Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			R 09/2	? 7/2019		
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
L & J HC	MES		ABETH STRE TON, NC 27			
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V 000	INITIAL COMMENT	-S	V 000			
	completed on Septe complaint was unsu #NC00155279). De This facility is licens category: 10A NCA	nt and follow up survey was ember 27, 2019. The abstantiated (Intake ficiencies were cited. sed for the following service C 27G.5600C Supervised h Developmental Disabilities.				
V 111	27G .0205 (A-B) Assessment/Treatm	nent/Habilitation Plan	V 111			
	Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.					

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

TITLE (X6) DATE

Division of Health Service Regulation

DIVISION	of Health Service Re	guiation				
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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
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		mhl001-073	B. WING		09/27	7/2019
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L & J HC	MES		TON, NC 27			
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V 111	Continued From pa	ge 1	V 111			
	This Rule is not me	et as evidenced by:				
		view and interview, the facility				
		t an assessment was				
		the delivery of services				
	•	e former client (FC #3). The				
	findings are:					
	Poviow on 0/25/10	of FC #3's record revealed:				
	-Admission date of					
		zoaffective Disorder, Moderate				
		mental Disability, Intermittent				
	Explosive Disorder,	Major Depressive Disorder,				
		nabdomyolysis and Allergic				
	Rhinitis.	0/00/40				
	-Discharge date of					
		admission assessment 3 prior to the delivery of				
	services.	5 prior to the delivery of				
	Interview on 9/27/1	9 with the Qualified				
	Professional reveal					
		on assessment for FC #3				
	when she was adm					
		tempted to find a copy of the nent via the computer				
	program.	ione via the computer				
		assess the admission				
	assessment via the	computer program.				
		orker possibly changed the				
	password for the pr					
		acility failed to complete an				
	admission assessm	nent for FC #3 prior to delivery				

Division of Health Service Regulation

of services.

STATE FORM 5699 5GNC11 If continuation sheet 2 of 10

Division of Health Service Regulation

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
L & J HO	MES		ABETH STRE TON, NC 27			
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V 112	10A NCAC 27G .02 TREATMENT/HAB PLAN (c) The plan shall to assessment, and in legally responsible of admission for clic receive services be (d) The plan shall in (1) client outcome(achieved by provisi projected date of accepted	De developed based on the partnership with the client or person or both, within 30 days ents who are expected to eyond 30 days. Include: (s) that are anticipated to be on of the service and a chievement; (e); review of the plan at least atton with the client or legally or both; atton or assessment of	V 112			
	interviews, the facil implement strategie	et as evidenced by: ion, record review and ity failed to develop and es to address the needs and if two clients (#1). The				

6899

Division of Health Service Regulation STATE FORM

5GNC11 If continuation sheet 3 of 10

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE COMP	SURVEY LETED
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V 112	Continued From pa	ge 3	V 112			
	-Admission date of -Diagnoses of Mild Disability, Schizoaff Type, History of Arr Borderline Diabetes DermatomyositisAdmission Assess following: Client #1 the house and star be in a home that d-Individualized Servicient #1 had no streexposure, suicidal if from the facilityIndividualized Behaimplemented on 5/2 strategies to address	of client #1's record revealed: 12/18/10. Intellectual Developmental fective Disorder-Depressed hold-Chiari Malformation, s., Hypertension and ment dated 10/23/12 had the had a history of walking out of holding in the road. Client #1 will oes not have traffic. Vice Plan dated 4/1/19 for ategies to address indecent deations and walking away avior Support plan was 21/19. The plan had no as indecent exposure, suicidaling away from the facility.				
	Observation of the group home on 9/26/19 revealed: -There was heavy traffic along the highway next to the home.					
	Incident reports for information: (1). 9/3/19-"[Client acausing her to retal outside and began of [Name of group be [Elizabeth Street] at Staff informed her to notified the police. The police arrived acause able to convince (2). 8/25/19-"[Client one picked her up to the police arrived acause able to convince (2). 8/25/19-"[Client one picked her up to the police arrived acause able to convince (2). 8/25/19-"[Client one picked her up to the property of the police arrived acause and the police arrived acause acause and the police arrived acause	cords on 9/26/19 revealed: client #1 had the following #1] insulted [Former Client #3] iate. [Client #1] then went to take her clothes off in front nome]. She then returned to nd asked could she go to jail. hat she would go if someone A neighbor called the police. along with [The Manager] who se her to go inside" #1] woke up agitated that no o go to church, began to valked away wearing bedroom				

