Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:        | ` '            | E CONSTRUCTION   |                        | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|----------------|--|------------------------|-------------------------------|--|
|   |  | A. BUILDING:  |                |  |                        |                               |  |
| MHL033-058  |  | B. WING   |                |  | R<br><b>10/25/2019</b> |                               |  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET AD   | DRESS, CITY, S | STATE, ZIP CODE  |                        |                               |  |
|   | 145 WAY FARER COURT  |   |                |  |                        |                               |  |
| WAY FAF   | RER COURT  |   | MOUNT, NC 2    |  |                        |                               |  |
| (X4) ID   | SUMMARY STA  | TEMENT OF DEFICIENCIES                                    | ID             | PROVIDER'S PLAN OF CORREC  | TION                   | (X5)                          |  |
| PREFIX<br>TAG   |  | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)      | PREFIX<br>TAG  | (EACH CORRECTIVE ACTION SHO<br>CROSS-REFERENCED TO THE APPF<br>DEFICIENCY) | ULD BE                 | COMPLETE<br>DATE              |  |
| V 000   | INITIAL COMMENT  | TS .  | V 000          |  |                        |                               |  |
|   | An annual and follow up survey was completed on 10/25/19. A deficiency was cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Developmental Disabled Adults   |   |                |  |                        |                               |  |
|   |  |   |                |  |                        |                               |  |
| V 108   | V 108 27G .0202 (F-I) Personnel Requirements   |   | V 108          |  |                        |                               |  |
|   | 27G .0202 (F-I) Personnel Requirements  10A NCAC 27G .0202 PERSONNEL REQUIREMENTS  (f) Continuing education shall be documented.  (g) Employee training programs shall be provided and, at a minimum, shall consist of the following:  (1) general organizational orientation;  (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B;  (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and  (4) training in infectious diseases and bloodborne pathogens.  (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction.  (i) The governing body shall develop and implement policies and procedures for identifying, |   |                |  |                        |                               |  |
|   | reporting, investigate   | ting and controlling infectious diseases of personnel and |                |  |                        |                               |  |

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

(X6) DATE TITLE

Division of Health Service Regulation

| ווטופועום   | of Health Service Re   | guiation   | T            |   |  | 1                |
|---|--|--|--------------|---|--|------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA |  | (X2) MULTIPLE CONSTRUCTION                       |              | (X3) DATE SURVEY  |  |                  |
| AND PLAN OF CORRECTION IDENTIFICATION NUMBER:         |  | A. BUILDING:                                     |              | COMPLETED   |  |                  |
|   |  |  |              | R   |  |                  |
| MHL033-058  |  | B. WING  |              | 10/25/2019  |  |                  |
| NAME OF I   | PROVIDER OR SUPPLIER   | STREET AD  | DRESS CITY S | STATE, ZIP CODE   |  |                  |
| INAME OF I  | NOVIDER OR SOLT EIER   |  | FARER COU    | ,   |  |                  |
| WAY FAF   | RER COURT  |  | OUNT, NC     |   |  |                  |
|   |  |  |              |   |  |                  |
| (X4) ID<br>PREFIX                                     |  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL | ID<br>PREFIX | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL |  | (X5)<br>COMPLETE |
| TAG   |  | SC IDENTIFYING INFORMATION)                      | TAG          | CROSS-REFERENCED TO THE APPROI                              |  | DATE             |
|   |  |  |              | DEFICIENCY)   |  |                  |
| V 108   | Continued From pa  | ae 1   | V 108        |   |  |                  |
|   | -  | 9- 1   |              |   |  |                  |
|   | clients.   |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   | This Rule is not me  | et as evidenced by:                              |              |   |  |                  |
|   | Based on record re   | view and interview the facility                  |              |   |  |                  |
|   |  | f 3 staff (#1, #2 & #3) had                      |              |   |  |                  |
|   | training to meet the mental health/developmental   |  |              |   |  |                  |
|   | disabled needs of a  | client. The findings are:                        |              |   |  |                  |
|   | Boord ravious on 10/16/10 of client #1's record  |  |              |   |  |                  |
|   | Record review on 10/16/19 of client #1's record revealed:                                  |  |              |   |  |                  |
|   | <ul> <li>admitted 4/15/19</li> <li>diagnoses of Mild Intellectual Developmental</li> </ul> |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   |  | ttention Deficient Hyperactivity                 |              |   |  |                  |
|   | Disorder and Bipolar   |  |              |   |  |                  |
|   |  |  |              |   |  |                  |
|   |  | of client #1's treatment plan                    |              |   |  |                  |
|   | dated 4/1/19 reveal  |  |              |   |  |                  |
|   |  | ipport: "Staff should be aware                   |              |   |  |                  |
|   | [client #1] diagnosis  | •  |              |   |  |                  |
|   |  | ciprocity, narrow interest,                      |              |   |  |                  |
|   | speechfearless of  | e, routine rigidity, delayed                     |              |   |  |                  |
|   |  | eaf/ignores people"                              |              |   |  |                  |
|   |  | s recently discharged from a                     |              |   |  |                  |
|   |  | esidential treatment                             |              |   |  |                  |
|   |  | home and school with being                       |              |   |  |                  |
|   |  | behaviorsnot wanting to                          |              |   |  |                  |
|   | complete work assignments, threatening people,   |  |              |   |  |                  |
|   | acting sneaky"   |  |              |   |  |                  |
|   | Dovious on 10/24/46  | of the facility's progress                       |              |   |  |                  |
|   |  | of the facility's progress                       |              |   |  |                  |
|   | notes for client #1 r  | evealed:<br>eard by staff trying to bully his    |              |   |  |                  |
|   |  | ng him not to go in the                          |              |   |  |                  |
|   |  | as going to shower firststaff                    |              |   |  |                  |
|   |  | ne could not harass or try to                    |              |   |  |                  |

