	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL012-110	B. WING		10	/24/2019
ME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
ILSON HO	OME		T CORNER ROAD NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual survey was deficiency was cited.	s completed on 10/24/19. A				
	category: 10A NCAC	d for the following service 27G.5600F Supervised of all Disability Types - ing.				
	G.S. 122C- 62 Additi Facilities	onal Rights in 24 Hour	V 364			
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mate assistance when nece (2) Contact and cons and at no cost to the physicians, and privat developmental disabil professionals of his cl (3) Contact and cons there is a client advoor The rights specified ir restricted by the facilit exercise these rights (b) Except as provid of this section, each a treatment or habilitation times keeps the right (1) Make and receive calls. All long distance	rights enumerated in G.S. . 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if cate. In this subsection may not be ty and each adult client may at all reasonable times. ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: e confidential telephone e calls shall be paid for by of making the call or made				

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		MHL012-110	B. WING		10)/24/2019
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
VILSON H	IOME		T CORNER ROAD NTON, NC 28655			
(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 D THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From page	e 1	V 364			
	hours daily, two hours p.m.; however visiting over therapies; (3) Communicate an supervision with indiv upon the consent of t (4) Make visits outsi unless: a. Commitment pro the result of the client violent crime, includin assault with a deadly respondent was found insanity or incapable b. The client was vo committed to the facil commitment to a corr Division of Adult Corr Public Safety; or c. The client is bein to proceed pursuant to A court order may exp otherwise prohibited I conditions prescribed (5) Be out of doors of facilities and equipment several times a week (6) Except as prohib personal clothing and client is being held to proceed pursuant to 0 (7) Participate in relii (8) Keep and spend own money; (9) Retain a driver's prohibited by Chapter and	de the custody of the facility acceedings were initiated as t's being charged with a big a crime involving an weapon, and the d not guilty by reason of of proceeding; oluntarily admitted or lity while under order of rectional facility of the ection of the Department of og held to determine capacity to G.S. 15A-1002; pressly authorize visits by the existence of the l by this subdivision; daily and have access to ent for physical exercise ; ited by law, keep and use a possessions, unless the determine capacity to G.S. 15A-1002;				

Division of Health Service Regulation STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION			E SURVEY PLETED			
			A. BUILDING:						
		MHL012-110			10)/24/2019			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE					
	IOME		T CORNER ROAD NTON, NC 28655						
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION									
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE			
V 364	Continued From page	e 2	V 364						
	122C-51 through G.S 122C-59 through G.S who is receiving treat 24-hour facility has the proper adult supervision recognition of the mini- individual, the minor so opportunities to enable emotionally, intellectur vocationally. In view of and intellectual imma 24-hour facility shall p structure, supervision the rights given to the The facility shall also, reasonable efforts to client receives treatma adult clients unless the minor client dictate of Each minor client who habilitation from a 24- (1) Communicate and guardian or the agend custody of him; (2) Contact and cons- or that of his legally re- cost to the facility, leg physicians, private m disabilities, or substan- his or his legally resp- (3) Contact and cons- there is a client advoor The rights specified in restricted by the facilii may exercise these ri- (d) Except as provid	 a. 122C-61, each minor client ment or habilitation in a ne right to have access to ion and guidance. In nor's status as a developing shall be provided le him to mature physically, ually, socially, and of the physical, emotional, turity of the minor, the provide appropriate and control consistent with e minor pursuant to this Part. where practical, make ensure that each minor ent apart and separate from the treatment needs of the therwise. b is receiving treatment or -hour facility has the right to: nd consult with his parents or cy or individual having legal sult with, at his own expense esponsible person and at no gal counsel, private ental health, developmental nce abuse professionals, of onsible person's choice; and sult with a client advocate, if 							

