MHL041-867 B. WING 11/2 MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1223 MURRYHILL ROAD GREENSBORO, NC 27403 IMAGE 1223 MURRYHILL ROAD GREENSBORO, NC 27403 PROVIDER'S PLAN OF CORRECTION (EACH OERRECK' MUST BE PRECEDED BY FULL (EACH OERREC TO M SHOULD BE (EACH OERREC TO M SHOULD BE (INTAL BE OERREC TO RECE TO M SHOULD BE (INTAL BE OERREC TO RECENTRY THE BE (Intake # NCOUTSTATE TO RESISTING SHOULD BE (Intake # NCOUTSTATE TO RESISTING SHOULD BE (Intake The Shall Be NO PRIVIES) (I) There shall be NO PRIVIES OF (I) A such time as a competence. (I) Competence shall be demonstrate (ompetence. IPORESSIONALS SHIL demonstrate Competence. (I) Competence shall be demonstrate to professionals and then qualified professionals and associate professionals shall demonstrate competence. (I) Competence shall be demonstrate to professionals (I) analytical stanuaries; (I)		(X3) DATE SU COMPLE		(X2) MULTIPLE C	(1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	OF DEFICIENCIES	
MHL041-857 B. WING 11/2 IMME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1223 MURRYHILL ROAD GREENSBOR, NC 27403 PROVIDER'S PLAN OF CORRECTION (EACH OPERCENCY MUST BE PRECEDED BY FULL (EACH OPERCENCY OR LSC DENTIFYING INFORMATION) ID PREFIX (EACH OPERCENCY MUST BE PRECEDED BY FULL (EACH OORSER OF REPORTING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH OORSER OF TIME AND OF CORRECTION (INTIAL COMMENTS V 000 V 000 INITIAL COMMENTS V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. V 100 INITIAL COMMENTS V 109 27G .0203 Privileging/Training Professionals V 109 IOA NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) Completence shall be demonstrate tompetence. (d) Completence shall be demonstrate tompetence. (e) Completence shall be demonstrate tompetenc	-C	R-C		A. BOILDING.			
In the procention of the providers of the provider of t	25/2019			B. WING	MHL041-857		
VID CREENSBORD, NC 27403 (Y4) ID TAG SUMMARY STATEMENT OF DEFICIENCIES REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX (EACH DEFICIENCN WIST BE PRECEDED B PY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRETX TAG PROVIDER'S PLAN OF CORRECTIVE ANT ON SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G. 1700 Residential Treatment Staff Secure for Children or Adolescents V 109 V 109 27G. 0203 Privileging/Training Professionals (a) There shall be no privileging requirements for qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by esthibting core skills including; (1) technical knowledge; (2) cultural awareness; (3) analytical skills;			, ZIP CODE	DRESS, CITY, STATE	STREET	ROVIDER OR SUPPLIER	IAME OF PF
V 000 INITIAL COMMENTS V 000 V 109 A complaint and follow up survey was completed on 11/26/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. V 000 V 109 INITIAL COMMENTS V 000 V 109 ZG .0203 Privileging/Training Professionals V 109 V 109 INACAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE professionals and associate professionals shall demonstrate competence. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrate during: (1) technical knowledge; (2) outlural awareness; (3) analytical skills; (a) analytical skills; V 109					N	ART HOME FOR CHILD	RESH ST
Margin HEACH DEFICIENCY MUST BE PRECEDED BY FULL PRETX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL V 000 INITIAL COMMENTS V 000 A complaint and follow up survey was completed on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. V 000 This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 109 V 109 27G .0203 Privileging/Training Professionals V 109 I0A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS AND ASSOCIATE PROFESSIONALS and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate knowledge, (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;				BORO, NC 27403	GREEN		
A complaint and follow up survey was completed on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 109 27G .0203 Privileging/Training Professionals V 109 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) Three shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;	(X5) COMPLETI DATE	SHOULD BE	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	PREFIX	IUST BE PRECEDED BY FULL	(EACH DEFICIENC	PREFIX
on 11/25/19. The complaint was substantiated (Intake # NC00157611). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 109 27G .0203 Privileging/Training Professionals V 109 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS V 109 (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professional and associate professionals shall demonstrate dy exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;				V 000		INITIAL COMMENTS	V 000
category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents V 109 27G .0203 Privileging/Training Professionals V 109 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;					laint was substantiated	on 11/25/19. The co	
 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; 					G .1700 Residential	category: 10A NCAC Treatment Staff Secu	
QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills;				V 109	raining Professionals	27G .0203 Privileging	V 109
 (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. 					IONALS AND SIONALS rivileging requirements for or associate professionals. hals and associate onstrate knowledge, skills of the population served. competency-based established by rulemaking, hals and associate onstrate competence. be demonstrated by luding: e; s ls; and hals as specified in 10 A a) are deemed to have f the competency-based	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be not qualified professional (b) Qualified professional (b) Qualified professional (c) At such time as a employment system then qualified profess professionals shall de (d) Competence sha exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal skil (6) communication s (7) clinical skills. (e) Qualified profess NCAC 27G .0104 (18 met the requirements employment system	
(f) The governing body for each facility shall develop and implement policies and procedures						(f) The governing bo	