Division of Health Service Regulation

STATE FORM BXW811 If continuation sheet 2 of 6

| Division of Health Service Regulation |   |   |  |  |                               |                  |  |
|---------------------------------------|---|---|--|--|-------------------------------|------------------|--|
|                                       |   | (X1) PROVIDER/SUPPLIER/CLIA                               | (X2) MULTIPLE CONSTRUCTION  A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |                  |  |
|                                       |   | IDENTIFICATION NUMBER:                                    |  |  |                               |                  |  |
|                                       |   |   |  |  |                               | ,                |  |
|                                       |   | MUI 022 050   | B. WING                                  |  | R                             |                  |  |
|                                       |   | MHL033-058  |  |  | 10/25/2019                    |                  |  |
| NAME OF I                             | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY, S                           | STATE, ZIP CODE  |                               |                  |  |
|                                       |   | 145 WAY   | FARER COU                                | RT   |                               |                  |  |
| WAY FAR                               | RER COURT   |   | IOUNT, NC                                |  |                               |                  |  |
|                                       |   |   | DONT, NC                                 |  |                               |                  |  |
| (X4) ID                               |   | TEMENT OF DEFICIENCIES                                    | ID                                       | PROVIDER'S PLAN OF CORRECTION COR |                               | (X5)             |  |
| PREFIX<br>TAG                         | `   | / MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION) | PREFIX<br>TAG                            | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO   |                               | COMPLETE<br>DATE |  |
| IAO                                   |   | ,   | 170                                      | DEFICIENCY)  |                               |                  |  |
|                                       |   |   |  |  |                               |                  |  |
| V 108                                 | Continued From pa   | ige 2   | V 108                                    |  |                               |                  |  |
|                                       | intimidata hia haya   | amataa in any way ha tald                                 |  |  |                               |                  |  |
|                                       |   | emates in any wayhe told                                  |  |  |                               |                  |  |
|                                       |   | want to hear that and that he                             |  |  |                               |                  |  |
|                                       | was going to showe  |   |  |  |                               |                  |  |
|                                       |   | nt #1) keeps mentioning to                                |  |  |                               |                  |  |
|                                       |   | en in a fight and wants to                                |  |  |                               |                  |  |
|                                       | fight   |   |  |  |                               |                  |  |
|                                       |   | nt #1) been talking about                                 |  |  |                               |                  |  |
|                                       |   | as done it beforekeeps                                    |  |  |                               |                  |  |
|                                       |   | or permission to fighttried to                            |  |  |                               |                  |  |
|                                       | make (client #2 & #   | (3) get out of the bathroom this                          |  |  |                               |                  |  |
|                                       | morning   |   |  |  |                               |                  |  |
|                                       | - 10/16/19 (note  | dated 10/16/19; incident                                  |  |  |                               |                  |  |
|                                       | occurred 10/15/19)  | refused to complete his                                   |  |  |                               |                  |  |
|                                       | laundryrefused to take his medicinetold staff                                       |   |  |  |                               |                  |  |
|                                       |   | at staff a** and that his father                          |  |  |                               |                  |  |
|                                       |   | staff's a**went to the living                             |  |  |                               |                  |  |
|                                       |   | s music up so he couldn't hear                            |  |  |                               |                  |  |
|                                       | staff's prompts   |   |  |  |                               |                  |  |
|                                       | otan o promptom   |   |  |  |                               |                  |  |
|                                       | During interview on   | 10/16/19 client #1 reported:                              |  |  |                               |                  |  |
