STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-258	A. BUILDING: _____ B. WING _____	R-C 10/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATIONAL RESIDENTIAL CARE II	2502 BRIARWOOD DRIVE BURLINGTON, NC 27215

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint and follow-up survey was completed on October 25, 2019. The complaint was substantiated (intake #NC00156352). Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities	V 000		
V 539	27F .0102 Client Rights - Living Environment 10A NCAC 27F .0102 LIVING ENVIRONMENT (a) Each client shall be provided: (1) an atmosphere conducive to uninterrupted sleep during scheduled sleeping hours, consistent with the types of services being provided and the type of clients being served; and (2) accessible areas for personal privacy, for at least limited periods of time, unless determined inappropriate by the treatment or habilitation team. (b) Each client shall be free to suitably decorate his room, or his portion of a multi-resident room, with respect to choice, normalization principles, and with respect for the physical structure. Any restrictions on this freedom shall be carried out in accordance with governing body policy. This Rule is not met as evidenced by: Based on record review, observation and interviews the facility failed to ensure one of three clients (#3) had an area for personal privacy. The finding area:	V 539		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-258	A. BUILDING: _____ B. WING _____	R-C 10/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATIONAL RESIDENTIAL CARE II	2502 BRIARWOOD DRIVE BURLINGTON, NC 27215

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 539	Continued From page 1 Observation on 10/24/19 at 8:30 a.m. revealed: -The house had an open floor plan. -The living room and dining room were steps apart. Review on 10/24/19 of Client #3's record revealed: -Admission date of 7/8/19. -Diagnosis of Schizoaffective Disorder, Bipolar Type. -Treatment Plan dated 7/9/19. Interview on 10/24/19 with Client #3's revealed: -She had a cell phone. -Her father would disconnect service if behaviors occurred. -Upon admission within her first 30 days she had to use the house phone. -She was not allowed to contact her family. -Her mother informed her for the first 30 days she was not allowed to contact her. -Her mother said it was the facility rules. -She was not sure who made the decision. -She was able to call other family members and friends. -She had to use the house phone in the living room or dining room. -She was not allowed to use the phone outside or in her bedroom. -She reported there was no privacy while using the phone. Interview on 10/24/19 with Staff #1 revealed: -Hired 6/15/19. -She was the live-in staff. -She reported some clients had personal cell phones and could use anytime. -Clients were able to use personal cell phones in any area of the house. -The house phone had to be used in the living	V 539		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-258	A. BUILDING: _____ B. WING _____	R-C 10/25/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MOTIVATIONAL RESIDENTIAL CARE II	2502 BRIARWOOD DRIVE BURLINGTON, NC 27215

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 539	Continued From page 2 room or dining room. -She was informed of the rules about client's phone usage when hired. -She reported due to a previous client abusing 911 clients had to use the house phone in the common areas. -Clients were not allowed to take the house phone outside the house or in their bedrooms. Interview on 10/24/19 with the Owner/Director revealed: -Some clients had personal cell phones. -Client #3 had a cell phone. -Client #3's father would turn the phone off and on depending on behavior. -There was no phone restriction within the first 30 days. -Client #3's guardian suggested that client #3 not contact immediate family members in the first 30 days. -Guardian wanted client #3 to adjust to the facility before contacting them. -Client #3 was allowed to use the house phone and contact extended family and friends. -She reported due to a previous client abusing 911 phone calls had to be monitored. -Confirmed clients had to use the house phone in the living room or dining room. -Confirmed clients were not allowed to use the house phone outside or in their bedrooms. -There was no phone restriction indicated in client #3's treatment plan.	V 539		