	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
			A. BOILDING.		С	
		MHL041-857	B. WING		08	3/23/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	JRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 000	INITIAL COMMENTS	3	V 000			
		vas completed on 8/23/19. ubstantiated (Intake # iencies were cited.				
		ed for the following service 27G .1700 Residential ure for Children or				
V 132	G.S. 131E-256(G) He Allegations, & Protec		V 132			
	REGISTRY (g) Health care facilit Department is notifie health care personne unknown source, wh any act listed in subo (which includes: a. Neglect or abuse facility or a person to as defined by G.S. 13 b. Misappropriation in a health care facili (b) of this section inc care services as defi hospice services as defi hospi	s belonging to a health care				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		C 08/23/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 132	Continued From page	e 1	V 132			
	investigations must b	gress. The results of all e reported to the e working days of the initial				
	allegations against he	as evidenced by: the facility failed to report ealth care personnel to the el Registry. The findings				
	 She had been told be punched her in the far and the second seco	/5/19) she (client #2) said d her in the face and I said ou in the face? And I said I " a staff member allegedly failed to notify the Health stry (HCPR) about the				
V 367	27G .0604 Incident R	Reporting Requirements	V 367			
	10A NCAC 27G .060 REPORTING REQUI CATEGORY A AND E	REMENTS FOR				

Division of Health Service Regulatio STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		с	
		MHL041-857	B. WING		08	5/23/2019
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
RESH S	TART HOME FOR CHILI	DREN	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From page	ge 2	V 367			
	level II incidents, exe the provision of billa consumer is on the p incidents and level II to whom the provide 90 days prior to the responsible for the of services are provide becoming aware of the besubmitted on a for Secretary. The report in person, facsimile means. The report s information: (1) reporting p identification informat (2) client ident (3) type of inc (4) description (5) status of the cause of the incident (6) other indiv or responding. (b) Category A and missing or incomple shall submit an update report recipients by the information provided information provided erroneous, misleadint (2) the provided required on the incident (2) the provided required on the incident (2) the provided required on the incident (2) the provided required on the incident (3) the provided required on the incident (4) the provided required on the incident (5) category A and upon request by the	atchment area where d within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; tification information; ident; n of incident; ne effort to determine the t; and iduals or authorities notified B providers shall explain any te information. The provider ated report to all required the end of the next business er has reason to believe that d in the report may be ng or otherwise unreliable; or er obtains information lent form that was previously B providers shall submit, LME, other information he incident, including:				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		08	C 8/23/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	TART HOME FOR CHILD	1929 MU	RRYHILL ROAD			
KLOH O		GREENS	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From page	e 3	V 367			
	 (3) the provider (3) the provider (d) Category A and E of all level III incident Mental Health, Devel Substance Abuse Se becoming aware of the providers shall send a incidents involving a Health Service Regul becoming aware of the client death within se or restraint, the provider immediately, as requited and 10A NCAC (e) Category A and E report quarterly to the catchment area when The report shall be suby the Secretary via e include summary information of a level II (2) restrictive in the definition of a level II (2) restrictive in the definition of a level II (2) restrictive in the definition of a level II (3) searches of (4) seizures of the possession of a construction of the total number incidents that occurrence (6) a statement been no reportable in incidents have occurrence any of the criter 	client death to the Division of ation within 72 hours of he incident. In cases of ven days of use of seclusion der shall report the death ired by 10A NCAC 26C C 27E .0104(e)(18). B providers shall send a e LME responsible for the e services are provided. Ubmitted on a form provided electronic means and shall ormation as follows: errors that do not meet the or level III incident; herventions that do not meet el II or level III incident; f a client or his living area; client property or property in lient; mber of level II and level III ed; and t indicating that there have incidents whenever no red during the quarter that ia as set forth in Paragraphs e and Subparagraphs (1)				

STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED
		MHL041-857	B. WING		C 08/23/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
		1929 ML	IRRYHILL ROAD			
FRESH ST	TART HOME FOR CHILD	GREENS	SBORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLET DATE
V 367	Continued From pag	e 4	V 367			
	failed to report all Lev during the provision of LME (Local Manager	as evidenced by: Ind record review, the facility vel II incidents that occurred of billable services to the ment Entity) within 72 hours of the incident. The findings				
	 She had been told I punched her in the fa "On that Monday (8 that [staff #3] punche how did she punch y don't see any marks. After being told that punched a client, she report but did not ens against staff were pu Improvement System 	 /5/19) she (client #2) said ad her in the face and I said ou in the face? And I said I " t a staff member allegedly e completed an incident sure that the allegations t into the Incident Response n (IRIS). ation of the staff member 				
	the group home. - "Client became ups didn't want to go on a worker. One on one an activity for [client is attend unless the oth her. Client then went personal belonging a aggressive. Client the throwing rocks at sta talk her down she ca	f IRIS revealed: vas submitted on 8/5/19 by set with staff because she a outing with her one on one worker had already planned #2] but she did not want to her clients were going with to her room and threw her at staff and became verbally en ran outside and started ff. Once staff managed to me back inside the facility. use her coping skills but				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			-	