|                                       |   | sues since former staff (FS                               |  |  |                               |                  |  |
|                                       | #5) left  | oues since former stair (i o                              |  |  |                               |                  |  |
|                                       | - FS #5 would ye  | all at him  |  |  |                               |                  |  |
|                                       | - 10 #3 Would ye  | at min  |  |  |                               |                  |  |
|                                       | During interview on   | 10/16/19 client #4 reported:                              |  |  |                               |                  |  |
|                                       | - client #1 has ar  |   |  |  |                               |                  |  |
|                                       | - he does not like  |   |  |  |                               |                  |  |
|                                       |   | ng between staff #1 and client                            |  |  |                               |                  |  |
|                                       |   |   |  |  |                               |                  |  |
|                                       | #1 last night (10/15  |   |  |  |                               |                  |  |
|                                       | _   | s bedroom & watched the ball                              |  |  |                               |                  |  |
|                                       | game  | a what hannanad   |  |  |                               |                  |  |
|                                       | <ul><li>he was not sure what happened</li><li>client #1 does not like him</li></ul> |   |  |  |                               |                  |  |
|                                       |   |   |  |  |                               |                  |  |
|                                       | - he was not sure   | e wny   |  |  |                               |                  |  |
|                                       | <u> </u>  | 40/40/40 11 11/2  |  |  |                               |                  |  |
|                                       |   | 10/16/19 client #5 reported:                              |  |  |                               |                  |  |
|                                       |   | elling last night (10/15/19)                              |  |  |                               |                  |  |
|                                       | <ul> <li>he heard client</li> </ul>   |   |  |  |                               |                  |  |
|                                       | - he was in his ro  |   |  |  |                               |                  |  |
|                                       | <ul> <li>he was not sure what happened</li> </ul>                                   |   |  |  |                               |                  |  |

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 3 of 6 BXW811

| Division of Health Service Regulation  |  |  |                     |   |      |                          |  |  |
|--|--|--|---------------------|---|------|--------------------------|--|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: |  | (X2) MULTIPLE CONSTRUCTION  A. BUILDING:   |                     | (X3) DATE SURVEY<br>COMPLETED   |      |                          |  |  |
| MHL033-058   |  | B. WING  |                     | R<br><b>10/25/2019</b>  |      |                          |  |  |
| NAME OF I  | PROVIDER OR SUPPLIER   | STREET AD  | DRESS, CITY, S      | STATE, ZIP CODE   |      |                          |  |  |
|  |  |  | FARER COU           |   |      |                          |  |  |
| WAY FAR  | RER COURT  | ROCKY M  | OUNT, NC            | 27801   |      |                          |  |  |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES<br>/ MUST BE PRECEDED BY FULL<br>SC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROPERTION OF T | D BE | (X5)<br>COMPLETE<br>DATE |  |  |
| V 108  | Continued From pa  | ge 3   | V 108               |   |      |                          |  |  |
|  | - he did not come  | e out of his room  |                     |   |      |                          |  |  |
|  | During interview on reported: - client #1 used t - he said FS#5 y - the last inciden and client #1 was a milk. She purchase client #1 loved it. O client #1 to get milk took him awhile to She contacted man - FS#5 no longer - an incident hap unsure what happe staff #1 she verified the client #1 had hi this could have cau | 10/16/19 client #1's mom o call her when FS#5 worked elled at him t she recalled between FS#5 Il over milk. Client #1 loves d milk for the facility since ne night FS#5 refused to allow a Client #1 called upset and it calm down after the incident. |                     |   |      |                          |  |  |
|  | - client #1 liked positivity from staff when he does well  |  |                     |   |      |                          |  |  |
|  | <ul><li>staff would call them (parents) to calm him down</li><li>she was not sure if staff were trained in</li></ul>   |  |                     |   |      |                          |  |  |
|  | he needed more ac  | ocal college but due to  |                     |   |      |                          |  |  |
|  | During interview on 10/16/19 staff #1 reported: - client #1 needed to be in a program - he takes him to a community center that offers activities like (playing cards, pool) - all clients go bowling on Friday - on the night of 10/15/19 he asked client #1 to take his medicationshe flipped out and said he                  |  |                     |   |      |                          |  |  |

