STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL060-648		B. WING		11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
	DUND						
		MINI 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 OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
V 000	INITIAL COMMENTS	;	V 000				
	Three complaints were (#NC00157164, #NC and one complaint wa #NC00157968). Defice This facility is license	00157294, #NC00157527) as substantiated, ciencies were cited. d for the following service 27G 1700 Residential					
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293				
	children or adolescent free-standing residen intensive, active thera interventions within a shall not be the prima who is not a client of (b) Staff secure mea awake during client s shall be continuous a this Section. (c) The population se adolescents who hav mental illness, emotio substance-related dis co-occurring disorder disabilities. These ch not meet criteria for in (d) The children or a require the following: (1) removal fro community-based res facilitate treatment; a	tment staff secure facility for its is one that is a tial facility that provides appeutic treatment and system of care approach. It ary residence of an individual the facility. Ins staff are required to be leep hours and supervision is set forth in Rule .1704 of erved shall be children or e a primary diagnosis of onal disturbance or sorders; and may also have is including developmental hildren or adolescents shall npatient psychiatric services. dolescents served shall im home to a sidential setting in order to nd in a staff secure setting.					

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		B. WING		11/25/2019			
AME OF PROVIDE	R OR SUPPLIER	L	DDRESS, CITY, STATE,	, ZIP CODE	1 1	125/2015	
URN AROUND			ITEN COURT .L, 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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
 (1) struct (2) relat (3) continuant (4) acquinant (4) acquinant (5) gainant inter (f) T shall ager 	Continued From page 1 (1) include individualized supervision and structure of daily living; (2) minimize the occurrence of behaviors related to functional deficits; (3) ensure safety and deescalate out of control behaviors including frequent crisis management with or without physical restraint; (4) assist the child or adolescent in the acquisition of adaptive functioning in self-control, communication, social and recreational skills; and		V 293				
Base failed withi effec #2). Revi 10-1 reve	ed on record revi d to ensure coord n the child or add ting 2 of 3 forme The findings are ew on 10-31-19 7-19 and ending	of police report initiated on 10-30-19 for client #1					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL060-648	B. WING		11	/25/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
URN ARC	DUND		ITEN COURT .L, NC 28227			
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V 293	Continued From pag	e 2	V 293			
	Continued From page 2 that [client #1] and [client #2] ran away from the group home at approximately 0750 (7:50 am)he and another employee attempted to locate the females but were unsuccessful." -"October 19, 2019followed up with [staff #1] was informed that the two juveniles have yet to return but believes they will come back tonight" -"October 21attempted to contact [staff #1]left a voicemail requesting the she call him backcontacted group home via telephone and spoke with [staff #2] asked if she had any information pertaining to the girls case workers. [Staff #2] advised she didn't have any information but her supervisor didher supervisor would be arriving later today and will contactOctober 22, 2019never received a returned call from[staff #2] or her supervisor." Review on 11-6-19 of AWOL (absent without leave) policy revealed: -"4. It will be the responsibility of the Executive Director or Director of Operations to contact the consumer's legal guardian within 1 hour of the AWOL." -"5. If the consumer has not returned to the facility the residential staff will call the police to file a missing person report."					
	Interview on 10-31-1	port." 9 with local detective #1				
	calls when he was tr -They got the ca they spoke to a staff believed they would -They had a diff	people to return his phone ying to get information all on the 17th, on the 19th member who said she be home that evening. icult time getting the facility to				
	give them informatio	n.				
	Interview on 11-14-1	9 with a local police officer				

STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL060-648		B. WING		11	11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
URN AR	OUND		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 ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
PRÉFIX TAG (EACH DEFICIENC REGULATORY OR REGULATORY OR V 293 Continued From pag revealed: -He had no prot the facility staff of the -He did state tha call sooner when clie it would make it easi Interview on 11-20-1 revealed: -She had placed no one had called he -Local detective previous day and no -They had a fold were many AWOL's Interview on 11-6-19 Operations revealed -She provided a officers and guardiar -When she learn shared that whit ther Interview on 11-25-1 and the Director of C -The police stati they needed to get ir -They would ma detectives the number		ed From page 3 d: had no problem getting information from ty staff of the Director of Operations. did state that he wished the facility would her when clients went AWOL, he thought make it easier to find them sooner. v on 11-20-19 with local detective #2 d: e had placed a call the previous day and had called her back yet. cal detective #1 had also placed a call the a day and no one had returned the call. ey had a folder on the facility as there any AWOL's and other issues there. v on 11-6-19 with the Director of ons revealed: e provided all the known information to and guardians when clients went AWOL. hen she learned new information she hat whit them also. v on 11-25-19 with the Executive Director Director of Operations revealed: e police station had all of the numbers eded to get in touch with them. ey would make sure they gave the local es the numbers again to ensure	V 293				
V 736	everything was up to -They discussed seminar to help educ rules and policies.		V 736				
	10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and in	EMENTS					

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NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
	DUND		TTEN COURT LL, NC 28227				
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	E CORRECTION	(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	COMPLET DATE	
V 736	Continued From page	e 4	V 736				
		clean, attractive and orderly kept free from offensive					
	This Rule is not met as evidenced by: Based on observation and interviews the facility failed to be maintained in a pleasant attractive manner. The findings are:						
	pm and 11-25-19 at a facility windows/doors	ed windows and one floor					
	man revealed: -The facility was all windows to plexi-g	with the facility maintenance in the process of changing glass. g on replacing the windows.					
	window that the clien emergency.	bedrooms did have a ts could get out of in an nging all the windows to					