

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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
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V 000	INITIAL COMMENTS An annual survey was completed on June 7, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for children or Adolescents.	V 000		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.	V 111	V111 27G.0205 (A-B) The deficient area of practice have been corrected. Preventive measures include the QP/director/owner following current policy and procedures to include following her written job description (completing initial assessments); denying admissions of homeless children and adolescents despite the circumstances until all paperwork can be obtained. The QP will monitor the situations to ensure that it does not occur again. The monitoring will be ongoing.	6/17/19

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Joyce Johnson* TITLE: *Director* (X6) DATE: *6/17/19*

STATE FORM 6899 TOSF11 If continuation sheet #1 of 21

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V 111	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to admission affecting one of three audited clients (#4). The findings are:</p> <p>Review on 06/06/19 of client #4's record revealed: -15 year old male. -Admission date of 05/30/19 -No diagnoses documented. -No initial assessment completed prior to the date of admission.</p> <p>During interview on 06/06/19 client #4 revealed: -He had not been living at the facility for long. -The Department of Social Services was his guardian. -He was living with his grandmother and running the streets at night.</p> <p>During interview on 06/06/19 the Licensee revealed: -She admitted client #4 from the care of Department of Social Services. -She had not completed any paperwork on client #4 at this time. -She was meeting with the guardian the following day (06/07/19) for him to complete all the admission paperwork for client #4.</p>	V 111	<p>Prior to admission, Miss Daisy's Gentlemen of the Future Inc. will ensure that an initial assessment is completed with the client's presenting problems/opportunities, needs, strengths, a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, and a pertinent social, family, and medical history.</p>	<p>6/17/19</p>
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V 113	Continued From page 2	V 113		
V 113	<p>27G .0206 Client Records</p> <p>10A NCAC 27G .0206 CLIENT RECORDS</p> <p>(a) A client record shall be maintained for each individual admitted to the facility, which shall contain, but need not be limited to:</p> <p>(1) an identification face sheet which includes:</p> <p>(A) name (last, first, middle, maiden);</p> <p>(B) client record number;</p> <p>(C) date of birth;</p> <p>(D) race, gender and marital status;</p> <p>(E) admission date;</p> <p>(F) discharge date;</p> <p>(2) documentation of mental illness, developmental disabilities or substance abuse diagnosis coded according to DSM IV;</p> <p>(3) documentation of the screening and assessment;</p> <p>(4) treatment/habilitation or service plan;</p> <p>(5) emergency information for each client which shall include the name, address and telephone number of the person to be contacted in case of sudden illness or accident and the name, address and telephone number of the client's preferred physician;</p> <p>(6) a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician;</p> <p>(7) documentation of services provided;</p> <p>(8) documentation of progress toward outcomes;</p> <p>(9) if applicable:</p> <p>(A) documentation of physical disorders diagnosis according to International Classification of Diseases (ICD-9-CM);</p> <p>(B) medication orders;</p> <p>(C) orders and copies of lab tests; and</p> <p>(D) documentation of medication and administration errors and adverse drug reactions.</p> <p>(b) Each facility shall ensure that information</p>	V 113	<p>V113 10NCAC 27G.0206</p> <p>The deficient area of practice have been corrected.</p> <p>Preventive measures include the QP/director/owner following current policy and procedures to include following her written job description (maintaining client records); denying admissions of homeless children and adolescents despite the circumstances until all paperwork can be obtained. The QP will monitor the situations to ensure that it does not occur again. The monitoring will be ongoing.</p>	<p><i>6/17/19</i></p>

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V 113	<p>Continued From page 3</p> <p>relative to AIDS or related conditions is disclosed only in accordance with the communicable disease laws as specified in G.S. 130A-143.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure client records were maintained and the facility failed to ensure a signed statement from the client or legally responsible person granting permission to seek emergency care from a hospital or physician was obtained for one of three audited clients (#4). The findings are:</p> <p>Review on 06/06/19 of client #4's record revealed: -15 year old male. -Admission date of 05/30/19 -No diagnoses documented. - No documentation of a signed emergency treatment authorization. -No face sheet with any of the following identifying information: Admission Date, Diagnoses, Emergency contact information, Legal Guardian contact information.</p> <p>During interview on 06/06/19 the Licensee revealed: -She admitted client #4 from the care of Department of Social Services. -She had not completed any paperwork on client #4 at this time. -She was meeting with the guardian the following day (06/07/19) for him to complete all the admission paperwork for client #4.</p>	V 113	<p>Miss Daisy's Gentlemen of the Future Inc. will ensure that all client/member records are maintained to include a signed statement from the legally responsible person granting permission to seek emergency care from a hospital or physician, as well as a face sheet with identifying information: admission date, diagnosis, emergency contact information, and legal guardian contact information.</p>	<p>6/17/19</p>