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 4 of 6 BXW811

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                     |  |        | TE SURVEY                |  |
|---|--|--|---------------------|--|--------|--------------------------|--|
|   |  |  |                     |  | R      |                          |  |
| MHL033-058  |  | B. WING  |                     |  | 5/2019 |                          |  |
| NAME OF F   | PROVIDER OR SUPPLIER   | STREET ADI   | DRESS, CITY, S      | STATE, ZIP CODE  |        |                          |  |
| WAY FAF   | RER COURT  |  | FARER COU           |  |        |                          |  |
| 240.15  | CLIMMA DV CTA  |  | OUNT, NC            |  | DNI .  | 0/5                      |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF | D BE   | (X5)<br>COMPLETE<br>DATE |  |
| V 108   | Continued From pa  | ge 4   | V 108               |  |        |                          |  |
|   | kick his a**he jus went to his room st client #1's parents of timeshe called and he requested hhimeventually clie - client #1 "just fl two weekshe (statit - he needed to lo see what client #1's - when asked whas not longdoes - management h  | is a** and father was going to to telet client #1 talkclient #1 talkinghe (staff) calledhe hung up on them a couple the Residential Manager (RM) he (staff) stay away from ent #1 calmed down ipped out" like that once every ff) doesn't know what caused now at the medication record to a diagnoses were not like to be told what to do as discussed Autism in team along with a lot of other |                     |  |        |                          |  |
|   | During interview on 10/16/19 the RM reported: - client #1 was an attention seeker - he had behavior outburst every other day either with staff or clients - will communicate threats - staff has not been trained in Autism - training for staff in Autism has not been discussed  During interview on 10/16/19 the Qualified Professional reported: - client #1 has made verbal threats - has the behaviors of a 5 year old - she has reminded staff he was Autistic - he's had medication adjustments - a referral has been made to several programs for him to attend during the day - some programs have not accepted client #1 due to past behaviors - staff are to be patient, redirect and watch tone of voice with client #1 - FS#5 was terminated |  |                     |  |        |                          |  |
|   |  |  |                     |  |        |                          |  |

Division of Health Service Regulation

STATE FORM BXW811 If continuation sheet 5 of 6

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |                        | E CONSTRUCTION   | (X3) DATE SURVEY<br>COMPLETED |                          |  |  |
|---|--|--|------------------------|--|-------------------------------|--------------------------|--|--|
|   |  |  | //: 35/L5/ING:         |  |                               | R                        |  |  |
|   |  | MHL033-058   | B. WING                |  |                               | 5/2019                   |  |  |
| NAME OF   | NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE   |  |                        |  |                               |                          |  |  |
| WAY FA  | RER COURT  |  | FARER COU<br>IOUNT, NC |  |                               |                          |  |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG    | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUI<br>CROSS-REFERENCED TO THE APPRO<br>DEFICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |  |  |
| V 108   | - FS#5 had a diff #1FS#5 was addi several incidents w contacted manager terminatedhe wor 2019 - staff has not re - she has discus with staff during me - the RM reviewe upon staff being hir | ricult time working with client ressed by management on ith client #1client #1's moment about FS#5he was ked from April 2019 - August ceived Autism training sed person specific training settings including Autism and treatment plans with staff | V 108                  |  |                               |                          |  |  |

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Division of Health Service Regulation STATE FORM

BXW811 If continuation sheet 6 of 6