MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA LAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
	MHL081-005	B. WING					
		ADDRESS, CITY, STATE	, ZIP CODE	06/19/2019			
OAKS	175 WE	ST MAIN DRIVE					
UARS	FORES	T CITY, NC 28043					
EFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE		
000 INITIAL COMMENTS		V 000					
An annual survey was Deficiencies were cited	completed on 6/19/19. d.						
/ 109 27G .0203 Privileging/	Training Professionals	V 109					
 qualified professionals (b) Qualified professionals professionals shall der and abilities required b (c) At such time as a d employment system is then qualified professionals shall der (d) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awareness (3) analytical skills; (4) decision-making; (5) interpersonal skills (6) communication sk (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18) met the requirements of 	SIONALS AND SIONALS privileging requirements for or associate professionals. onals and associate monstrate knowledge, skills by the population served. competency-based established by rulemaking, onals and associate monstrate competence. be demonstrated by ncluding: lge; s;						
 (6) communication sk (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18) met the requirements of 	xills; and onals as specified in 10A (a) are deemed to have of the competency-based						

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL081-005	B. WING		06	6/19/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET #	ADDRESS, CITY, STATE	, ZIP CODE		
THE OAKS	6		ST MAIN DRIVE F CITY, NC 28043			
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V 109	Continued From page	e 1	V 109			
	plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter.					
	the knowledge, skills, population served an individualized superv professionals. The fi	ew and interview the al (QP) failed to demonstrate , and abilities required by the d failed to initiate ision plans of associate				
	Findings #1:					
	record revealed: -hire date 3/11/19.	f Direct Care Staff #1's pervision plan from the QP.				
	revealed:	with Direct Care Staff #1				
	all staff meeting. -she had not had any	once and it was during an supervision meetings or				
	reviewed a supervision	on plan with the QP.				
	Review on 6/12/19 of record revealed: -hire date 1/14/08.	f Direct Care Staff #2's				
	-no individualized sup	pervision plan from the QP.				
	Interview on 6/12/19 revealed: -she saw the QP at th	with Direct Care Staff #2				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL081-005	B. WING		06	6/19/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
THE OAK	8		ST MAIN DRIVE CITY, NC 28043				
(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) THE APPROPRIATE	(X5) COMPLET DATE	
V 109	Continued From page	e 2	V 109				
	month.						
	record revealed: -hire date 9/1/94. -no individualized sup Review on 6/19/19 of	the House Manager's pervision plan from the QP.					
	-hire date of 9/28/15. Findings #2:						
	-admission date 8/13 -diagnoses of Epileps Intellectual Disability. -the most recent QP 12/1/18 to 12/31/18.	sy, and Unspecified services notes were from to assist with education, king skills.					
	-admission date 1/27, -diagnoses of Modera Seizure disorder, Uns and Gastro-Esophage -the most recent QP s 12/1/18 to 12/31/18, -the goals listed were chores, keep bedroor receive medication ed	ate Intellectual Disability, specified Anxiety Disorder, eal Reflux Disorder. services notes were from to complete assigned n clean, improve health, ducation, improve social sonal space of others.					
	of Program Operatior -the QP left her positi -the QP basically wal	on on 6/3/19 with no notice.					

STATE FORM

	FOF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL081-005	B. WING		06	/19/2019
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V 109	Continued From page	e 3	V 109			
	notes for Client #1 an locate any. -she was in the proce	bocate any. d more up-to-date services ad Client #3 but could not ess of hiring a new QP and ion until someone was hired.				
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	 PLAN (c) The plan shall be assessment, and in plegally responsible period admission for client receive services beyond (d) The plan shall income (s) achieved by provision projected date of achieved by provision projected date of achieved by a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or a schedule party party and schedule party p	TATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days ts who are expected to ond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; ; view of the plan at least on with the client or legally r both; ion or assessment of				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
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NAME OF PI	ROVIDER OR SUPPLIER	MILEO 1-003 06/19/					
THE OAKS 175 WEST MAIN DRIVE FOREST CITY, NC 28043 (x4) ID SUMMARY STATEMENT OF DEFICIENCIES							
THE UAK	5	FOREST	T CITY, NC 28043				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 4	V 112				
	Based on record revie failed to implement the Person-Centered-Pro	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to implement treatment strategies to the Person-Centered-Profile to meet the individual needs of 1 of 3 clients (Client #1). The findings are:					
	Review on 6/13/19 of Client #1's record revealed: -admission date 8/13/18. -diagnoses of Epilepsy, and Unspecified Intellectual Disability.						
	-short range goal of w improve math skills." -staff were to assist ir opportunities, fill out a assignments. -another short range employed and make -staff were to assist w	ofile dated 8/13/18 revealed: wanting "to read better and n finding education applications, and assist with goal of wanting "to be					
	-she was "still waiting attend the workshop	with Client #1 revealed: " to find employment or with the other clients. erself to write and read					
	revealed:	with Direct Care Staff #1 Client #1 to assist with the tion goals.					
	revealed:	with Direct Care Staff #2 t going to the workshop,					

