STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL060-648		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			R	
		B. WING	10	к 10/01/2019			
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
URN ARC	DUND		TTEN COURT LL, NC 28227				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENTS		V 000				
	on 10-1-19. The Com (#NC00155777). Def This facility is license	d for the following service 27G 1700 Residential					
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112				
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyo (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re annually in consultati responsible person o (5) basis for evaluat outcome achievemen (6) written consent of responsible party, or	TATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days ts who are expected to ond 30 days. clude: ) that are anticipated to be n of the service and a ievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of					
	obtained.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		B. WING		10	R 10/01/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	DUND		TTEN COURT LL, NC 28227			
		ATEMENT OF DEFICIENCIES				(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	'S PLAN OF CORRECTION ECTIVE ACTION SHOULD BE ENCED TO THE APPROPRIATE DEFICIENCY)	
V 112	Continued From page	e 1	V 112			
	This Rule is not met	as evidenced by:				
	Based on record review and interview the facility					
	failed to develop goals and strategies to address					
	the treatment needs effecting one of four clients ( Client #1). The findings are:					
	Review on 9-12-19 of client #1's record revealed:					
	-Person Centered Plan dated 4-18-19					
	revealed her goals included develop appropriate					
	coping skills, decrease anger outbursts, no physical aggression, stop lying and manipulative					
	behaviors.					
	-No documentation of being able to be					
	unsupervised in the c	community.				
	Review on 9-12-19 of Client #1's progress notes dated 8-19-8-23-19 revealed:					
	-8-19-19: "consumer being at her dance					
		nained at her dance class				
	during this shift."	also transported consumer to				
		onsumer spent the rest of				
		umer was at [dance camp]				
	until staff pick her up	at 6pm due to traffic.				
		in her good position and				
	maintaining good pee	-				
		transported consumer to her ne remained for the rest of				
	this shift."					
		lid not provide interventions				
	for this consumer dur					
		dance camp] today. Staff				
		e transportation to and from				
	the camp."					

HG0411

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL060-648		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NUMBER:	A. BUILDING:		COM		
		B. WING	10	R 10/01/2019			
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		9709 BA	TTEN COURT				
URN ARG	JUND	MINT HI	LL, NC 28227				
(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) COMPLET DATE	
V 112	Continued From page	e 2	V 112				
	Continued From page 2 Review on 9-24-19 of emails from Client #1's Guardian Ad Litem (GAL) revealed: -Email dated 8-15-19 revealed: "I spoke with [Client #1] today and she would like to attend dance camp next week. I spoke to [Group Home Manager] at the group home. She will work to get [Client #1] to camp" -Email dated 8-14-19 revealed: "[Legal Guardian] may be contacting you regarding dance camp. She has an opportunity to go to [dance camp] next week, 7:30-5:30There was a mix up. I guess [Art group] paid for her to go this week, but never told anyone. The money has been paid. She has the option to go next week or can go to some Thursday night classesgroup home could provide transportation" Interview on 9-23-19 with Client #1's Legal Guardian revealed: -They had been working off and on to get client #1 to dance camp, but nothing was finalized until a few days before the camp started. -Client #1 had enjoyed the camp and there had been no problems that he was aware of while						
	Manager revealed: -Staff took Client dropped her off, and -Client #1's guard for her to go.	dian had given permission					
		s revealed: w until a few days before the posed to start that the					

STATE FORM

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		IDENTIFICATION NUMBER:	A. BUILDING:				
		B. WING		10			
AME OF P	ROVIDER OR SUPPLIER	STREETA	ADDRESS, CITY, STATE	, ZIP CODE			
URN AR	OUND		TTEN COURT LL, NC 28227				
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V 112	Continued From page	e 3	V 112				
	the guardian. -If the guardian s somewhere, they had -There had been the dance camp from being there. -They could star	n no issues or behaviors at n client #1 and she enjoyed t doing assessments on the heir treatment plans if the of being alone in the ies.					

HG0411