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V 118	Continued From page 4	V 118		
V 118	<p>27G .0209 (C) Medication Requirements</p> <p>10A NCAC 27G .0209 MEDICATION REQUIREMENTS</p> <p>(c) Medication administration:</p> <p>(1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs.</p> <p>(2) Medications shall be self-administered by clients only when authorized in writing by the client's physician.</p> <p>(3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications.</p> <p>(4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:</p> <p>(A) client's name;</p> <p>(B) name, strength, and quantity of the drug;</p> <p>(C) instructions for administering the drug;</p> <p>(D) date and time the drug is administered; and</p> <p>(E) name or initials of person administering the drug.</p> <p>(5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to administer medications on the</p>	V 118	<p>V118 10NCAC 27G.0209 - Medication Requirements</p> <p>The deficient area of practice have been corrected.</p> <p>Preventive measures include the QP/director/owner following current policy and procedures to include following her written job description (medication administration compliance);</p> <p>The QP will monitor the situations to ensure that it does not occur again. The monitoring will be ongoing.</p>	<p>6/17/19</p>

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V 118	<p>Continued From page 5</p> <p>written order of a physician for one of three audited clients (#4). The findings are:</p> <p>Review on 06/06/19 of client #4's record revealed: -15 year old male. -Admission date of 05/30/19 -No diagnoses documented. -No Physician order for Melatonin 5mg use as directed.</p> <p>Review on 06/06/19 of client #4's June 2019 MAR revealed client #4 had been administered Melatonin 5mg at bedtime.</p> <p>During interview on 06/06/19 client #4 revealed he was taking Melatonin at night to help him sleep.</p> <p>During interview on 06/06/19 the Licensee revealed: -She had a standing order form with Melatonin listed. -She had not taken the form to the Physician to get the signature for the standing orders.</p>	V 118	<p>Miss Daisy's Gentlemen of the Future Inc. will ensure that all medications are administered on the written order of a physician for all clients/members served.</p>	<p>6/17/19</p>
V 131	<p>G.S. 131E-256 (D2) HCPR - Prior Employment Verification</p> <p>G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.</p>	V 131		

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V 131	<p>Continued From page 6</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete Health Care Personnel Registry (HCPR) checks prior to hire for one of four audited staff (#1). The findings are:</p> <p>Review on 06/06/19 of facility records revealed no personnel record for staff #2 to include a HCPR check prior to hire.</p> <p>Interview on 06/06/19 staff #2 stated: - He currently worked 1st shift. - He had recently been rehired at the facility for approximately one week. - He previously worked at the facility approximately one year ago.</p> <p>Interview on 06/06/19 the Licensee/Qualified Professional stated: - Staff #2 had returned to work at the facility. - Staff #2 worked at the facility approximately one year ago. - She had a personnel record for staff #2 but was unable to locate it. - She would fax required documents for review.</p> <p>No additional documents were received.</p>	V 131	<p>Miss Daisy's Gentlemen of the Future Inc. will ensure that a personnel record to include a HCPR check is completed prior to hire for all staff. Please see the attached HCPR dated 6-6-19.</p>	<p>6/17/19</p>
V 133	<p>G.S. 122C-80 Criminal History Record Check</p> <p>G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition. - As used in this section, the term "provider" applies to an area authority/county</p>	V 133		