		MHL041-857	B. WING		08	C 08/23/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1929 MU	RRYHILL ROAD				
-KESH S	TART HOME FOR CHILD	GREENS	BORO, NC 27403				
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI	
V 367	Continued From pag	e 5	V 367				
	of her bedroom wind and client then bit sta attempted to hit her. therapeutic hold."	then attempted to jump out ow. Staff blocked the window aff on the hand and Staff then placed client in include an allegation against					
V 500	27D .0101(a-e) Clien	t Rights - Policy on Rights	V 500				
	RESTRICTIONS AN (a) The governing be assured the implement G.S. 122C-65, and G (b) The governing be implement policy to a (1) all instance abuse, neglect or exp reported to the Cound Services as specified G.S. 7A, Article 44; a (2) procedures instituted in accordar practice when a med present serious risk to Particular attention s neuroleptic medication (c) In addition to tho 10A NCAC 27E .010 each facility shall devit that identifies: (1) any restrict prohibited from use w (2) in a 24-hou under which staff are the rights of a client. (d) If the governing b	body shall develop policy that intation of G.S. 122C-59, S.S. 122C-66. body shall develop and assure that: as of alleged or suspected poloitation of clients are ty Department of Social d in G.S. 108A, Article 6 or and a and safeguards are nee with sound medical ication that is known to to the client is prescribed. hall be given to the use of ons. se procedures prohibited in 2(1), the governing body of velop and implement policy ive intervention that is					

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			С
		MHL041-857	B. WING		08	23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RESH ST	TART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AG CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 500	Continued From page	Continued From page 6				
	122C-62(b) and (d) a identify: (1) the permitte allowed restrictions; (2) the individu the client; and (3) the due pro- involuntary client who restrictive interventio (e) If restrictive interv- within the facility, the develop and impleme compliance with Sub- which includes: (1) the designa- has been trained and competence to use re- provide written author restrictive interventio renewed for up to a to accordance with the NCAC 27E .0104(e)((2) the designa- responsible for review interventions; and (3) the establis-	ns. ventions are allowed for use governing body shall ent policy that assures chapter 27E, Section .0100, ation of an individual, who who has demonstrated estrictive interventions, to rization for the use of ns when the original order is otal of 24 hours in time limits specified in 10A				
	County Department of	as evidenced by: the facility failed to notify the of Social Services of an ecting 1 of 4 clients. The				
		with the Licensee revealed: by client #2 that staff #3				

Division of Health Service Regulati STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
	FCORRECTION	IDENTIFICATION NOWBER.	A. BUILDING:		COM		
		MHL041-857	B. WING		08	C 08/23/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
RESH ST	ART HOME FOR CHILD	1929 MU	JRRYHILL ROAD				
		GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 500	Continued From page	e 7	V 500				
	that [staff #3] punche how did she punch ye don't see any marks." - After being told that punched a client, she	/5/19) she (client #2) said d her in the face and I said ou in the face? And I said I " a staff member allegedly failed to notify the County Services about the abuse					
V 512	27D .0304 Client Rig	hts - Harm, Abuse, Neglect	V 512				
	 (a) Employees shall abuse, neglect and e with G.S. 122C-66. (b) Employees shall sort of abuse or negle 27C .0102 of this Cha (c) Goods or service purchased from a clie established governing (d) Employees shall necessary to repel or aggressive client and governing body policy is necessary depends characteristics of the and physical and met of aggressiveness disintervention procedur Subchapter 10A NCA (e) Any violation by a 	BLECT OR EXPLOITATION protect clients from harm, xploitation in accordance not subject a client to any ect, as defined in 10A NCAC apter. s shall not be sold to or ent except through g body policy. use only that degree of force secure a violent and which is permitted by y. The degree of force that s upon the individual client (such as age, size ntal health) and the degree splayed by the client. Use of res shall be compliance with AC 27E of this Chapter. an employee of Paragraphs Rule shall be grounds for					
	This Rule is not met	as evidenced by:					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING	08	C 08/23/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	JRRYHILL ROAD			
			SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 512	Continued From page	e 8	V 512			
i 	Based on observations, record reviews and interviews, 1 of 4 current staff (staff #3) abused 1 of 4 clients (client #2) and the Licensee failed to protect 1 of 4 clients (#2) from harm. The findings are:					
	 Admission Date: 7/2 Diagnoses: Bipolar Anxiety D/O; Oppos Attention-Deficit/Hyp Combined Type; Bor Functioning Age: 16 years-old Review of client #2" dated 7/30/19: "Description of inter her calming techniqui such as popsicles, ly going to her room." Review of client #2" dated 1/28/19 reveale "Collateral informati Syndrome as her bio alcohol while she wa concern. She has exis social skills deficits, a when she does not g items/activities." Review of client #2" Person-Centered Pro- revealed: "Client and her fam manage emotions an for expression" "will comply with with the daily schedul language or behavior 	II Disorder (D/O), Social itional Defiant D/O; eractivity Disorder (ADHD) derline Intellectual s Admission Assessment ventions: [Client #2] uses es of: frozen items to eat ing down, washing hair, s Psychological Evaluation ed: on states Fetal Alcohol logical mother consumed s pregnant. Autism is also a ecutive functioning deficits, and becomes aggressive et access to desired				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL041-857	B. WING		08	C 08/23/2019	
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1929 MU	IRRYHILL ROAD				
RESH S	TART HOME FOR CHILD	GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE	
V 512	Continued From page	e 9	V 512				
	record revealed: - Hire Date: 1/19/07 - Position: Qualified Director - Trainings: - On 2/27/19 complet Intervention Plus (NC - On 3/6/18 complete "Abuse/Neglect/Explo Review on 7/16/19 of - Hire Date: 9/1/18 - Position: Para Profe	Cl +)" d bitation/Mistreatment" f staff #3's record revealed:					