Division of Health Service Regulation

STATE FORM 56899 5GNC11 If continuation sheet 4 of 10

Division of Health Service Regulation

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
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		BURLING	TON, NC 27	217		
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V 112	Continued From pa	ge 4	V 112			
	slinners returned fr	om taking a short walk just a				
		ne driveway, then asked to be				
		called the police and [Client #1]				
		e officer, then asked to be				
		al before she harms staff and				
		t #1] did tell police that she felt				
		[Client #1] was transported to				
	hospital for assessr					
		rived on shift to [Client #1]				
		due to be angry. [Client #1]				
		ng to hurt staff and residents				
		the sidewalk and pulled her				
		ar down. Staff attempted to				
		o put clothes back on but				
		d with more cursing and				
		noticed incident and called the				
		ed and [Client #1] continued				
		ing that she was going to kill				
		ise and that she wants to go to				
		[Client #1] was upset that she				
		make phone calls or go out on				
		ere due to her previous				
		1] was transported to [Name				
		Client #1] was discharged				
		use the hospital didn't see this				
		⁴ 1] returned and walked away				
		ripped out on the street. Police				
		er under arrest for indecent				
	exposure"					
		: #1] left facility walking away				
	. ,	[Client #1] laid down of				
		ed to comply with prompts				
		1] was upset that she was not				
		go on an outing. [Client #1]				
		[Name of mental health				
	•	she was picking in an open				
		ing suicide. [Client #1] was				
		[Name of mental health				
		police department] to be				
	assessment"					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES MINDOT-073 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE_ZIP CODE 80 SELIZABETH STREET BURINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES BURINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES BURINGTON, NC 27217 SUMMARY STATEMENT OF DEFICIENCIES SAMMARY STATEMENT OF DEFICIENCY SAMMARY STATEMENT OF DEFICIENCIES S	DIVISION	<u>of Health Service Re</u>	guiation				
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Interview with staff #1 on 9/27/19 revealed: -Client #1 just recently had an incident in August							
-Client #1 just recently had an incident in August		and/or nospital 2-3	within the last few months.				
-Client #1 just recently had an incident in August							
2010		-Client #1 just recei	ntly had an incident in August				
ZUIY.		2019.	_				
-She thought client #1 was upset because no one		-She thought client	#1 was upset because no one				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 6 of 10 5GNC11

Division of Health Service Regulation

ווטופועום	of Health Service Re	guiation				
STATEMEN	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	
			D WING		F	
		mhl001-073	B. WING		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS CITY S	STATE, ZIP CODE		
TO TWIL OF T	NOVIDER OR OUT FEEL					
L&JHO	MES		BETH STRE			
		BURLING	TON, NC 27	217		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORT OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	KIAIE	DAIL
				,		
V 112	Continued From pa	ge 6	V 112			
	·					
	picked her up for ch					
		and walked out of the home.				
		ar the road and refused to				
	come back into the					
		ed to harm staff and the other				
	clients.					
		sibly threatened to harm				
	herself during that i					
	-She called the poli					
		t client #1's behaviors.				
		2-3 incidents of indecent				
	exposure when she					
		rmally get upset and walk				
	away from the hom					
	-Client #1 would sta	and near the road by the group				
	home.					
	-Client #1 would pu	II up her dress and pull down				
	her underwear.					
	-Client #1 was arres	sted for indecent exposure a				
	few months ago.					
	-Client #1 spent sev	veral nights in jail as a result of				
	being arrested for in	ndecent exposure.				
	-The road near the	group home was very busy				
	and client #1 should	d not be standing near the				
	road.					
	-She confirmed clie	nt #1 had no strategies to				
	address her indece	nt exposure, suicidal ideations				
	and walking away fi	rom the facility.				
		•				
	Interview with the M	lanager on 9/26/19 revealed:				
		tory of walking away from the				
		posure and suicidal ideations.				
		1 had gone to the hospital				
		2-3 times within the last few				
	months.					
		rmally get upset, walk out of				
		d near the road next to the				
	home.					
		lly call the police department.				
		metimes tell the police officers				
		: - p	<u> </u>			

