STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-231	B. WING		07/	24/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PARADIO	SM II		IASTERS LAN ILLE, NC 278			
(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 AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	An annual survey was completed on July 24, 2019. Deficiencies were cited.					
	category: 10A NCA	ed for the following service C 27G .5600C, Supervised h Developmental Disabilities.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster   shall be approved b authority. (b) The plan shall b and evacuation pro- posted in the facility (c) Fire and disaste shall be held at lease repeated for each s under conditions that	07 EMERGENCY PLANS n for each facility and olan shall be developed and by the appropriate local e made available to all staff cedures and routes shall be r. r drills in a 24-hour facility st quarterly and shall be hift. Drills shall be conducted at simulate fire emergencies. Il have basic first aid supplies				
	facility failed to ensu- held quarterly and r findings are:	views and interviews the ure fire and disaster drills were epeated on each shift. The				
	disaster drill docum - No disaster drill do first quarter (Januar	ocumented for 2nd shift for the				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL074-231	B. WING		07/24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	TATE, ZIP CODE	•	
PARADI	GM II		IASTERS LAN ILLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE	(X5) COMPLETE DATE
V 114	quarter (January - I - No fire or disaster for the third quarter During interview or stated the facility of - 1st shift 7:00 am - 2nd shift 3:00 pm - 3rd shift 11:00 pm - Weekend staff wo 7:00 pm and 7:00 p - Sometimes staff w hour shifts with ead - Fire drills were co During interview on Manager stated sho	March) of 2019. drill documented for 1st shift (July - September) of 2018. 7/16/19 Home Manager 1 perated with three shifts: - 3:00 pm. - 11:00 pm. - 7:00 am. orked 12 hour shifts, 7:00 am - om - 7:00 am. would "split" the weekend 12	V 114			
V 364	Facilities § 122C-62. Addition Facilities. (a) In addition to the 122C-51 through Ge who is receiving the 24-hour facility kee (1) Send and recent access to writing means assistance when new (2) Contact and co and at no cost to the physicians, and privi- developmental disa professionals of his	ive sealed mail and have naterial, postage, and staff ecessary; onsult with, at his own expense the facility, legal counsel, private vate mental health, abilities, or substance abuse schoice; and onsult with a client advocate if				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL074-231	B. WING		07/24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE	
PARADIO	GM II		IASTERS LAN ILLE, NC 278		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF (	
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	HE APPROPRIATE DATE
V 364	Continued From pa	ge 2	V 364		
	restricted by the face exercise these right (b) Except as provious of this section, each treatment or habilitat times keeps the right (1) Make and receive calls. All long distant the client at the time collect to the receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two houp p.m.; however visiti over therapies; (3) Communicate as supervision with indu- upon the consent of (4) Make visits outs unless: a. Commitment pri- the result of the clieve violent crime, include assault with a dead respondent was fou- insanity or incapable b. The client was committed to the fai commitment to a co- Division of Adult Co- Public Safety; or c. The client is be to proceed pursuant A court order may e- otherwise prohibited conditions prescribes (5) Be out of doors	ive confidential telephone ince calls shall be paid for by e of making the call or made ing party; s between the hours of 8:00 for a period of at least six urs of which shall be after 6:00 ng shall not take precedence and meet under appropriate lividuals of his own choice f the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an ly weapon, and the und not guilty by reason of			

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL074-231	B. WING		07/	24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
PARADI	GM II		IASTERS LAN			
			ILLE, NC 278	33		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ge 3	V 364			
	personal clothing an client is being held proceed pursuant to (7) Participate in re (8) Keep and spen own money; (9) Retain a driver! prohibited by Chapt and (10)Have access to his private use. (c) In addition to th 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult superv recognition of the m individual, the mino opportunities to ena emotionally, intellect vocationally. In view and intellectual imm 24-hour facility shall structure, supervision the rights given to th The facility shall als reasonable efforts t client receives treat adult clients unless minor client dictate Each minor client w habilitation from a 2 (1) Communicate a guardian or the age custody of him;	ibited by law, keep and use ind possessions, unless the to determine capacity to o G.S. 15A-1002; eligious worship; d a reasonable sum of his is license, unless otherwise for 20 of the General Statutes; o individual storage space for individual storage space for is rights enumerated in G.S. .S. 122C-57 and G.S. .S. 122C-61, each minor client atment or habilitation in a the right to have access to rision and guidance. In hinor's status as a developing r shall be provided able him to mature physically, etually, socially, and v of the physical, emotional, haturity of the minor, the I provide appropriate on and control consistent with he minor pursuant to this Part. so, where practical, make o ensure that each minor ment apart and separate from the treatment needs of the	t			

