STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BUILDING:		JOHN LETED	
		MHL074-231 B. WING 07/2		4/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
PARADIO	GM II		ASTERS LAI 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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	An annual survey was completed on July 24, 2019. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C, Supervised Living for Adults with Developmental Disabilities.					
V 114	27G .0207 Emerge	ncy Plans and Supplies	V 114			
	10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use.					
	facility failed to ens held quarterly and r findings are: Review on 7/16/18 disaster drill docum - No disaster drill do first quarter (Janua	views and interviews the ure fire and disaster drills were epeated on each shift. The of the facility's fire and entation revealed: ocumented for 2nd shift for the				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL074-231		B. WING		07/24/2019	
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE	1 0172	-7/2010
PARADIO			ASTERS LAI			
PARADIC	JIVI II	GREENVI	LLE, NC 278	333		
(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 SHOUL CROSS-REFERENCED TO THE APPROINT DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 114	Continued From pa	ge 1	V 114			
	quarter (January - March) of 2019. - No fire or disaster drill documented for 1st shift for the third quarter (July - September) of 2018. During interview on 7/16/19 Home Manager 1 stated the facility operated with three shifts: - 1st shift 7:00 am - 3:00 pm. - 2nd shift 3:00 pm - 11:00 pm. - 3rd shift 11:00 pm - 7:00 am. - Weekend staff worked 12 hour shifts, 7:00 am - 7:00 pm and 7:00 pm - 7:00 am. - Sometimes staff would "split" the weekend 12 hour shifts with each other. - Fire drills were completed monthly for each shift.					
	Manager stated she	7/24/19 the Program would ensure fire and held quarterly and across all				
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour	V 364			
	Facilities. (a) In addition to the 122C-51 through G who is receiving tre 24-hour facility keep (1) Send and receivances to writing meassistance when not (2) Contact and count at no cost to the physicians, and priviled evelopmental disapprofessionals of his	ve sealed mail and have aterial, postage, and staff ecessary; nsult with, at his own expense e facility, legal counsel, private rate mental health, bilities, or substance abuse choice; and nsult with a client advocate if				

Division of Health Service Regulation

STATE FORM 6899 VMNN11 If continuation sheet 2 of 9

Division of Health Service Regulation						
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			
MHL074-231		B. WING		07/24/2019		
NAME OF PROVIDER OR SUPPLIER STREET AD		DRESS CITY S	STATE, ZIP CODE	•		
TO TWIL OF	TROVIDER OR COLT EIER		ASTERS LAI			
PARADI	GM II		LLE, 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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 2	V 364			
	The rights specified restricted by the face exercise these right (b) Except as provious of this section, each treatment or habilitatimes keeps the right (1) Make and rece calls. All long distart the client at the time collect to the receiv (2) Receive visitors a.m. and 9:00 p.m. hours daily, two houp.m.; however visiti over therapies; (3) Communicate a supervision with incupon the consent of (4) Make visits out unless: a. Commitment puthe result of the clieviolent crime, includes assault with a dead respondent was four insanity or incapable. The client was committed to the facommitment to a collivision of Adult Collivision of Adul	In this subsection may not be cility and each adult client may as at all reasonable times. It is at all in the confidential telephone are calls shall be paid for by the of making the call or made are calls shall be paid for by the of making the call or made are calls shall be after 6:00 for a period of at least six are of which shall be af				

6899

Division of Health Service Regulation STATE FORM

VMNN11 If continuation sheet 3 of 9

Division of Health Service Regulation						
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE		
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED	
MHL074-231		B. WING		07/2	4/2019	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DDESS CITY S	STATE, ZIP CODE		
NAME OF F	- NOVIDEN ON SUFFEIEN		, ,	•		
PARADIO	€M II		ASTERS LAI			
			LLE, NC 27			
(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 CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 3	V 364			
	several times a wee	ok.				
		ibited by law, keep and use				
		nd possessions, unless the				
		to determine capacity to				
	proceed pursuant to	o G.S. 15A-1002;				
	(7) Participate in re					
	· / · ·	d a reasonable sum of his				
	own money;					
		s license, unless otherwise				
	and	er 20 of the General Statutes;				
		individual storage space for				
	his private use.	individual storage space for				
	(c) In addition to the rights enumerated in G.S.					
		.S. 122C-57 and G.S.				
	122C-59 through G	.S. 122C-61, each minor client				
		atment or habilitation in a				
		the right to have access to				
		ision and guidance. In				
		ninor's status as a developing				
	individual, the mino	is shall be provided able him to mature physically,				
	emotionally, intelled					
		of the physical, emotional,				
		naturity of the minor, the				
	24-hour facility shall provide appropriate					
	structure, supervision	on and control consistent with				
	the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the					
	minor clients unless					
		otherwise. ho is receiving treatment or				
		24-hour facility has the right to:				
		and consult with his parents or				
		ency or individual having legal				
	custody of him;	.,				
		nsult with, at his own expense				