	revealed: - She was pulled off h on by staff #3 on her - During the incident : with staff #3 laying or - "I was in my bedroo what's wrong with you my room because it is leave me alone because mother" - "She (staff #3) drag sitting on the bed. She braids." - "She pushed me on of me. She was laying - "I slammed (to) the were here you would - "I got choked and sl me."	/19 at 2:58 pm with client #2 her bed by staff #3 and laid bedroom floor on 8/3/19. she was on her stomach in her back "choking" her. im and she came in and said u. I said can you get out of s triggering me. Can you use I'm thinking about my ged me off the bed. I was in dragged me by my the floor and jumped on top g on me."					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	ST CONNECTION	BENTI TOATION NOMBER.	A. BUILDING:	``		
		MHL041-857	B. WING		08	C 6/23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
	ART HOME FOR CHILD	1929 MU	JRRYHILL ROAD			
FRESH SI	ART HOME FOR CHILD	GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 10	V 512			
	grabbed my wrist." - "Then [FS #10] cam 'get off of her.' " - "She (staff #3) had - "I said I need water voice was like this' whispering. - Observed multiple s left forearm and one right forearm. - "I (went outside and door and asked them restrained on the dirt laying on my stomach laying on me. She's f - "She pulled me inside around my mouth. She door to her car." - She denied throwing and only recalled bei home where she wer - Her back was hurting	because I couldn't talk, my "Observed client #2" scratches to client #2's inside scratch to the inside of the d) knocked on someone's in to call the police. I got outside (by staff #3). I was h and she (staff #3) was heavy. It hurt." de the car with her hand he had [FS #10] to open the g any clothes out the window ng brought back to the group ht to her bedroom and cried. hg after the restraint. 5 am and Review on 8/23/19				
	pointed out an entry ((restraint) happened - "Attention Everyone	ell! So while at this group				
	Guardian], [Guardian Coordinator] Listen u with [staff #3] she ha	p: Ever since Ive been 1 to 1 s been pulling me out of				
	into the circle in the g was smoking cigars i	others that was not related group home. She (staff #3) n the front of me which gets				
	because it goes towa	se it makes my nose burns, ards my way. Also when at n't wanna leave because I				

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
	of connection	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL041-857	B. WING			C / 23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1929 MU	IRRYHILL ROAD			
FRESHSI	ART HOME FOR CHILD	GREENS	SBORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE
V 512	Continued From page	e 11	V 512			
	was having fun trving	g to enjoy the rest of summer.				
		t what you want its what I				
	-	she (staff #3) grabs my				
		the point I stomp. pass				
		up home she (staff #3) get a				
		up, meaning like "[client #2]				
		Im already in bad mood lets				
		go." So Im like saying in my head "why you gotta				
		o if I don't wake up She'll				
		up." "Im not playing." So I				
		said it in a calm voice which				
	she didn't. So then sl	she didn't. So then she pulled the cover off me				
	and pulled me out of	the bed. She has been				
	threatening me in the	e library. "If you don't come				
	here I am going to be	eat you down." Im your 1 to 1				
	so you do as I say."	"or else." So I said "you				
	touch me Im going to	tell [care coordinator]." So				
	she said "I'll call for y	ou." So she called her and				
	said I walked out bef	ore I even walked yet. So				
	since decided to lie c	on me I made her wish come				
		t. Then police came to talk to				
	me and I rode with hi	im he asked me what was				
		staff #3] has been touching				
		lo you mean touching you."				
		ny hand really tight decides				
		e like I am a dog." So he				
	•	gain call 9-1-1." I said "I can't				
	•	ien he said "sneak on the				
	· •	and asked someone next				
		So I said "okay I will try." So				
		re you hungry. I said "no I				
		myself." He said "cmon I'll				
		I said "okay." I want some				
		nuggets and fries from kay." So got back to group				
		asked to get the others cook				
		em jealous. So all of us got it				
		arted acted funny towards				
	, .	etter be lucky if it wasn't for				
		e cookout cause of me cause				
	alth Service Regulation					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857			08	C / /23/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 12	V 512			
	really police had ask	ed me what I want." So then				
		to eat my food. She (staff #3)				
		said "nope you can't eat til I get ready." So I went to my room and started packing. So then she				
		oor and jumped on top of me				
	so I started screaming for help. So I said get off					
		her hand around my neck				
		guess. So I went outside and				
		to asked someone to call the				
	-	l on the ground and got on				
		er hand around my mouth				
		her car. Said "sit down and				
	stfu and took back to	the house. So I went to my				
	room and started cry	ing "I don't want to be here				
	cause I don't get resp	pect here." So she opened				
	the door and said "st	fu before I do it again." So I				
	said Im telling my so	cial worker. She said "I dont				
	fxxing care." And left	so I just was trying to catch				
	my breath. Question	(to my social worker): Can I				
	have a diffrent 1 to 1	? Or can I plz go to a new				
	placement. "					
	Interview on 8/23/19	with client #2 revealed:				
		onging on 8/3/19 because				
		and wanted her social				
	worker to find a new					
		staff not to talk to her.				
		ngings on 8/3/19) because I				
		social worker and see if she				
	could get me a new p					
		because she (staff #3) keeps				
		g she keeps threatening,				
	•	getting on top of me."				
		f not to talk to me and that				
	she is the only one I					
	Interview on 8/22/19	with FS #10 revealed:				
		It the group home on 8/3/19				
		old there was a crisis going				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL041-857	В. WING		08	C 3/23/2019
NAME OF PI	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE	. ZIP CODE	,	
		1929 MU	RRYHILL ROAD	,		
FRESH ST	FART HOME FOR CHILD	REN	BORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID PROVIDER'S PLAN OF			(X5)
PREFIX TAG	```	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETI DATE
V 512	Continued From pag	e 13	V 512			
	- "IStaff #1] told me t	here was a crisis going on				
		there and I hear someone				
		alone, get out of here and I				
	want you to get out o	of my room.' [Client #2] was				
	screaming."					