Division of Health Service Regulation

STATE FORM 56899 5GNC11 If continuation sheet 7 of 10

DIVISION	<u>of Health Service Re</u>	egulation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					_	,
		b1004 072	B. WING		F	
		mhl001-073	D. W. C		09/2	7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		803 ELIZA	BETH STRE	ET		
L & J HO	MES		TON, NC 27			
040.15	CLIMMAN DV CTA				DNI .	2/5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 112	Continued From no	ao 7	V 112			
V 112	Continued From pa	ge /	V 112			
	she felt like harming	g herself and they would take				
	her to the crisis cen	iter.				
	-Client #1 was arres	sted around May or June 2019				
	due to an incident.	•				
	-Client #1 was arres	sted for indecent exposure.				
		il for about 3-4 days.				
	-Staff called him an	d informed him of the incident.				
	-He actually went to	the home and saw client #1				
	exposing her body.					
		d up her dress and had her				
	underwear pulled de					
		e officers tried to convince				
	client #1 to cover he					
		and was arrested by the police				
	officers.					
		ast one other indecent				
	exposure incident a					
		t, walked out of the home and				
	stood near the road					
		e cooperative during that				
	incident.					
		nbor called the police				
	department.					
	•	e officers convinced client #1				
	to cover herself.					
		t #1 had no strategies to				
		nt exposure, suicidal ideations				
	and walking away fi	rom the facility.				
	Interviews with the	Qualified Professional on				
	9/25/19 through 9/2					
		tory of walking away from the				
		posure and suicidal ideations.				
		rmally display those behaviors				
	whenever she could					
		to the crisis center and/or				
		es due to her behaviors.				
		rmally tell staff or the police				
	officers she felt like					
		would take client #1 to the				
	The police officers	modia take offerit #1 to the				

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 8 of 10 5GNC11

Division of Health Service Regulation

AND DI AN OF CORRECTION IN INDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		mhl001-073	B. WING		09/2	₹ 7/2019
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
L & J HO	MES		ABETH STRE			
L 0 0 110		BURLING	TON, NC 27	217		
(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 APPROPERTION OF T	D BE	(X5) COMPLETE DATE
V 112	Continued From pa	ge 8	V 112			
V 112	hospital and/or crisi -The hospital and/o not admit client #1Client #1 was arres result of an indecen -Client #1 had been months for that inci -Client #1 just recer Behavior Support p -He noticed the age indecent exposure, away from the facili -The agency that co Behavior Support p -The previous agen Individualized Beha #1 for at least ten y -The previous agen indecent exposure, away from the facili -He confirmed clien address her indece and walking away fr Review on 9/27/19 by the Qualified Pro revealed: What will you imme	s center. r crisis center normally would sted a few months ago as a t exposure incident. going to court for the last few dent. ntly had an Individualized lan implemented in May 2019. rncy failed to address the suicidal ideations and walking ty. mpleted the Individualized lan barely knew client #1. cy that completed the vior Support plan knew client ears. cy had addressed the suicidal ideations and walking ty. t #1 had no strategies to nt exposure, suicidal ideations	V 112			
	further risk or additi	onal harm?: "Call ISP				
	service and treatme and document train staff how to follow p ideations, indecent #1's] behaviors." De sure the above hap a incidents and follo treatment plan. Ong	port Plan) Meeting to update ent plan. Train staff and update ing in personnel files. Train policy of elopement, suicidal exposure in regard to [Client escribe your plans to make pens. " Continue to document ow update, service and going training of [Name of or compliance in regard to				

Division of Health Service Regulation

STATE FORM 56899 5GNC11 If continuation sheet 9 of 10

Division	of Health Service Re	egulation				
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		mhl001-073	B. WING		F 09/2	₹ 7/2019
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
L & J HO	MES	803 ELIZA	BETH STRE	ET		
LQJHU	VIVIES	BURLING	TON, NC 27	217		
(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
	facilities, suicidal id exposure. Client #1 involving walking avexposure and/or su police department r Client #1 was arres due to an incident on eighborhood. Their highway during my	ory of walking away from eations and indecent had four separate incidents way from home, indecent icidal ideations. The local esponded to all four incidents. ted on 6/7/19 and put in jail of indecent exposure in the re was heavy traffic along the observation. Client #1's vior Support was implemented				
	in May 2019, however address walking away exposure and/or suconstitutes a Type It to health, safety or violation is not correadministrative penal	ver there were no strategies to vay from home, indecent icidal ideations. This violation is violation which is detrimental welfare of clients. If the ected within 45 days, alty of \$200.00 per day will be ay the facility is out of				

Division of Health Service Regulation STATE FORM