Division of Health Service Regulation STATE FORM

VMNN11 If continuation sheet 4 of 9

V 364 Continued From page 4 or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with fiederal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use	AND DUAN OF CODDECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER PARADIGM II C(A) ID PREERIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCE ACTION SHOULD BE CROSS-REFERENCE OF THE APPROPRIATE DATE V 364 Continued From page 4 or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (a) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use	MHL074-231		B. WING		07/24/2019		
PARADIGM II CAN D	NAME OF F	PROVIDER OR SUPPLIER					0.10
CK4 ID SUMMARY STATEMENT OF DEFICIENCES ID PROVIDER'S PLAN OF CORRECTION PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 364 Continued From page 4 Or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use							
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 4 or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be affer 6:00 p.m.; however visiting shall not take precedence over school or therapies; (4) Receive special education and vocational training in accordance with fiederal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use	PARADIO	GM II					
or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary; (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or theraples; (4) Receive special education and vocational training in accordance with federal and State law; (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs; (6) Except as prohibited by law, keep and use	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	D BE	COMPLETE
personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002; (7) Participate in religious worship;	V 364	or that of his legally cost to the facility, lephysicians, private disabilities, or subsities or his legally res (3) Contact and conthere is a client advocation of the rights specified restricted by the facing exercise these (d) Except as provious of this section, each treatment or habilitatine right to: (1) Make and receduistance calls shall time of making the receiving party; (2) Send and receive writing materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shall visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors recreation, and phybasis in accordance (6) Except as prohipersonal clothing an appropriate superviheld to determine constraining constraining constraining constraining constraining appropriate superviheld to determine constraining constraini	responsible person and at no egal counsel, private mental health, developmental tance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if rocate. I in this subsection may not be sility and each minor client rights at all reasonable times, ided in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has live telephone calls. All long be paid for by the client at the call or made collect to the ve mail and have access to estage, and staff assistance at esupervision, receive thours of 8:00 a.m. and 9:00 at least six hours daily, two I be after 6:00 p.m.; however the precedence over school or I education and vocational new with federal and State law; a daily and participate in play, sical exercise on a regular with his needs; ibited by law, keep and use and possessions under sion, unless the client is being apacity to proceed pursuant to	V 364	DEFICIENCY)		

6899

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	gulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
MHL074-231		B. WING		07/2	4/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PARADIO	GM II		ASTERS LAI LLE, NC 278			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 5	V 364			
	(EACH DEFICIENCY MUST BE PRECEDED BY FULL					

6899

Division of Health Service Regulation STATE FORM

If continuation sheet 6 of 9 VMNN11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
MHL074-231			B. WING	07/	24/2019	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, S	FATE, ZIP CODE		
PARADIO	GM II		ASTERS 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 CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 6	V 364			
	interviews, the facili restriction of clients was documented at of 3 audited clients Review on 7/16/19 - 26 year old male at 10/29/13. - Diagnoses included Intellectual/Develop Attention Deficit Distribution Deficit D	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 sorder. Is/Interventions Effective luded "Short Range Goal refrain from tearing/ripping his two or less verbal prompts ive months throughout the es strategies "Staff will 3. of to pick at his buttons, tags, his pants or shirts. 4. Inform g, [Client #2] please do not will damage you clothes. 5. Client #2] not to touch or pull aff will guide [Client #2]'s hand is to touch these areas, and him know that he does not so clothes. 6. Will monitor is in the restroom to ensure ll at the seam of his pants the pants ripping takes place. In, and will remind him not to m, zipper, tag and or anything				

Division of Health Service Regulation

STATE FORM 6899 VMNN11 If continuation sheet 7 of 9

AND DIAN OF CODDECTION IDENTIFICATION NUMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL074-231		B. WING		07/2	4/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
PARADIO	вм II		ASTERS LAI LLE, NC 278			
(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 SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 7	V 364			
	#2's right to access to his personal property, no evaluation of the restriction at least every 7 days, and no written statement by the Qualified Professional to state the reason for the renewal of the restriction. Observation on 7/16/19 at approximately 9:30 revealed: - The bedroom closet shared by Client #2 and Client #4 was locked. - A locked storage cabinet inside the closet. During interview on 7/16/19 House Manager 1 stated the closet was locked because "one of the boys [Client #4] likes to come in here and mess with the clothes." Client #4 had a key to access the closet when he needed to do so, but staff would monitor him. The cabinet inside the closet contained overflow medications and the clients' records and was kept locked.					
	Manager stated the clothing was kept in wore daily was storbedroom. The lock	7/24/19 the Program clients' extra, out of season, the closet. The clothing they ed in the drawers in their ed cabinet inside the closet medications and client				
V 736	10A NCAC 27G .03 EXTERIOR REQUI (c) Each facility and maintained in a safe	ty and Grounds Maintenance 303 LOCATION AND REMENTS I its grounds shall be e, clean, attractive and orderly e kept free from offensive	V 736			

6899

Division of Health Service Regulation STATE FORM

VMNN11 If continuation sheet 8 of 9

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			SURVEY LETED	
MHL074-231			B. WING		07/2	4/2019
NAME OF	PROVIDER OR SUPPLIER	1216-A MA	ORESS, CITY, S ASTERS LAI LLE, NC 278			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
V 736	This Rule is not me Based on observatifailed to maintain the attractive manner. Observations of the approximately 9:30 - Scuffs on the walls the floor in Client # shared by Clients # - The cover on the obathroom was brok - The white vinyl lar doors was "bubbling the door. Objects that appeasize with dead insertixture in the kitcher - A large brownish-goeiling. The fireplace screen heavy coating of during interview on	et as evidenced by: on and interview the Licensee de facility in a clean and The findings are: de facility on 7/16/19 at de am revealed: de s approximately 8 inches from de s's bedroom and the bedroom de 2 & #4. de byerhead light in the hall den. deninate on the kitchen cabinet de away from the structure of dered consistent in shape and dets inside the overhead light de d	V 736			

6899

Division of Health Service Regulation STATE FORM

VMNN11 If continuation sheet 9 of 9