		I take the girls for a walk and				
	-	I stayed at the house. I				
		screaming and cursing by				
		nd went to [client #2's] got into the bedroom [staff				
		one on one was standing				
	there on the phone w	•				
		saying leave me alone and I				
		was saying I am not leaving				
	your room. "					
		wn the curtains, screaming				
		e and you're trying to rape me				
		nt #2] tried to throw the				
	dresser at [staff #3]."					
		no was on the phone) told her				
	daughter [staff #3] to	nding up and [staff #3] threw				
		Staff #3] football player				
		round. Now [client #2] is on				
		3] on top of her. [Client #2]				
	-	aff #3] is doing a choke hold				
	with her right arm."					
		screaming, you're choking				
	me I can't breathe."					
		at me 'where is my phone?' I				
	-	one. While [staff #3] is				
		client #2] is biting [staff #3's] Jesus, Jesus what do I do?				
		at me and sweating and				
		breathe.' I say to [staff #3]				
		er go because [client #2] has				
		breathe. [Client #2] is				
		can't breathe' so I said to				
		is [FS #10] say my name' so				
	that I know that she i	s breathing. I am asking her				

Division of Health Service Regulation STATE FORM

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STATEMEN	of Health Service Regunt TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		IDENTIFICATION NONIDER.	A. BUILDING:		[
		MHL041-857	MHL041-857 B. WING		08	C 3/23/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
		1929 MU	RRYHILL ROAD			
FRESH SI	TART HOME FOR CHILD	GREENS	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 512	Continued From page	e 14	V 512			
	to say my name. So name I knew she was #3] get up off of her." - "[Staff #3] got up off and said (to staff #3) to kill me' and then ra told me to get the key keys to the car. I got [staff #3] was on foot - "We (FS #10 and st says 'I am going to ta the car.' [Staff #3] wa ground and it happer dragged [client #2]. [0 [staff #3] pulled her b into the car and push - "Then [staff #3] told and I got in the passe to [local road]. I aske driving this way?' I as doing?' and she said, turn at the light and s [client #2] is yelling yu #2] was throwing [sta window. Now we are road] and [client #2] i window. [Staff #3] st throwing my clothes o - "Then I am like Jesu and it is crazy. [Staff middle of the street in driver's seat because When I looked at her and I knew at that po away from her becau I jumped out of the pa the driver's seat. [Staff	when she (client #2) said my s breathing and I say to [staff f of her and [Client #2] got up 'you tried to kill me you tried an out of the house. [Staff #3] ys to her car and I got the in the car following and and [client #2] was running." (aff #3) find her and [staff #3] ake her down and put her in restled [client #2] to the hed quickly. [Staff #3] Client #3] was standing and by her arm to make her get red [client #2] into the car." me she was going to drive enger seat. [Staff #3] drove d (staff #3), 'why are you sked her, 'what are you , 'shut up.' She made a U trarts driving into traffic and ou tried to kill me and [client aff #3's] clothes out the car driving back down [local s throwing clothes out the arts yelling this b***h is				

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		BENTI TOATION NOMBER.	A. BUILDING:			
		MHL041-857	B. WING		C 08/23/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILD	1929 ML	JRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 512	Continued From pag	e 15	V 512			
	[Client #2] did tell me	when we were in the car				
		vas hurting her, there was				
	bruises on her knee and elbow. I think it was her right elbow. I do remember her telling me her					
	•	nsure which knee had bruise.				
	-	rks on her face when I left on				
		s scraped up from when				
		r on the concrete getting her				
	into the car."	<u>.</u>				
	- "I got [client #2] ca	almed down and she said				
		#3] is going to kill me and I				
	-	n. I drove [client #2] back to				
		got her back to her room.				
		going to leave if I left and I				
	told her I wasn't going to leave. I would stay the					
	whole night. She kept saying [staff #3] was going					
	o kill her. I stayed the whole shift. I was scared					
	[staff #3] was going t	o come back so I called [the				
	Licensee] and told he	er that [staff #3] did not need				
	to come back."					
	- The Licensee arrive	ed at the group home and				
	confronted client #2.					
	- "I felt like at that po	int I was going to stay and				
	protect [client #2]. I d	lidn't like the way [the				
		onting [client #2]. She had				
	her (client #2) like in	a hug hold around [client				
	#2's] neck and taking	her back to her room. [The				
		ack to her room and I				
	-	Licensee] lets her go. [The				
		#2] 'you are going to get it				
		and [client #2] tried to tell [the				
		#3] hurt her and the owner				
		hurt you because you were				
		and the other residents were				
		uld not hear what was				
	happening."					
		not ask me what happened.				
		ything. She only talked to				
		onfrontational with [client #2]				
	and was not concern	ed. I told [the Licensee] I				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857	B. WING		08	C 3/23/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
RESH ST	FART HOME FOR CHILI	1929 MU	RRYHILL ROAD			
		GREEN	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL ELSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	je 16	V 512			
	told her everyone ne everyone has had e - "She (the License happened in the beat the phone with [staff - "[Client #2] asked one on one. [Staff # thought I was going - "I told her (the Lice mad about her cloth [staff #3] drove craz her I was not prepar situation and I did ne - "It could have gone - FS #10 was so cor safety that she stage	e) already knew what droom because she was on [#3]." [the Licensee] if I could be her 3] left and went home. I to die in that car that night." ensee) about [staff #3] getting es being thrown out and how y into on-coming traffic. I told ed to handle that kind of ot have enough credentials." e tragic very quickly."				