Division	of Health Service Re	egulation			FURIN	APPROVED
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL074-231	B. WING		07/:	24/2019
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
PARADI	GM II		ASTERS LAN LLE, NC 278			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	( (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLETE DATE
V 364	Continued From pa	ge 4	V 364			
Division of H	cost to the facility, le physicians, private disabilities, or subst his or his legally res (3) Contact and co there is a client adv The rights specified restricted by the fac may exercise these (d) Except as provi of this section, each treatment or habilita the right to: (1) Make and recei distance calls shall time of making the receiving party; (2) Send and recei writing materials, po when necessary; (3) Under appropria- visitors between the p.m. for a period of hours of which shal visiting shall not tak therapies; (4) Receive specia training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as proh personal clothing an appropriate supervi held to determine c G.S. 15A-1002; (7) Participate in re-	I in this subsection may not be cility and each minor client rights at all reasonable times. ided in subsections (e) and (h) n minor client who is receiving ation in a 24-hour facility has ive telephone calls. All long be paid for by the client at the call or made collect to the ve mail and have access to ostage, and staff assistance ate supervision, receive e hours of 8:00 a.m. and 9:00 at least six hours daily, two I be after 6:00 p.m.; however te precedence over school or I education and vocational nee with federal and State law; daily and participate in play, sical exercise on a regular e with his needs; ibited by law, keep and use nd possessions under sion, unless the client is being apacity to proceed pursuant to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	MHL074-231	B. WING		07/	24/2019
AME OF PROVIDER OR SUPPLIER		DDRESS, CITY, S			
ARADIGM II		MASTERS LAN VILLE, NC 278			
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 364 Continued From pa	ge 5	V 364			
of his own money; a (10)Retain a driver <sup>1</sup> prohibited by Chapt (e) No right enume of this section may by the qualified prof formulation of the or plan. A written state client's record that if for the restriction. T reasonable and relat habilitation needs. A period not to excee each restriction shat qualified profession at which time the re Each evaluation of documented in the rights may be renew statement entered the client's record the renewal of the restriction of rig by the client shall, u be notified of the re it. In the case of a r adult client, the legat be notified of a restriction or renewal of a restriction or renewal of a restriction or renewal of a restriction of a restriction of rig be notified of each or renewal of a restriction of a restriction of restriction of a restriction of rig be notified of each or renewal of a restriction individual or legally	and spend a reasonable sum and s license, unless otherwise ter 20 of the General Statutes. erated in subsections (b) or (d) be limited or restricted except fessional responsible for the lient's treatment or habilitation ement shall be placed in the indicates the detailed reason the restriction shall be ated to the client's treatment of A restriction is effective for a d 30 days. An evaluation of all be conducted by the hal at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in that states the reason for the iction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, striction and of the reason for ninor client or an incompetent ally responsible person shall instance of an initial restriction riction of rights and of the eation of the designated responsible person shall be ing in the client's record.	r			

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-231	B. WING		07/	24/2019
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
PARADIO	GM II		MASTERS LAN /ILLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	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	TION SHOULD BE	(X5) COMPLET DATE
V 364	Continued From pa	ge 6	V 364			
	interviews, the facil restriction of clients was documented a of 3 audited clients Review on 7/16/19 - 26 year old male a 10/29/13. - Diagnoses include Intellectual/Develop Attention Deficit Dis -"Short Range Goa Date: 4/1/2019" inc 10b. [Client #2] will clothes when given daily for 3 consecut plan year." - Residential servic Teach [Client #2] nd zipper, or seam to I [Client #2] by saying touch the You Physically prompt [ on those areas. St	views, observations and ity failed to ensure that 'access to personal property nd reviewed as required for 1 (Client #2). The findings are: of client #2's record revealed: admitted to the facility ed Autistic Disorder, Severe omental Disability, and				
	will continue to let h want to mess up his [Client #2] while he that he does not put	him know that he does not s clothes. 6. Will monitor is in the restroom to ensure Il at the seam of his pants the pants ripping takes place.				
	While in the restroom to use the bathroom bother with the sea on his pants that he	om, staff will prompt [Client #2] n, and will remind him not to m, zipper, tag and or anything				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
		MHL074-231	B. WING		07/	24/2040
					077	24/2019
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST IASTERS LANI			
PARADIO	SM II		ILLE, NC 2783			
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ge 7	V 364			
	evaluation of the re and no written state	to his personal property, no striction at least every 7 days, ement by the Qualified e the reason for the renewal o				
	revealed: - The bedroom clos Client #4 was locke	6/19 at approximately 9:30 set shared by Client #2 and d. cabinet inside the closet.				
	stated the closet wa boys [Client #4] like with the clothes." O the closet when he would monitor him.	7/16/19 House Manager 1 as locked because "one of the es to come in here and mess Client #4 had a key to access needed to do so, but staff The cabinet inside the closet medications and the clients' ept locked.				
	Manager stated the clothing was kept in wore daily was stor bedroom. The lock	7/24/19 the Program e clients' extra, out of season, in the closet. The clothing they ed in the drawers in their red cabinet inside the closet medications and client				
V 736	27G .0303(c) Facili	ty and Grounds Maintenance	V 736			
	EXTERIOR REQUI (c) Each facility and maintained in a safe	803 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive				

STATE FORM

VMNN11

If continuation sheet 8 of 9

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED				
		MHL074-231	B. WING		07/	24/2019			
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		24/2010			
PARADIO	SM II	1216-A M	ASTERS LAN	E					
	GREENVILLE, NC 27833         (X4) ID       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER'S PLAN OF CORRECTION       (X2)         PREFIX       (EACH DEFICIENCY MUST BE PRECEDED BY FULL       PREFIX       (EACH CORRECTIVE ACTION SHOULD BE       COMP         TAG       REGULATORY OR LSC IDENTIFYING INFORMATION)       TAG       CROSS-REFERENCED TO THE APPROPRIATE       DAT								
PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT	TION SHOULD BE	COMPLET DATE			
V 736	Continued From pa	age 8	V 736						
	Based on observati failed to maintain the attractive manner. Observations of the	his Rule is not met as evidenced by: ased on observation and interview the Licensee iled to maintain the facility in a clean and tractive manner. The findings are: bservations of the facility on 7/16/19 at oproximately 9:30 am revealed:							
	the floor in Client # shared by Clients # - The cover on the bathroom was brok - The white vinyl lar doors was "bubblin the door. - Objects that appe size with dead inse fixture in the kitche - A large brownish- ceiling.	1's bedroom and the bedroom 2 & #4. overhead light in the hall cen. minate on the kitchen cabinet g" away from the structure of eared consistent in shape and cts inside the overhead light n. gray stain on the living room een in the living room had a							
		n 7/24/19, the Qualified I they were aware of some of							