1 on 5/6/19 revealed: -Staff conducted fire and disaster drills with them. -He was not sure how often the drills were being conducted.	V 114		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 114	Continued From page 2 Interview with client #3 on 5/6/19 revealed: -They did fire and disaster drills. -He thought the fire and disaster drills were done monthly. Interview with staff #1 on 5/3/19 revealed: -The home had three separate shifts. -He was not sure why staff were doing fire and disaster drills at the same tome. -He confirmed staff failed to conduct fire and disaster drills under conditions that simulate emergencies. Interview with the Licensee on 5/6/19 confirmed: -Staff failed to conduct fire and disaster drills under conditions that simulate emergencies.	V 114		
V 180	27G .1302 Residential Tx - Staff 10A NCAC 27G .1302 STAFF (a) Each facility shall have a director who has a minimum of two years experience in child or adolescent services and who has educational preparation in administration, education, social work, nursing, psychology or a related field. (b) At all times, at least one direct care staff member shall be present with every four children or adolescents. If children or adolescents are cared for in separate buildings, the ratios shall apply to each building. (c) When two or more clients are in the facility, an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. (d) Psychiatric consultation shall be available as needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each facility at least twice a month.	V 180		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 180	Continued From page 3 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure that at all times at least one direct care staff was present affecting three of three clients (#1, #2 and #3). The findings are: a. Review on 5/3/19 of client #1's record revealed: -Admission date of 8/4/18. -Diagnoses of Disruptive Mood Dysregulation Disorder, Conduct Disorder and Attention Deficit Hyperactivity Disorder. -17 years old. b. Review on 5/3/19 of client #2's record revealed: -Admission date of 12/3/18. -Diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder, Anxiety Disorder and Specific Learning Disorder with impairment in reading/mathematics. -16 years old. c. Review on 5/3/19 of client #3's record revealed: -Admission date of 5/26/17. -Diagnoses of Attention Deficit Hyperactivity Disorder, Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder and Anxiety Disorder. -17 years old. Interview with client #1 on 5/6/19 revealed: -They are allowed to have independent time in the community. -They would normally go to the library or	V 180		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 180	Continued From page 4 McDonalds without staff. -They did not use their independent time in the community too often. -They would use the independent time in the community 1-2 times a month. Interview with client #2 on 5/6/19 revealed: -They could have independent time in the community without staff supervision. -They would normally go to the library. -Staff would normally drop them off at the library and pick them up later. -He thought they would use their independent time in the community twice a month. Interview with client #3 on 5/6/19 revealed: -He was allowed to go out in the community without staff supervision. -They would normally go to the library. -He thought they would stay at the library 1-2 hours each time. -They would normally go to the library twice a month. Interview with staff #1 on 5/3/19 and 5/6/19 revealed: -Clients' #1, #2 and #3 were allowed to have independent time in the community. -All three clients can go out into the community without staff supervision. -The clients normally go to the library and/or McDonalds. -The clients normally go out into the community unsupervised 1-2 times per month. -He confirmed the facility failed to ensure direct care staff were present. -Interview on 5/6/19 with the Licensee revealed: -All three clients do have independent time in the community.	V 180		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	mhl051-151	A. BUILDING: _____ B. WING _____	R 05/06/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
UNITED FAMILY NETWORK AT RIDGE ROAD	1259 RIDGE ROAD ANGIER, NC 27501

(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 180	Continued From page 5 -This group home is on the same level as a Department of Social Services regulated facility. -He thought these clients were allowed to have unsupervised time in the community without staff. -He confirmed the facility failed to ensure direct care staff were present.	V 180		