	- She is the daughte - "I am her (client #2 went to the library part of the group wit she was singled out home girls to the libr own assignment and We had a behavior a throws rocks at me there and saw every [client #2] back to the - "We are now at the her if she behaved f Cook-out. She wen packing up things ar pulled away from the the bedroom door. S	 I's) one on one. On 8/3/19 we [Client #2] wanted to be a h the other residents and felt We did go with the group rary but I made her do her d she got upset about that. at the library where she The police officer was thing and the police drove 				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857	B. WING		08	C 3/23/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	DREN	RRYHILL ROAD			
		GREENS	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From pag	e 17	V 512			
	- Client #2 did not sa	y why she did not want her to				
	be the one on one.	, ,				
	- "The girls were in the	neir room when this was				
	happening. [FS #10]] and [staff #1] were there.				
		om- 7 pm on Saturday				
	8/3/19."					
	· · •	bs her bag to leave the				
		id you can't leave you have				
	-	alize how you feel. She did her bag down. She picks				
	-	hrows it at me. I step back				
		ck into the room and tell her				
		ve to stop or I will have to put				
	her down. She said 'F-U b***h you are not going					
	to touch me or I will of	call the police.' I tell her I am				
		ou unless I have to. She				
		indow and says I don't want				
	to be here."					
		t #2) away from the window. I				
	•	nd put her on the floor. I was so n her stomach because I				
		utic hold and she was head				
		fight me and is biting me.				
	• • • •	ger. My body is on top of her.				
	I was sitting on her b	ottom (straddling her) and				
	holding her arms abo	ove her head. Her arms were				
		r head. Her head was on the				
		ad butting me and hitting my				
	upper chest area. Sr arms."	ne was trying to bite me, my				
	- "[FS #10] was pray	ing for her while I had her in				
		and [client #2] said she was				
		t and got her a bottle of				
		et her up so she could drink				
		down. She sits down on the				
		iter. She (client #2) still is				
	screaming and drink	as on the phone facetime and				
	saw everything."					
		do so I wouldn't get hurt. It				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING: MHL041-857 B. WING			
		MHL041-857			08	C 6/23/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
DEGU GI	ART HOME FOR CHILD	1929 ML	JRRYHILL ROAD			
RESH 51		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 18	V 512			
	when she fought me, - "[The Licensee] told her time alone and I s she ran out (of the gr - "We (staff #3 and F ² car with [FS #10] driv car and [client #2] ref is yelling she wants to to the hospital. [FS # #2] tries to go to the I car. The car door is c basically walked her her into the back seat. He car. I closed the door start to bring her bac Interview on 8/22/19 - "(According to staff	out the correct way but I had to protect myself." I me after we got up to give started to exit the room and oup home)." S #10] chased her with the ring asking her to get into the fuses to get into the car and o kill herself and wants to go 10] pulls the car up. [Client left to avoid getting in the open. I did not touch her. I into the back seat. I closed 's how I got her in. She fell er legs hit the bottom of the 'and got into the car and I k to the group home." with the Licensee revealed: #3 on 8/3/19) [Client #2] vith the other girls (at the				
	library) and she was talked to the police a something from fast f back to the group how get in the group how	upset. [Client #2] went and nd he bought all the girls food and brought [client #2] me because she would not				
	she didn't want [staff wanted another one of kept calling [staff #3] messenger (like face through it."	#3] to be her worker and on one working. [Client #2] a 'b.' [Staff #3] had me on time). I was coaching her				
	herself or destroy pro restrain her." - "[Client #2] tries to g off the ground) and th	ne (client #2) goes to hurt operty you will have to go out the window (3-4 feet nat's when [staff #3] got her. her so she would not go out				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		A. BUILDING:			
	MHL041-857			08	C 6/23/2019
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FRESH START HOME FOR CHILDR	1929 ML	JRRYHILL ROAD			
RESH START HOME FOR CHIEDR	GREENS	SBORO, NC 27403			
PREFIX (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 T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 512 Continued From page	19	V 512			
fighting her. I was on the [FS #10] came in." - "She (staff #3) pulled windowand that's we (facetime). Right about #3] had [client #2] by the behind [client #2] (pull window) so she would Then [FS #10] came in did not see any more of from the window. I fell (and hung up the phore home) because [FS #1-1] "When I almost got the and they said [client #2] home - "When I pulled-up I saw the road picking up clot taken [client #2] home - "When I got there [FS asleep." - "On that Monday (8/5 that [staff #3] punched and I said, 'how did sl And I said I don't see a - She did not have star schedule after client # by staff #3. Interview on 8/22/19 we - She, FS #10 and all fin the group home whe #2 on 8/3/19 "[Client #1] pulled me having a flashback. The staff (FS #10) took the - "When we returned [FS #10] and said [staff #3] and said [staff #3] and said [staff #3] and said [staff #3] for the group home whe fight a flashback. The staff (FS #10) and said [staff [FS #10] and said [staff #3] and said [staff #3] and said [staff [FS #10] and said [staff] [Sta	he phone (facetime) and I [client #2] away from the hen I got off the phone t her wrist is where [staff both arms. [Staff #3] was ing her back from the not go out of the window. n and I said I am leaving. I beyond pulling her away t comfortable leaving then he to drive to the group 10] was in the room." here, I called [staff #3] back 2] ran down to [local street]. v [staff #3] in the middle of othes. [FS #10] had already ." S #10] said [client #2] was 5/19) she (client #2] said I her in the face (on 8/3/19) he punch you in the face?' any marks." If #3 removed from the 2 alleged that she was hit with staff #1 revealed: the other residents were not en staff #3 restrained client e outside and said I am hat's when me and the other e girls for a walk." client #2] came to me and ff #3] put her hands on me. lling us that [staff #3] hit her				

