FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLETED R B. WING MHL064-075 04/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD **BTW HOME CARE SERVICES ROCKY MOUNT, NC 27803** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 An Annual and Follow Up Survey was completed 4/2/19. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. DHSR-Mental Health "A sister facility is identified in this report. The sister facility will be identified as sister facility A. MAY 2 0 2019 Clients will be identified using the letter of the facility and a numerical identifier." Lic. & Cert. Section *notation: this is a family owned business and for better understanding of this report, the staff are as follows: Licensee #1 (husband) Licensee #2 (wife) V 290 27G .5602 Supervised Living - Staff 27G .5602 Supervised Living - Staff V 290 05/01/2019 10A NCAC 27G .5602 STAFF This deficiency happened during (a) Staff-client ratios above the minimum a group outing which is when there numbers specified in Paragraphs (b), (c) and (d) is a mixture of consumers with and of this Rule shall be determined by the facility to without unsupervised time. We have enable staff to respond to individualized client put in place the following protocols to needs. ensure the constant supervision of (b) A minimum of one staff member shall be consumers without unsupervised time present at all times when any adult client is on the during BTWHCS outings. Before premises, except when the client's treatment or leaving the facility consumers without habilitation plan documents that the client is unsupervised time will be identified capable of remaining in the home or community and listed. The listed group will without supervision. The plan shall be reviewed be assigned to a staff member. The as needed but not less than annually to ensure group must not seperate for any the client continues to be capable of remaining in reason. If going to a restaurant they the home or community without supervision for will vote on which establishment to specified periods of time. attend and then travel together with

Division of Health Service Regulation

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

(c) Staff shall be present in a facility in the

following client-staff ratios when more than one

CEO

staff to eatery with no one leaving

until all consumers are ready to leave

, -, -...

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If continuation sheet 1 of 10

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING: R B. WING MHL064-075 04/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD **BTW HOME CARE SERVICES ROCKY MOUNT, NC 27803** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 290 | Continued From page 1 Continued from page 1 V 290 child or adolescent client is present: The same procedure will be followed children or adolescents with substance for shopping, bathroom breaks etc abuse disorders shall be served with a minimum the consumer group will be supervised of one staff present for every five or fewer minor by the assigned staff member for the clients present. However, only one staff need be duration of the outing at all times present during sleeping hours if specified by the without exception. Licencees Doris emergency back-up procedures determined by Barnes, James Barnes and Sharon the governing body; or Barnes will ensure this POC is followed children or adolescents with by formulating the list before each developmental disabilities shall be served with outing and assining a staff member to one staff present for every one to three clients the appropriate consumers. 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: 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. This Rule is not met as evidenced by: Based on observation, record review and interview the facility failed to ensure a minimum of one staff member was present at all times except when a client's treatment plan documented the client was capable of remaining in the community without supervision for 4 of 5 current clients (#1, #3, #4 & #5). The findings are:

Review on 3/11/19 of client #3's record revealed:

Division	of Health Service Regu	lation			FUR	M APPROVED
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL			(X5) COMPLETE DATE
V 290	Continued From page	2	V 290			
	- admitted to the fared diagnoses of Mild Schizophrenia & Heared a treatment plan of documentation of unsured a physician note of deficit limitspast visit evaluation which he research for client #3 revenue of the form of the form of the form of the form of the four restroom breaks and from one of the four restroom breaks and from one of the four restroom of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from found for restroom of the four restroom of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from [count of family and friends the very familiar with his sufficient #3] is from [count family and friends the very familiar with his sufficient #3] is from [count family and friends the very familiar with his sufficient #3] is from [count family and friends the very familiar with his sufficient #3] is from [count family and friends the very family an	Intellectual Disability; ing Disability dated 7/10/18 revealed no upervised time dated 9/5/17 - "hearing is have discussed hearing epeatly refused" In North Carolina offender vealed: for robbery with dangerous an incident report dated client #3 revealed: 19 during and outing to #3] turned up distopped at [restaurant] dito grab something to eat staurants. When we met #3] was not to be found. It is soon when we was arroundings. We also knew person to talk to or get on its [Client #3's guardian] ervices (DSS) was up was to contact his family of them had seen need out to known family dia and instructed them to possiblewe received no ne next morning (1/12/19) back to [county of outing]	V 290			
t	Licensee #1 & #2 went to resume search. At 2: called and said she had	30pm [client #3]'s sister				

