## PRINTED: 06/21/2019 FORM APPROVED

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			(X3) DATE SURVEY COMPLETED 06/20/2019	
	MHL049-152			06/		
		ADDRESS, CITY, S	TATE, ZIP CODE			
E HOUSES VALLEYB	ROOKII					
(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE COMPLI THE APPROPRIATE DATE		
INITIAL COMMEN	TS	V 000				
This facility is licens category:	sed for the following service					
27G .1703 Resider P	ntial Tx. Child/Adol - Req. for A	V 295				
ASSOCIATE PROF (a) In addition to the specified in Rule .1 facility shall have a staff who meets or an associate profess NCAC 27G .0104(1 (b) The governing facility shall develop policies that specify associate profession policies shall addred (1) managen day-to-day operation (2) supervision regarding responsion implementation of eter treatment plan; and	ESSIONALS ne qualified professional 702 of this Section, each t least one full-time direct care exceeds the requirements of ssional as set forth in 10A 1). body responsible for each p and implement written y the responsibilities of its onal(s). At a minimum these ess the following: ment of the day to day ons of the facility; on of paraprofessionals bilities related to the each child or adolescent's	9				
	T OF DEFICIENCIES OF CORRECTION PROVIDER OR SUPPLIER E HOUSES VALLEYB SUMMARY STA (EACH DEFICIENC) REGULATORY OR L INITIAL COMMENT An Annual Survey of 2019. A deficiency This facility is licent category: - 10A NCAC 27 Treatment-Staff Se Adolescents 27G .1703 Resider P 10A NCAC 27G .17 ASSOCIATE PROF (a) In addition to th specified in Rule .1 facility shall have a staff who meets or an associate profes NCAC 27G .0104(1 (b) The governing facility shall develo policies that specify associate profession policies shall addred (1) managen day-to-day operation (2) supervision regarding responsi implementation of of treatment plan; and (3) participat	OF CORRECTION       IDENTIFICATION NUMBER:         MHL049-152       STREET /         PROVIDER OR SUPPLIER       STREET /         E HOUSES VALLEYBROOK II       251 VAL TROUTION         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       INITIAL COMMENTS         An Annual Survey was completed on June 20, 2019. A deficiency was cited.       2019.         This facility is licensed for the following service category:       -         - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents       76         27G .1703 Residential Tx. Child/Adol - Req. for A P       100 NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS         (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 100 NCAC 27G .0104(1).         (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(s). At a minimum these policies shall address the following: (1) management of the day to day day-to-day operations of the facility;         (2) supervision of paraprofessionals regarding responsibilities related to the implementation of each child or adolescent's treatment plan; and (3) participation in service planning	T OF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.       (X2) MULTIPLE A. BUILDING: B. WING         MHL049-152       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, S 251 VALLEYBROOK II         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID PREFIX TAG         INITIAL COMMENTS       V 000         An Annual Survey was completed on June 20, 2019. A deficiency was cited.       V 000         This facility is licensed for the following service category: - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents       V 295         27G .1703 Residential Tx. Child/Adol - Req. for A P       V 295         10A NCAC 27G .1703 REQUIREMENTS FOR ASSOCIATE PROFESSIONALS (a) In addition to the qualified professional specified in Rule .1702 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an aasociate professional as set forth in 10A NCAC 27G .0104(1).       V 295         (b) The governing body responsible for each facility shall develop and implement written policies shall address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding responsibilities child or adolescent's treatment plan; and (3) participation in service planning	TOF DEFICIENCIES OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER       (X2) MULTIPLE CONSTRUCTION A. BUILDING:         MHL049-152       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       D PROVIDER COSS-REFERENCED TO (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION)         INITIAL COMMENTS       V 000         An Annual Survey was completed on June 20, 2019. A deficiency was cited.       V 000         This facility is licensed for the following service category: - 10A NCAC 27G .1700: Residential Treatment-Staff Secure for Children or Adolescents       V 295         27G .1703 Residential Tx. Child/Adol - Req. for A P       V 295         10A NCAC 27G .0102 of this Section, each facility shall have at least one full-time direct care staff who meets or exceeds the requirements of an associate professional as set forth in 10A NCAC 27G .0104(1).       V 295         (b) The governing body responsible for each facility shall develop and implement written policies that specify the responsibilities of its associate professional(S). At a minimum these policies that address the following: (1) management of the day to day day-to-day operations of the facility; (2) supervision of paraprofessionals regarding regenosibilities related to the implementation of feach child or adolescent's treatment plan; and (3) p articipation in service planning	TO OF DEPRICIENCIES OF CORRECTION       (Y1) PROVIDERSUPPLIERCLAIN IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: IDENTIF	

XN4P11

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/20/2019	
		MHL049-152					
			ADDRESS, CITY, S	TATE, ZIP CODE	00/		
/IRACLI	E HOUSES VALLEYB	ROOK II					
(X4) ID	SUMMARY STA		TMAN, NC 2816	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLE DATE	
V 295	Continued From pa	age 1	V 295				
	Based on interview failed to insure ther direct care associa responsibilities of n operations, supervi	et as evidenced by: and record review, the facili re was at least one full-time te professional, with minimum nanaging the day-to-day ising para-professionals and vice planning meetings.	m				
	s (GHM) personnel - promoted to 0 - signed her jot		er '				
	GHM revealed: - "Duties and R - 1. Plan, o overall operation of - 2. Manag of the group home of support staff, an - 3. Monito during 30 day - Pro - 4. Conduc	of the Job Description for the Responsibilities: organize, develop and direct to f the Resident Services es the day-to-day operations services through supervision d allocation of resources. r and train new employees obation Period. ct monthly employee	the				
	evaluations. - 5. Plans, evaluates mental h " - "Minimum Jol - GED or H	develops, implements and ealth programs for the client b Requirements: ligh School diploma required perience directly related to th					
	client #3 revealed:	9 with client #1, client #2 and ff person as the GHM	d				

STATE FORM

XN4P11

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Division of Health Service Regulation         STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION       (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:         MHL049-152			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 06/20/2019	
		MHL049-152				
		L DDRESS, CITY, STATE, ZIP CODE				
IIRACL	E HOUSES VALLEYB		LEYBROOK LA			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 295	<ul> <li>the GHM was operation of the factor of the state rules</li> <li>takes care of the state rules</li> <li>liaison with cliand guardians</li> <li>has been the opened in April, 207</li> <li>"does the day</li> </ul> Interview with the Environment of the factor o	in charge of the day-to-day ility 9 with the GHM revealed she: the consumer 's needs he facility is run according to ent 's day programs, schools GHM at this facility since it 19 -to-day tasks" needed Executive Coordinator ks 40 hours per week hanages the day-to-day ility" haged a sister facility before ility 4M has no bachelor 's degree working in these facilities for he GHM position was required Professional with a bachelor '	V 295			

XN4P11