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		08	C 8/23/2019
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
RESH ST	TART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 512	Continued From page	e 20	V 512			
		t [staff #3] hit her on the her head. That's when to be her one on				
	- She was in her bedr restrained client #2 o - She never saw anyt and staff #3 and only - "[Client #2] blew up in to try to calm her (o	n 8/3/19. hing occur between client #2 heard things. in her room. [Staff #3] went client #2) down." eaming and telling [staff #3]				
	- She was in her bedr restrained client #2 o - She never saw anyt and staff #3 and only - "I just heard [client # off of me."	n 8/3/19. hing occur between client #2 heard things. #2] saying to [staff #3] to get say I can't get off of you until				
	- She was in her bedr restrained client #2 o - She never saw anyt and staff #3 and only - "[Client #2] was telli her." - "[Staff #3] told [client would let her go."	n 8/3/19. hing occur between client #2				
		the Plan of Protection dated y the Qualified Professional				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
			A. BUILDING: B. WING			
		MHL041-857			C 08/23/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		1929 MU	JRRYHILL ROAD			
FRESH ST	ART HOME FOR CHILE	DREN	SBORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN O	F CORRECTION	(X5)
PRÉFIX TAG		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE A REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO DEFICIE		CTION SHOULD BE COMP O THE APPROPRIATE DAT		
V 512	Continued From pag	je 21	V 512			
	"What will you imme	diately do to correct the				
		s in order to protect clients				
	from further risk or a	•				
		ction taken on August 22,				
		e rule violation was to				
	terminate the employment of the staff member					
		effective immediately. While it				
		[staff #3] may have been				
		violation, prior to this violation				
	there had been no p	revious incidents of this				
	nature. Further, [stat	ff #3] received training in				
	North Carolina Interv	ventions (NCI) at the onset of				
	her employment with	n the agency and a refresher				
		n were current and up to date.				
	÷	the DHHS representative, a				
	•	eld on August 22, 2019, with				
		e Licensee], to address the				
		clients, as well as address				
	-	ng the rule violation, which				
		ot limited to reviewing with				
	•	of completing incidents				
		anner, the appropriateness of				
		ent report when client report				
		portance of consulting				
	•	are questions regarding if a npleted. Staff were also				
	advised regarding ut	-				
		proach as it relates to				
		re they are and provided				
	resources and interv					
		exhibiting behavioral				
		ut not limited to physical				
		sty or verbal outbursts. In				
		the staff with resources and				
		ress behavioral concerns of				
		ewed NCI techniques, and the				
		each technique as it relates to				
		of each client, including any				
		at may prevent the use of				
	medical concerns in	at may prevent the use of				

(X4) ID PREFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	(EACH DEFICIENC' REGULATORY OR L ntinued From page ch client record wa nditions and any pe bact how the staff r crisis. In addition to nditions, we review an and Crisis Plan f sure that the staff v eds of each client. e supervisor was re s meeting. In an eff lations and to main powledge of staff, in	Image: Area and a constraint of the staff during for to prevent future rule ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	A. BUILDING: B. WING NDDRESS, CITY, STATE JRRYHILL ROAD SBORO, NC 27403 ID PREFIX TAG V 512	E, ZIP CODE	RRECTION SHOULD BE	C 23/2019 (X5) COMPLET DATE
(X4) ID PREFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L INTINUE From page the client record wa holitions and any per- pact how the staff r crisis. In addition to holitions, we review an and Crisis Plan f sure that the staff v eds of each client. Is supervisor was re- is meeting. In an effi lations and to main powledge of staff, in- ded to the staff me	STREET A 1929 MU GREENS ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 22 S reviewed for medical ertinent information that may may proceed during a time to review of medical red the Person-Centered for each individual client, to vere aware of the specific The importance of notifying biterated with the staff during fort to prevent future rule tain the skills and cident reporting will be	ADDRESS, CITY, STATE IRRYHILL ROAD SBORO, NC 27403 ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE /	RRECTION SHOULD BE	(X5) COMPLET
(X4) ID PREFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L INTINUE From page the client record wa holitions and any per- pact how the staff r crisis. In addition to holitions, we review an and Crisis Plan f sure that the staff v eds of each client. Is supervisor was re- is meeting. In an effi lations and to main powledge of staff, in- ded to the staff me	Image: Ren 1929 MU greens ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) ATEMENT of DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IRRYHILL ROAD SBORO, NC 27403 ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE /	SHOULD BE	COMPLET
(X4) ID PREFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Intinued From page ch client record wa nditions and any per- pact how the staff r crisis. In addition to nditions, we review an and Crisis Plan f sure that the staff v eds of each client. Is supervisor was re is meeting. In an eff lations and to main powledge of staff, in- ded to the staff me	REN GREENS ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 2 22 s reviewed for medical ertinent information that may may proceed during a time o review of medical red the Person-Centered for each individual client, to vere aware of the specific The importance of notifying biterated with the staff during fort to prevent future rule that the skills and cident reporting will be	BBORO, NC 27403	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE /	SHOULD BE	COMPLET
PRÉFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	(EACH DEFICIENC' REGULATORY OR L ntinued From page ch client record wa ditions and any pe bact how the staff r crisis. In addition to naditions, we review an and Crisis Plan f sure that the staff v eds of each client. s upervisor was re s meeting. In an eff lations and to main powledge of staff, in- ded to the staff me	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 22 s reviewed for medical ertinent information that may may proceed during a time to review of medical red the Person-Centered for each individual client, to were aware of the specific The importance of notifying biterated with the staff during fort to prevent future rule that the skills and cident reporting will be	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE /	SHOULD BE	COMPLET
PRÉFIX TAG V 512 Con eac con imp. of c con Plar ens nee the this viola kno add onc Afte Lice sess the and MSV	(EACH DEFICIENC' REGULATORY OR L ntinued From page ch client record wa ditions and any pe bact how the staff r crisis. In addition to naditions, we review an and Crisis Plan f sure that the staff v eds of each client. s upervisor was re s meeting. In an eff lations and to main powledge of staff, in- ded to the staff me	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	COMPLET
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Afte Lice sess the and MS						
Lice sest the and MS ^V		g, MSQP [QP] met with [the				
ses the and MS		an individual supervision				
the and MS ^V	-	policies and procedures of				
and MS		s decision making protocols				
MS	• •	ensed Practitioner (LP)],				
		the supervision session to				
	vise [the Licensee]	of his plans to assist the				
		vision of [the Licensee] as it				
		staff training, policies and orward as of this 8/22/19				
		e] with be supervised by the				
		CSW [LP] with a minimal of				
	a week.					
		ISW, LCSW, contacted				
		y to assess their safety,				
		er the client has recently				
-	-	lient is currently being				
		ent has any reason to feel				
		ned. In discussions with				
		able to broaden his				
		facility's functioning and				
	-	lient reports, it was resolved				
		e and there are no concerns				
		occur. After confirming their				
		entified who they feel				
com	erv. each client ide					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S COMPL		
		A. BUILDING:		BUILDING:			
		MHL041-857	B. WING		08/2	3/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE			
EBESH SI	ART HOME FOR CHILD	1929 MU	JRRYHILL ROAD				
I KESH SI		GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 512	Continued From pag	e 23	V 512				
	arose.						
	Describe your plans	Describe your plans to make sure the above					
	happens.						
		bove has occurred as I					
	terminated [staff #3], facilitated the staff meeting, reviewed the Peron Centered Plan and Crisis						
		and met with [LP] following					
		ach client to determine if					
		were necessary. The staff					
		to show the meeting					
	minutes that where d	-					
	re-reviewed at any ti	me as needed for a					
	refresher. [LP] will ha	ave documentation of his					
	assessment with the	clients to reflect no safety					
	concerns at this time	for the clients.					
	[QP] 8/22/2019"						
	The facility serves 4	female clients ranging in age					
		e of their diagnoses include:					
	Bipolar II Disorder (D	0/O), Social Anxiety D/O;					
	Post Traumatic Stres	s D/O; Oppositional Defiant					
		t/Hyperactivity Disorder					
	• •	ruptive Mood Dysregulation					
	· · ·	ndence; and Borderline					
		ng. Client #2 has a history of					
		/3/19 she was held face					
		e client was dragged down to as on her stomach and the					
		er and had her in a choke					
		atedly screamed she could					
		ond staff, FS #10, told staff					
		t. Afterwards, the client ran					
	-	ound by staff #3, she was					
	-	mach, dragged by her hand					
		r. Staff #3 then drove the					
		an erratic manner while					
		othes out the window. Staff					
		the middle of traffic on a					
		It to retrieve her clothes. FS					
	alth Service Regulation	or the safety of the client and					

MHL041-857 B WING		(X3) DATE SUR COMPLETE		(X2) MULTIPLE CO	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		
WME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITV, STATE, ZIP CODE TRESH START HOME FOR CHILDREN 1929 MURRYHILL ROAD GREENSBORO, NC 27403 (M) ID TRG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TRG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL RESULTORY OR LSC DENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL TRG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY MUST BE PRECEDED BY FULL TRG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY AUST DE PRECEDED BY FULL TRG PROVIDER'S PLAN OF CORRECTION (EACH OFFICIENCY AUST DE PRECEDED BY FULL TRG V512 Continued From page 24 V 512 V512 V512 Continued From page 24 V 512 herself so she drove herself and client #2 away leaving staff #3 in the road. FS #10 stated there was a bruise on the client's end ead bow after the restraints. Client #2 complained that her back hurt as well. When the client reported the abuse to the Licensee, the Licensee did not report the allegations in the incident report. and did not conduct an internal investigation. She also allowed staff #3 to continue to work at the facility until 82/19. This deficiency constitutes a Type A1 rule violation frailure to protect from harm and serious abuse and must be corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 736 V 736 Z7G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a staff. dealing tractive and orderly mainter an shall be kept free from offensive odor. V 736 <th colspan="2" rowspan="2">C 08/23/2019</th> <th></th> <th colspan="2" rowspan="2">A. BUILDING:</th> <th colspan="2" rowspan="2"></th>	C 08/23/2019			A. BUILDING:			
