Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/06/2019 B. WING mhI051-151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS An annual, complaint and follow up survey was RECEIVED completed on 5/6/19. The complaint was By DHSR - Mental Health Lic. & Cert. Section at 11:21 am, Jun 03, 2019 unsubstantiated (intake #NC00150837). Deficiencies were cited. This facility is licensed for the following service 10A NCAC 27G.1300 Residential Treatment for Children and Adolescents. V114-V 114 V 114 27G .0207 Emergency Plans and Supplies Fire and disaster drills 5/4/19 will be conducted under 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and Conditions that simulate area-wide disaster plan shall be developed and shall be approved by the appropriate local emorgencies. authority. (b) The plan shall be made available to all staff · Fire drills will be Complete for each shift and evacuation procedures and routes shall be Ducome posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be quarterly. repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. Disaster drills will be ongrind (d) Each facility shall have basic first aid supplies accessible for use. Completed for each shift quarterly. · Fire and disaster This Rule is not met as evidenced by: Based on record reviews and interviews, the drills will be documented facility failed to conduct fire and disaster drills under conditions that simulate emergencies. The seperately. findings are: · Will be monitored Review on 5/3/19 of the facility's fire and disaster drill log revealed the following: OP Simmons -4/20/19-1st shift fire drill Division of Health Service Regulation (X6) DATE LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

Anector

(X6) DATE

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If continuation sheet 1 of 6

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING_ 05/06/2019 mhl051-151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 Continued From page 1 V 114 -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.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ B. WING 05/06/2019 mhI051-151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REQULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 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. V180-V 180 V 180 27G .1302 Residential Tx - Staff United Family Network will no longer have independent time 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 that was allowed in work, nursing, psychology or a related field. (b) At all times, at least one direct care staff Previous monitorings. United Family networks 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. would like to be (c) When two or more clients are in the facility, informed of any all an emergency on-call staff shall be readily available by telephone or page and able to reach the facility within 30 minutes. rule revisions. (d) Psychiatric consultation shall be available as · Will be monitored needed for each client. (e) Clinical consultation shall be provided by a qualified mental health professional to each by QP Eimmons daily facility at least twice a month.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: 05/06/2019 B. WING mhl051-151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY V 180 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

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Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: . R 05/06/2019 B. WING mh1051-151 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) (D) (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 180 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.

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: _ B. WING mbl051-151 05/06/2019 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1259 RIDGE ROAD UNITED FAMILY NETWORK AT RIDGE ROAD ANGIER, NC 27501 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 180 Continued From page 5 V 180 -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.

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UNITED FAMILY NETWORK

FACSIMILE TRANSMITTAL SHEET	
TO:	FROM:
NCDHHO	Chris Simmons
Health Service Begulation	5/30/2019 @ 11:0/am
(9/9) 715-8078	TOTAL NO. OF PAGES, INCLUDING COVER: $\frac{2p_{95}}{2}$
PHONE NUMBER: S	BENDER'S REFERENCE NUMBER:
(919) 855-3795	1910) 578-6806
Annual Complaint Follow-Up	your reference number:
□ URGENT □ FOR REVIEW □ PLEASE COMM	ENT
NOTES/COMMENTS:	Py ATTER WAS ASSESSED.

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