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: _ R B. WING MHL064-075 04/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD **BTW HOME CARE SERVICES ROCKY MOUNT, NC 27803** SUMMARY STATEMENT OF DEFICIENCIES (X4) ID ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 290 Continued From page 3 V 290 social media. She would call [client #3's] mom and call back...forty minutes went by when a call finally came in from [client #3's mother]. She immediately wanted to know why a silver alert was placed for her son...he was fine. [Client #3]'s mother stated he was visiting with his sister but would be back shortly and he could decide then whether or not to return to the facility or stay with her [county of outing]. Licensee #1 called [client #3's guardian] and informed her [client #3] had been located and allowed her to handle the situation. Licensee #2 notified the officer to let him know [client #3]'s whereabouts. After about 30 minutes [client #3]'s guardian informed us that it was ok to pick up [client #3]. The silver alert was canceled and client #3 returned to the facility...Licensee #2 asked [client #3] how he managed to leave without being seen. [Client #3] said that when we left [restaurant] he went behind the building and watched the van until we left. Once we were gone, he stated that he walked to a friend of the family's house which was within three blocks of that location and the friend took him to his mother's house." Review on 3/18/19 of a police service report dated 1/11/19 for client #3 revealed: "...the man (client #3) had been missing since 5:30pm but the police was not notified until around 10:00pm...the couple (Licensee #1 & #2) advised they came to [another county] with their group of male residents (approximately 8 males) to have some dinner...the group split-up as they often do and allowed the males to attend the restaurant of their choice [3 different restaurants named] since all 3 restaurants are directly in a row. The plan was to get food and then meet

Division of Health Service Regulation

back at the van in approximately 20-30 minutes...after the specified time [Licensees'] returned to the van. They noticed the only

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	STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
1	AND PLAN	OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:					
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İ	(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES						
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ŀ	1/ 200	0			DET ICIENCY)				
l	V 290	Continued From page	4	V 290					
		resident who was not	back was [client						
		#3]another resident	advised that [client #3] did						
		not want to exit the va	n earlier to get food. Others						
		even offered to have [client #3] walk with them,						
		something back to eat	st asked them to bring him						
		any further details abo	they could not provide out where [client #3] went,						
		his direction of travel	if he was with anyone, or if						
		he got into a vehiclei							
		resident suffers from s	ome sort of cognitive						
impairment and could not be of further assistanceLicensee #1 advised the delay in reporting was due to them searching for [client									
	#3]he is hard of hearingLicensee #1 explained [client #3] was timid and keeps to								
		himself and stave out of	of troublea media release						
		was donesilver alert	canceled on 1/12/19"						
		Review on 3/15/19 of E				9			
			the restaurant was 58						
		minutes							
			t to client #3's mother's						
		home would take 16 mi	ehicle would take 3						
		minutes to client #3's m							
		Observation on 3/18/19	at 11:22am revealed:						
			located off a busy 6 lane				1		
		highway					- 1		
		one of the 6 lane h	ighway was under						
		construction - the speed limit was	45 miles per haur						
		 the speed limit was the restaurant was 	located near 2 other						
		restaurants	TOGGLEG TIERT & ULTER						
	1	During interview on 3/11	1/19 client #1, #4 & #5				1		
	1	was not able to recall th	e 1/11/19 incident						
							- 1		
	[During interview on 3/11	/19 client #2 reported:						
	-	ne recalled some of	f the 1/11/19 incident				1		

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED R MHL064-075 B. WING 04/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD **BTW HOME CARE SERVICES ROCKY MOUNT, NC 27803** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 290 Continued From page 5 V 290 his group home and another group home went on an outing they stopped at a restaurant he recalled the Licensee's went in the restaurant but was not sure why...he thought to use the bathroom the clients stayed on the van client #3 got off the van he was not sure which way client #3 went he was not sure the time of the day he could not recall anything else on 1/11/19 During interview on 3/11/19 client #A5 reported: Licensee #2 ordered food from a restaurant around 5:05pm Licensee #1, #2 & the guys from two sister facilities went to pick up the food he (client #A5) walked to another restaurant Licensee #1 & #2 went in the restaurant to get food when they got back to the van, client #3 was gone During interview on 3/11/19 client #3 reported: he recalled the 1/11/19 incident he went to his home town with the Licensees' the Licensees' was inside the restaurant he got off the van and walked to his mother's house he did not tell anybody where he was going it was not a long walk he knew how to stay out the way of traffic he stayed one night at his mother's home and had one 40 ounce beer During interview on 3/11/19 client #3's guardian reported: she was aware of the 1/11/19 incident client #3 was in the area his mom lived he wanted to see his mother