BY AND A PAY STATEMENT OF DEFICIENCY (M-ID) TWG SUMMARY STATEMENT OF DEFICIENCE EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULTORY OR LGC DENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLANCE CORRECTION (EACH DEPICIENCY) V512 Continued From page 24 V512 herself so she drove herself and client #2 away leaving staff #3 in the road. FS #10 stated there was a bruise on the client's knee and elbow after the restraints. Client #2 complained that her back hurt as well. When the client reported the abuse to the Licensee, the Licensee did not oport the allegations to HCPR, did not include the allegations to HCPR, did not include the allegations to HCPR, did not include the allegations to HCPR, did not corrected within 23 days. An administrative penalty of is \$50,00.00 imposed. If the violation is not corrected within 23 days. An administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 736 V730 Zr6. 0303(c) Facility and Grounds Maintenance UCRC PRECIDENT PENALTY of the facility is out of compliance beyond the 23rd day. V 736 V730 DANCAC ZPG.0303 LOCATION AND EXTERIOR REQUIREMENTS () Cash facility and its grounds shall be manifered in assel, cleen, attractive and orderiy manner and shall be kept free from offensive odor. V 736							
PRESIDENT HOME FOR CHILDREN GREENSBORO, NC 27403 (04) ID (PA) ID (EAOL DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDERS PLAN OF CORRECTION (EAOL OPENCTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 512 Continued From page 24 herself so she drove herself and client #2 away leaving staff #3 in the road. FS #10 stated there was a bruise on the client's knee and elbow after the restraints. Client #2 complained that her back hurt as well. When the client report the allegations to HCPR, did not include the facility until 8/22/19. This deficiency constitutes a Type A1 rule violation for failure to protect from harm and serious abuse and must be corrected within 23 days, an administrative penalty of \$50.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 736 V 736 TOG .0303(c) Facility and Grounds Maintenance was abruis as for each day the facility is out of compliance beyond the 23rd day. V 736			ZIP CODE	DDRESS, CITY, STATE,	STREET	PROVIDER OR SUPPLIER	IAME OF PF
Precing TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PRETX TAG CROCH CONRECTLY ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 512 Continued From page 24 V 512 herself so she drove herself and client #2 away leaving staff #3 in the road. FS #10 stated there was a bruise on the client's knee and elbow after the restraints. Client #2 complained that her back hurt as well. When the client report and did not conduct an internal investigation. She also allowed staff #3 to continue to work at the facility until 8/22/19. This deficiency constitutes a Type A1 rule violation for failure to protect from harm and serious abuse and must be corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 736 V 736 27G. 0.303(c) Facility and Grounds Maintenance work and its a staff, clean, attractive and orderly maintained in a safe, clean, attractive and orderly maintaine					N	START HOME FOR CHILDRE	RESH ST
 berself so she drove herself and client #2 away leaving staff #3 in the road. FS #10 stated there was a bruise on the client's knee and elbow after the restraints. Client #2 complained that her back hurt as well. When the client reported the abuse to the Licensee, the Licensee did not report the allegations to HCPR, did not include the allegations in the incident report, and did not conduct an internal investigation. She also allowed staff #3 to continue to work at the facility until 8/22/19. This deficiency constitutes a Type A1 rule violation for failure to protect from harm and serious abuse and must be corrected within 23 days. An administrative penalty of is \$5,000.00 imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day. V 736 27G .0303(c) Facility and Grounds Maintenance V 736 Ci Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. 	(X5) COMPLET DATE	SHOULD BE	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	PREFIX	IUST BE PRECEDED BY FULL	(EACH DEFICIENCY M	PREFIX
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10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.						leaving staff #3 in the road. FS #10 stated there was a bruise on the client's knee and elbow after the restraints. Client #2 complained that her back hurt as well. When the client reported the abuse to the Licensee, the Licensee did not report the allegations to HCPR, did not include the allegations in the incident report, and did not conduct an internal investigation. She also allowed staff #3 to continue to work at the facility until 8/22/19. This deficiency constitutes a Type A1 rule violation for failure to protect from harm and serious abuse and must be corrected within 23 days. An administrative penalty of is \$5,000.00 imposed. If the violation is not corrected within 23 days, an additional penalty of \$500.00 per day will be imposed for each day the facility is out of	
This Rule is not met as evidenced by: Based on observation and interviews, the facility was not maintained in a safe manner. The findings are: Observation of client #4's bedroom on 8/21/19				V 736	OCATION AND MENTS grounds shall be ean, attractive and orderly pt free from offensive evidenced by: and interviews, the facility a safe manner. The	10A NCAC 27G .0303 L EXTERIOR REQUIREM (c) Each facility and its of maintained in a safe, cle manner and shall be key odor. This Rule is not met as Based on observation a was not maintained in a findings are: Observation of client #4	V 736
revealed: - At 4:53 pm observed client #4's bedroom door						revealed:	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857		(X2) MULTIPLE CC		E SURVEY PLETED		
			A. BUILDING:		C	
		MHL041-857	B. WING		08/23/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILI	DREN	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page	ge 25	V 736			
	to be missing. Observed the door leaning on the wall cross from her room.					
) with client #4 revealed: r door off a couple of weeks				
		the group home would put it as received from her social				
	 Client #4's bedrood wall across the hall #4 had an "episode Client #4's door had 3-4 days ago.") with staff #1 revealed: m door was leaning against a from her room because client and tore it down." d been down "approximately why the door had not been put				
) with staff #3 revealed: n her door about two or three				
	- "(Client #4's) legal	with the Licensee revealed: guardian told us to leave her because it's a natural				