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V 133	<p>Continued From page 7</p> <p>program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter.</p> <p>(b) Requirement. - An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check shall include a check of the applicant's fingerprints. If the applicant has been a resident of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health</p>	V 133	<p><i>V131 & V133 10NCAC 27G.0209 - Health Care Personnel Registry & Criminal History Record The deficient area of practice have been corrected. Preventive measures include the QP/director/owner following current policy and procedures to include following her written job description (Completing HCPR and Criminal History Record Checks); The QP will monitor the situations to ensure that it does not occur again. The monitoring will be ongoing.</i></p>	<p><i>6/17/19</i></p>
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V 133	<p>Continued From page 8</p> <p>and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency.</p> <p>(c) Action. - If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to hire the applicant:</p> <ol style="list-style-type: none"> (1) The level and seriousness of the crime. (2) The date of the crime. (3) The age of the person at the time of the conviction. (4) The circumstances surrounding the commission of the crime, if known. (5) The nexus between the criminal conduct of 	V 133		

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V 133	<p>Continued From page 9</p> <p>the person and the job duties of the position to be filled.</p> <p>(6) The prison, jail, probation, parole, rehabilitation, and employment records of the person since the date the crime was committed.</p> <p>(7) The subsequent commission by the person of a relevant offense.</p> <p>The fact of conviction of a relevant offense alone shall not be a bar to employment; however, the listed factors shall be considered by the provider. If the provider disqualifies an applicant after consideration of the relevant factors, then the provider may disclose information contained in the criminal history record check that is relevant to the disqualification, but may not provide a copy of the criminal history record check to the applicant.</p> <p>(d) Limited Immunity. - A provider and an officer or employee of a provider that, in good faith, complies with this section shall be immune from civil liability for:</p> <p>(1) The failure of the provider to employ an individual on the basis of information provided in the criminal history record check of the individual.</p> <p>(2) Failure to check an employee's history of criminal offenses if the employee's criminal history record check is requested and received in compliance with this section.</p> <p>(e) Relevant Offense. - As used in this section, "relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and</p>	V 133		

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V 133	<p>Continued From page 10</p> <p>Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through G.S. 20-138.5.</p> <p>(f) Penalty for Furnishing False Information. - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor.</p> <p>(g) Conditional Employment. - A provider may</p>	V 133		

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V 133	<p>Continued From page 11</p> <p>employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met:</p> <p>(1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10.</p> <p>(2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.)</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview the facility failed to request state criminal background checks within five business days of employment for one of four current staff (#2). The findings are:</p> <p>Review on 06/06/19 of facility records revealed no personnel record for staff #2 to include a criminal background request.</p> <p>Interview on 06/06/19 staff #2 stated: - He currently worked 1st shift. - He had recently been rehired at the facility for approximately one week. - He previously worked at the facility approximately one year ago.</p> <p>Interview on 06/06/19 the Licensee/Qualified Professional stated: - Staff #2 had returned to work at the facility.</p>	V 133	<p>Miss Daisy's Gentlemen of the Future Inc. will obtain an employee record for all staff to include a consent to obtain a criminal history record check and submit the request no later than five business days after the individual begins conditional employment.</p>	<p>6/17/19</p>
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AUTHORITY FOR RELEASE OF INFORMATION
State Access Only
Name Check Access

ny
N
JA

LENEY

I understand that the North Carolina State Bureau of Investigation, officials and employees shall not be held legally accountable in any way for providing this information to the above named agency, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the above named agency cannot provide a HARD COPY of the results of this criminal history record check to me.

*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

Applicant's/Employee's/Volunteer's Signature

Dent Baxie

Date

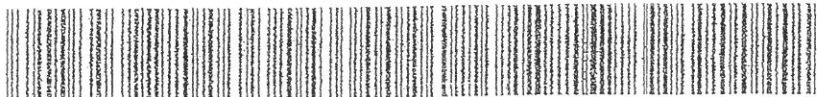
6-10-19

This form must be maintained on file with the above named agency for one year. UPON COMPLETION OF THIS FORM, MAIL A PHOTOCOPY TO THE ADDRESS INDICATED BELOW:

State Bureau of Investigation
Criminal Information and Identification Section
Attn: Applicant Unit
Post Office Box 29500
Raleigh, North Carolina 27626-0500