Division of Health Service Regulation

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: _ COMPLETED R MHL064-075 B. WING 04/02/2019 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2709 GARY ROAD **BTW HOME CARE SERVICES ROCKY MOUNT, NC 27803** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 290 Continued From page 6 V 290 he saw somebody he knew at the restaurant and left with them his mother resides 3 minutes from the restaurant he would have to cross the 6 lane highway to get to his mother's home when asked about concerns of crossing the highway, she responded "he was able to make it to his mom's house" client #3 was mild mannered...he does not raise his voice...he's not talkative... he has not been any trouble since his release from prison client #3 could hear she had no supervision concerns of the facility she has placed other clients at their facilities and there was no issues During interview on 3/11/19 & 3/18/19 Licensee #1 reported: Licensee #2 wanted something to eat at this she went to the bathroom in the restaurant she was in the bathroom approximately 5-10 minutes all the clients were left on the van when she returned to the van, client #3 was gone the clients were not aware of client #3's whereabouts they went to client #3's grandmother's home..."she seemed to have signs of dementia" they went to a cousin's home she reached out to family on social media and was able to locate client #3 later found out he left with a family member he saw in the drive thru line at the restaurant the family member took him to his mother's house

Division of Health Service Regulation

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			TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	IPPROPRIATE	COMPLE DATE	
V 290	Continued From pag	e 7	V 290	DET TOTENCY)			
			V 290				
	have to cross the bus	is mother's home he would					
	- she was not sure	e of the speed limit					
	- she would not we	alk across the busy					
	highway	air across the busy					
		nts will be supervised at all					
	times	nts will be supervised at all					
	During interview on 3/	/11/19 & 3/18/19 Licensee					
	#2 reported:						
		some food at this					
	restaurant						
	- ne & Licensee #1	went into the restaurant to					
	get them a plate						
	 the clients stayed this was not the fire 	on the van					
	not an outing	rst of the month, so this was					
		have any many					
t	the different restaurant	have any money to go to					
-		ride out so he took clients					
f	rom both sister facilitie	es (approximately 8-10					
r	nales)	(approximately 0-10					
-	the restaurant was	busy so they were in the					
r	estaurant approximate	ely 15 minutes					
-	he does not recall	given permission to any					
C	lients to get off the var						
-	when he and Licen	isee #1 returned to the					
V	an, client #3 was not to						
14	ent to the bathroom by	ninutes to see if client #3 ut he did not return to the					
	an	ut he did not return to the					
-		ree restaurants in the local					
a	rea and he was not the	ere					
-		at the restaurant in case					
cl	ient #3 returned to the	restaurant					
-	he rode around the	block to look for client #3					
-	he was not able to I	ocate him					
-	Licensee #1 was at	ple to locate client #3					
th	rough social media						
-	client #3 said he wa	lked to a friend's house 2					

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SI

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION 3:		E SURVEY IPLETED
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V 290	Continued From page	8	V 290		,	
	blocks away					
		n to his mother's home				
		nt of the restaurant was				
	dangerous due to traff					
	- he was aware of client #3's criminal historythere was no problems with him at the facility - this was the first time he had eloped - until all clients have been reassessed, clients					
	will be supervised by s	taff at all times				
	Review on 3/20/19 of a	Plan of Protection written				
	by Licensee #2 revealed: "accessements for all					
consumers will be reevaluated immediately. Until						
	accessments are complete consumers shall not be permitted to be in the home or community without staff supervision. [Chief Financial Officer]					
	shall ensure that the at	pove policy is followed"				
	Client #3 was admitted	to the facility in 2016 with				
diagnoses of Mild Intellectual Disability;						
		ng Disability. Based on a				
		\$3 has repeatly refused a				
	nearing evaluation due	to "hearing deficit limits."				
	Prior to being admitted	to the facility he was				
	incarcerated 11 years for	1/11/19 Licensee #2 had				
	a taste for some food a	t a restaurant				
	approximately 58 minut					
	Licensee #1 & #2 took					
		8 - 10 clients) with them				1
	to get the food. The res	taurant was located on a				
	busy 6 lane highway an	d in the hometown of				
	client #3. A police repor	t revealed the group				
	split-up as they often do	and allowed the males to				
1	attend the restaurants o	f their choice. However,				
1	the Licensees' reported	all clients remained on				
	the van, while they (Lice	ensee #1 & #2) went into				
	the restaurant to get the	m (Licensee #1 & #2)				
15	some rood and use the	bathroom. It was not the				

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Division of Health Service Regulation