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	5	175 WES	ST MAIN DRIVE			
		FOREST	CITY, NC 28043			
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V 112	Continued From page	9 5	V 112			
	however she had not -the QP was working	done so yet. on this before she left.				
	Interview on 6/12/19 v revealed:	with the House Manager				
	assisting her with her	rly new and the QP was work and education goals. on "last week sometime"				
V 290	27G .5602 Supervise	d Living - Staff	V 290			
	of this Rule shall be d enable staff to respon- needs. (b) A minimum of one present at all times w premises, except whe 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 prese following client-staff re- child or adolescent cli (1) children or a abuse disorders shall of one staff present for clients present. How present during sleepin emergency back-up p	above the minimum Paragraphs (b), (c) and (d) letermined by the facility to ad to individualized client e staff member shall be hen 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 be capable of remaining in ity without supervision for me. Sent in a facility in the atios when more than one ient is present: adolescents with substance be served with a minimum or every five or fewer minor rever, only one staff need be ing hours if specified by the procedures determined by				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:	A. BUILDING:		E SURVEY PLETED	
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V 290	Continued From page	e 6	V 290				
	 Continued From page 6 developmental disabilities shall be served with 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. 						
	facility failed to ensur- habilitation plan docu capable of remaining community without su- periods of time affecti (Clients #1, #2 and #3 Review on 6/13/19 of -admission date 8/13, -diagnoses of Epileps Intellectual Disability. Review on 6/13/19 of	ews and interviews, the e a clients' treatment or mented the client was in the home and/or upervision for specified ing 3 of 3 audited clients 3) The findings are: ⁷ Client #1's record revealed: /18. sy, and Unspecified ⁷ Client #1's "Unsupervised cy Agreement" dated 8/13/18					

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ST MAIN DRIVE	ZIP CODE		
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V 290	Continued From page	e 7	V 290			
	-she was capable of remaining in the community without supervision for 2 hours. Review on 6/13/19 of Client #1's Person-Centered-Profile dated 8/13/18 revealed: -the client's capability of remaining in the home and community without supervision was not addressed in the plan.					
	-she was in the home dropped off and picke workshop.	with Client #1 revealed: alone when the staff ed up the clients' from the om until staff returned.				
	-admission date 1/1/0 -diagnoses of Mild Inf Disability, Unspecified	tellectual Development				
	home and community revealed: -she was assessed a	e and community without				
	-the client's capability	file dated 2/12/19 revealed: of remaining in the home ut supervision was not				
	-she was approved fo and community unsu	ed to near-by stores but only				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED			
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FOREST CITY, NC 28043 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL ID PREFIX PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE								
		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET DATE		
V 290	Continued From page	8	V 290					
	-admission date 1/27/ -diagnoses of Modera Seizure Disorder, Uns and Gastro-Esophage Review on 6/13/19 of home and community revealed: -he was assessed as in the home without s Review on 6/13/19 of Person-Centered-Pro -the client's capability without supervision w plan. Interview on 6/12/19 of -he could stay home I not anywhere else. Interview on 6/19/19 of Operations revealed: -she was aware the c unsupervised time ne plan.	ate Intellectual Disability, specified Anxiety Disorder, eal Reflux Disorder. Client #3's unsupervised assessment dated 6/14/18 being capable of remaining upervision for 3 hours.						