ORI # HCP000132 -MISS DAISY'S GENTLEMEN OF THE FUTURE

HCP000132





Gentlemen Of the Future
P.O. Box 1991
Wilson, NC 27894

NCDMV
Driver Li Records
3113 Mail Service Ctr.
Raleigh, NC 27699



Gentlemen Of the Future
P.O. Box 1991
Wilson, NC 27894

SBI-Applicant Unit
Criminal Info & ID Sec.
Po Box 29500
Raleigh, NC 274626-050



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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 133	Continued From page 12 - Staff #2 worked at the facility approximately one year ago. - She had a personnel record for staff #2 but was unable to locate it. - She would fax required documents for review. No additional documents were received.	V 133		
V 536	27E .0107 Client Rights - Training on Alt to Rest. Int. 10A NCAC 27E .0107 TRAINING ON ALTERNATIVES TO RESTRICTIVE INTERVENTIONS (a) Facilities shall implement policies and practices that emphasize the use of alternatives to restrictive interventions. (b) Prior to providing services to people with disabilities, staff including service providers, employees, students or volunteers, shall demonstrate competence by successfully completing training in communication skills and other strategies for creating an environment in which the likelihood of imminent danger of abuse or injury to a person with disabilities or others or property damage is prevented. (c) Provider agencies shall establish training based on state competencies, monitor for internal compliance and demonstrate they acted on data gathered. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course. (e) Formal refresher training must be completed by each service provider periodically (minimum annually).	V 536	<i>V536 10NCAC 27E .0107 - Health Care Personnel Registry & Criminal History Record The deficient area of practice have been corrected. Preventive measures include the QP/director/owner following current policy and procedures to include following her written job description (Ensure that all staff are trained in Alternatives to Restrictive Interventions); The QP will monitor the situations to ensure that it does not occur again. The monitoring will be ongoing.</i>	<i>6/17/19</i>

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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 536	<p>Continued From page 13</p> <p>(f) Content of the training that the service provider wishes to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Staff shall demonstrate competence in the following core areas:</p> <ol style="list-style-type: none"> (1) knowledge and understanding of the people being served; (2) recognizing and interpreting human behavior; (3) recognizing the effect of internal and external stressors that may affect people with disabilities; (4) strategies for building positive relationships with persons with disabilities; (5) recognizing cultural, environmental and organizational factors that may affect people with disabilities; (6) recognizing the importance of and assisting in the person's involvement in making decisions about their life; (7) skills in assessing individual risk for escalating behavior; (8) communication strategies for defusing and de-escalating potentially dangerous behavior; and (9) positive behavioral supports (providing means for people with disabilities to choose activities which directly oppose or replace behaviors which are unsafe). <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <ol style="list-style-type: none"> (1) Documentation shall include: <ol style="list-style-type: none"> (A) who participated in the training and the outcomes (pass/fail); (B) when and where they attended; and (C) instructor's name; (2) The Division of MH/DD/SAS may 	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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 536	<p>Continued From page 14</p> <p>review/request this documentation at any time.</p> <p>(i) Instructor Qualifications and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(3) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(4) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (i)(5) of this Rule.</p> <p>(5) Acceptable instructor training programs shall include but are not limited to presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p> <p>(C) methods for evaluating trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(6) Trainers shall have coached experience teaching a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach.</p> <p>(7) Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually.</p> <p>(8) Trainers shall complete a refresher instructor training at least every two years.</p>	V 536		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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V 536	Continued From page 16 approximately one week. - He previously worked at the facility approximately one year ago. - He did not have current training in alternatives to restrictive interventions. Interview on 06/06/19 the Licensee/Qualified Professional stated: - Staff #2 had returned to work at the facility one week ago. - Staff #2 worked at the facility approximately one year ago. - She will ensure staff #2 received the adequate training alternatives to restrictive interventions.	V 536	<p>Miss Daisy's Gentlemen of the Future Inc. will maintain a personnel record for all staff that include documentaton to support that all staff are trained in alternatives to restrictive interventions. See attached.</p>	
V 537	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is	V 537		6/17/19