		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL012-110	B. WING		10)/24/2019
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
WILSON H	IOME		ST CORNER ROAD NTON, NC 28655			
(X4) ID			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	COMPLETI DATE
V 364	Continued From page	e 3	V 364			
	treatment or habilitat	ion in a 24-hour facility has				
	the right to:					
		e telephone calls. All long				
		e paid for by the client at the				
	-	ime 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					
	nours of which shall be after 6:00 p.m.; however					
	visiting shall not take precedence over school or					
	herapies;					
	(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 personal clothing and possessions under 				
		ion, unless the client is being				
		pacity to proceed pursuant to				
	G.S. 15A-1002;					
	(7) Participate in rel	igious worship;				
	. ,	individual storage space for				
	the safekeeping of pe					
		and spend a reasonable sum				
	of his own money; ar					
		license, unless otherwise				
		prohibited by Chapter 20 of the General Statutes.				
	(e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except					
		e limited or restricted except ssional responsible for the				
	• • •	ent's treatment or habilitation				
		nent shall be placed in the				
	-	dicates the detailed reason				
	for the restriction. Th					

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL012-110	5.000			
NAME OF PF	ROVIDER OR SUPPLIER	L	DDRESS, CITY, STATE,	10/24/2019		
		428 LOS	T CORNER ROAD			
WILSON H	IOME	MORGA	NTON, NC 28655			
(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 364	Continued From page	e 4	V 364			
	habilitation needs. A period not to exceed each restriction shall qualified professional at which time the rest Each evaluation of a documented in the cli rights may be renewed statement entered by the client's record that renewal of the restric client who has not be in each instance of at of a restriction of righ by the client shall, up be notified of the rest it. In the case of a min adult client, the legall be notified of each ins or renewal of a restric reason for it. Notificat individual or legally rest	at least every seven days, triction may be removed. restriction shall be ient's record. Restrictions on ed only by a written the qualified professional in at states the reason for the tion. In the case of an adult en adjudicated incompetent, in initial restriction or renewal ts, an individual designated on the consent of the client, riction and of the reason for nor client or an incompetent y responsible person shall stance of an initial restriction ction of rights and of the				
		n, record review and failed to ensure that ights (privacy) were ented, and reviewed as f 2 clients (Clients #1 and				
	Review on 10/24/19 or revealed: -admission date of 3/2					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL012-110	B. WING		10)/24/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
VILSON F	IOME		T CORNER ROAD NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From page	e 5	V 364			
	Disability, Epilepsy, H Defiant Disorder, Atte Disorder, Intermitten	e Intellectual Developmental Hypothyroidism, Oppositional ention-Deficit Hyperactivity t Explosive Disorder, Mood of Behavior Problems.				
	Review on 10/24/19 of Client #2's record revealed: -admission date of 3/29/12. -diagnoses of Mild Intellectual Developmental Disability, Adjustment Disorder, Major Depressive Disorder, and Recurrent Impulsive Control Disorder.					
	p.m. revealed: -Clients #1 and #2 has the downstairs part of -a large open living re- couch sat at one end opposite end of the re- -there was no partition area and the bedroor -two cameras were low area. -one camera above to the two twin beds. -another camera above toward the television -a second room was included the dining re-	oom where a television and l, and two twin beds at the oom. on between the living room m area. ocated in the living room he television, facing toward we the two twin beds, facing area. adjacent to the beds that oom/kitchen/laundry room. ed at the entrance of the				
	room/kitchen/laundry Interview on 10/18/19 revealed: -the cameras had be	-				

STATE FORM

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	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL012-110	B. WING		10	0/24/2019
NAME OF PR	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	, ZIP CODE		
WILSON H	IOME		ST CORNER ROAD			
			NTON, NC 28655			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R 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 364	Continued From pa	ge 6	V 364			
	-there was also the camera system. -they could hear an the system. Interview on 10/24/ Professional reveal -the guardians for th cameras, however to to this fact. -client rights had not the cameras or othe -the cameras were protection as Client -they were also help	the safety of the clients. capability for audio with the d talk to the client's through 19 with the Qualified ed: ne clients were aware of the there were no signed consents t reviewed the necessity of er least restrictive alternatives. in place for Client #2's #1 tended to pick at her. oful if one of the client's got up night they could easily be				
	Ith Service Regulation					