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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V 537	<p>Continued From page 17</p> <p>demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(e) Formal refresher training must be completed by each service provider periodically (minimum annually).</p> <p>(f) Content of the training that the service provider plans to employ must be approved by the Division of MH/DD/SAS pursuant to Paragraph (g) of this Rule.</p> <p>(g) Acceptable training programs shall include, but are not limited to, presentation of:</p> <ol style="list-style-type: none"> (1) refresher information on alternatives to the use of restrictive interventions; (2) guidelines on when to intervene (understanding imminent danger to self and others); (3) emphasis on safety and respect for the rights and dignity of all persons involved (using concepts of least restrictive interventions and incremental steps in an intervention); (4) strategies for the safe implementation of restrictive interventions; (5) the use of emergency safety interventions which include continuous assessment and monitoring of the physical and psychological well-being of the client and the safe use of restraint throughout the duration of the restrictive intervention; (6) prohibited procedures; (7) debriefing strategies, including their importance and purpose; and (8) documentation methods/procedures. 	V 537		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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V 537	<p>Continued From page 18</p> <p>(h) Service providers shall maintain documentation of initial and refresher training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcomes (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(i) Instructor Qualification and Training Requirements:</p> <p>(1) Trainers shall demonstrate competence by scoring 100% on testing in a training program aimed at preventing, reducing and eliminating the need for restrictive interventions.</p> <p>(2) Trainers shall demonstrate competence by scoring 100% on testing in a training program teaching the use of seclusion, physical restraint and isolation time-out.</p> <p>(3) Trainers shall demonstrate competence by scoring a passing grade on testing in an instructor training program.</p> <p>(4) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable methods to determine passing or failing the course.</p> <p>(5) The content of the instructor training the service provider plans to employ shall be approved by the Division of MH/DD/SAS pursuant to Subparagraph (j)(6) of this Rule.</p> <p>(6) Acceptable instructor training programs shall include, but not be limited to, presentation of:</p> <p>(A) understanding the adult learner;</p> <p>(B) methods for teaching content of the course;</p>	V 537		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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 537	<p>Continued From page 19</p> <p>(C) evaluation of trainee performance; and</p> <p>(D) documentation procedures.</p> <p>(7) Trainers shall be retrained at least annually and demonstrate competence in the use of seclusion, physical restraint and isolation time-out, as specified in Paragraph (a) of this Rule.</p> <p>(8) Trainers shall be currently trained in CPR.</p> <p>(9) Trainers shall have coached experience in teaching the use of restrictive interventions at least two times with a positive review by the coach.</p> <p>(10) Trainers shall teach a program on the use of restrictive interventions at least once annually.</p> <p>(11) Trainers shall complete a refresher instructor training at least every two years.</p> <p>(k) Service providers shall maintain documentation of initial and refresher instructor training for at least three years.</p> <p>(1) Documentation shall include:</p> <p>(A) who participated in the training and the outcome (pass/fail);</p> <p>(B) when and where they attended; and</p> <p>(C) instructor's name.</p> <p>(2) The Division of MH/DD/SAS may review/request this documentation at any time.</p> <p>(l) Qualifications of Coaches:</p> <p>(1) Coaches shall meet all preparation requirements as a trainer.</p> <p>(2) Coaches shall teach at least three times, the course which is being coached.</p> <p>(3) Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction.</p> <p>(m) Documentation shall be the same preparation as for trainers.</p>	V 537		

**North Carolina
Interventions Plus**



Participant certification
website:

*has fulfilled all requirements for competency
and is subject to annual recertification in*

NCI+ Intervention - Preventions and Alternatives

(Part A)

A curriculum of the North Carolina Interventions Plus

Ricky Fuller

Instructor Name

Ricky Fuller

06-10-2019

Instructor Signatures

Date

Certificate is valid through Expiration Date 06-09-2020

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL098-100	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/07/2019
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NAME OF PROVIDER OR SUPPLIER MISS DAISY'S GENTLEMEN OF THE FUTURE	STREET ADDRESS, CITY, STATE, ZIP CODE 304 FAIRVIEW AVENUE WILSON, NC 27894
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(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
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V 537	<p>Continued From page 20</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure one of four audited staff (#2) received training in seclusion, physical restraint and isolation time-out. The findings are:</p> <p>Review on 06/06/19 of facility records revealed no personnel record for staff #2 to include training in seclusion, physical restraint and isolation time-out.</p> <p>Interview on 06/06/19 staff #2 stated:</p> <ul style="list-style-type: none"> - He currently worked 1st shift. - He had recently been rehired at the facility for approximately one week. - He previously worked at the facility approximately one year ago. - He did not have current training in seclusion, physical restraint and isolation time-out. <p>Interview on 06/06/19 the Licensee/Qualified Professional stated:</p> <ul style="list-style-type: none"> - Staff #2 had returned to work at the facility one week ago. - Staff #2 worked at the facility approximately one year ago. - She will ensure staff #2 received the adequate training in seclusion, physical restraint and isolation time-out. 	V 537	<p>Miss Daisy's Gentlemen of the Future Inc. is a restraint free facility.</p>	<p>6/17/19</p>
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#3



NORTH CAROLINA

Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: XXX-XX-2635

The listing verification is completed. Please record confirmation number **181323537W** in your business files to validate this inquiry which was made on **06/06/2019**.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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[Verify More Listings](#)

#3



NORTH CAROLINA
Nurse Aide I Registry
Medication Aide Registry
Health Care Personnel Registry

Verification of Listing/Search Results:

The requested social security number was not found on the Nurse Aide I Registry, the North Carolina Medication Aide Registry or the Health Care Personnel Registry. This verification does not apply to Medication Aides working in Adult Care Homes. Employers of Medication Aides working in Adult Care Homes must verify listing by calling at <https://mats.dhhs.state.nc.us/>.

Social Security Number: XXX-XX-2635

The listing verification is completed. Please record confirmation number **565903362W** in your business files to validate this inquiry which was made on **06/09/2019**.

Note: If there are pending investigations or substantiated findings noted above, detailed information, including evidence summary, hearing, or rebuttal statement, may only be obtained by calling 919-855-3969 Monday through Friday from 8:00 a.m. to 3:00 p.m. and speaking with a registry representative.

(To print this verification, please click on the Print button in your browser.)

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[Verify More Listings](#)

#4

Find messages, documents, photos or people

Tonya

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- Starred
- Drafts 220
- Sent
- Archive
- Spam
- Trash
- ^ Less

Views

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- 📷 Photos
- 📄 Documents
- 📊 Deals
- 🛒 Purchases
- 🥬 Groceries
- ✈ Travel
- 📖 Tutorials

Folders

- Hide
- + New Folder
- Drafts
- home/tc/v3/...
- Notes
- Sent Mail

FW: D Battle

Yahoo/Inbox



missdaisys@nc.rr.com <missdaisys@nc.rr.com>
 To: 'gentlemenofthefuture@yahoo.com'

Jun 6 at 1:49 PM



Missdaisys 🔍
 missdaisys@nc.rr.com

No Criminal Record found

 From: missdaisys@nc.rr.com
 To: missdaisys@nc.rr.com
 Cc:
 Sent: Thursday June 6 2019 3:47:30PM
 Subject:

TASKalfa 3212i
 [00:17:c8:62:dc:bf]



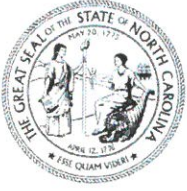
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NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

ROY COOPER • Governor
MANDY COHEN, MD, MPH • Secretary
MARK PAYNE • Director, Division of Health Service Regulation

June 12, 2018

Tonya Johnson
P.O. Box 1991
Wilson, NC 27893

DHSR-Mental Health

JUN 19 2019

Lic. & Cert. Section

Re: Annual Survey completed 06/07/19
Miss Daisy's Gentlemen of the Future, 304 Fairview Avenue, Wilson, NC 27893
MHL # 098-100
E-mail Address: tgentlemenofthefuture@yahoo.com

Dear Ms. Johnson:

Thank you for the cooperation and courtesy extended during the annual survey completed 06/07/19.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You **must develop one Plan of Correction** that addresses each deficiency listed on the State Form and return it to our office within **ten days of receipt of this letter**. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

- All tags cited are standard level deficiencies.

Time Frames for Compliance

- Standard level deficiencies must be **corrected** within 60 days from the exit of the survey, which is 08/06/19.

What to include in the Plan of Correction

- Indicate what measures will be put in place to **correct** the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to **prevent** the problem from occurring again.
- Indicate **who will monitor** the situation to ensure it will not occur again.
- Indicate **how often** the monitoring will take place.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603
MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718
www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. **Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.**

Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone at 252-568-2744.

Sincerely,



Emily Stanley, BSW
Facility Compliance Consultant I
Mental Health Licensure & Certification Section



Keith Hughes
Facility Compliance Consultant I
Mental Health Licensure & Certification Section

Cc: DHSRreports@eastpointe.net
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