STATEMENT	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
						R-C
		MHL041-857	B. WING		11	/25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	FART HOME FOR CHILD	1929 ML	IRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETI DATE
V 109	Continued From page	e 1	V 109			
	plan upon hiring each (g) The associate pr supervised by a qual population served for	a individualized supervision h associate professional. rofessional shall be ified professional with the r the period of time as 04 of this Subchapter.				
	qualified professiona Professional/Executiv to demonstrate the k	as evidenced by: iews and interviews 1 of 2 ls (the Licensee/Qualified ve Director (L/QP/ED)) failed nowledge skills and abilities lation served. The findings				
	revealed: - Hire Date: 12/30/07 - Position: Qualified Director - Based on review of meets the qualification Professional. - Trainings: - On 4/13/19 complete Level III Understandi - On 2/27/19 complete Intervention Plus (NC - On 2/7/19 complete Intervention and Beh Techniques'' - On 3/6/18 complete	Professional (QP)/Executive the record, the L/QP/ED ons of a Qualified ted "Residential Treatment - ing Service Delivery" ted "National Crisis CI +)" ed "Crisis Prevention and avioral Management				
		9 with the L/QP/ED revealed: /ey was completed and it				

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If continuation sheet 2 of 53

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
			A. BUILDING:		R-C	
		MHL041-857	B. WING			/25/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD BORO, NC 27403			
(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 109	Continued From page 2		V 109			
	was learned Former improperly restrained touch clients, only do under extreme emerg hold. - The clients attended aware that during par group home staff was supervising the client - She did not update Client (FC) #4, FC #8 involved with physical camp (refer to V112) - She failed to provid clients were at summ - "We have not touch We are looking into of program (to teach alt interventions and sed isolation time out)." - "We do not touch at We only do blocks if they try to bust the w they are going to hit and other staff call the emergency if someor someone, we will do get away, then we do the police. " Interview on 11/19/19 revealed: - She had been instrue Professional) not to r - "We are not suppose not allowed to restrait upset, we can talk to	Client (FC) #6 had been d, she instructed staff to: not b block type restraints and gencies do a therapeutic d summer camp. She was rt of the summer, only one s at summer camp ts. treatment plans for Former 5, and FC #7 after they were al altercations at summer e adequate staffing when the her camp (refer to V296). led any client since [FC #6]. loing another type of ernatives to restrictive clusion, physical restraint and hybody. We are hands off. they are going to hit staff. If all, I said to call the police. If a client, we block them first e police. Only in an extreme he is coming after them to kill a block for the other client to b a therapeutic hold and call D and 11/25/19 with staff #2 ucted by the AP (Associate				
	therapist."	etween clients but we can't				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY
			A. BUILDING:			
		MHL041-857	B. WING			२-C / 25/2019
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
RESH S1	ART HOME FOR CHIL	DREN	JRRYHILL ROAD			
			SBORO, NC 27403			
(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 C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLE DATE
V 109	Continued From page	ge 3	V 109			
	touch them."					
	- Hire Date: 5/20/17 - Position: Paraprot	fessional al Crisis Intervention Plus				
	- She had been inst 8/23/19 to not restra - "We have gone mu a group meeting we anything happens b and if they take off, no restraints; we we in a physical alterca separate the two. It	I9 with staff #4 revealed: ructed in a meeting after ain clients. ore hands off. They told us in a are hands off now and if etween two girls, we call 911 we follow them. We were told ere told if two girls are involved tion to try to remove one and was [the former QP] who told hink the AP was at the				
	- Hire Date: 10/16/1 - Position: Paraprot	fessional al Crisis Intervention Plus				
	revealed: - Due to an 8/23/19 that FC #6 was imp staff meeting held. - She had been tolo	19 with the Former QP survey where it was learned roperly restrained there was a d by L/QP/ED to convey to the "we are hands off unless e dangers."				
	Professional revealed	D's idea to allow all the clients				

	OF DEFICIENCIES	JIation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
					F	R-C
		MHL041-857	B. WING		11	/25/2019
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
חבפה פו	ART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1		COMPLET DATE
-				DEFICIENC	CY)	
V 109	Continued From page	e 4	V 109			
	Someone from the	state had told the former QP				
		ember had to be present at				
		on was conveyed to her by				
	the former QP.					
	- She could not provi	de any documentation to				
	corroborate this infor	mation.				
	This deficiency is are	ss referenced into 10A				
		ope (V293) for a Type A1				
		st be corrected within 23				
	days.					
V 110	27G .0204 Training/S	Supervision	V 110			
	Paraprofessionals					
	10A NCAC 27G .020	4 COMPETENCIES AND				
	SUPERVISION OF F	PARAPROFESSIONALS				
		o privileging requirements for				
	paraprofessionals.					
		Is shall be supervised by an				
	associate profession	ified in Rule .0104 of this				
	Subchapter.					
	(c) Paraprofessional	s shall demonstrate				
		d abilities required by the				
	population served.					
	(d) At such time as a					
		is established by rulemaking,				
		sionals and associate				
		emonstrate competence. Ill be demonstrated by				
	exhibiting core skills					
	(1) technical knowle					
	(2) cultural awarene					
	(3) analytical skills;					
	(4) decision-making					
	(5) interpersonal ski					
	(6) communication s	skills; and				
	clinical skills.					

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If continuation sheet 5 of 53

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMF	SURVEY
	MHL041-857	B. WING			R-C 1 25/2019
ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE	ZIP CODE		
			,		
ART HOME FOR CHILD	REN				
		ID			(X5)
		PREFIX TAG	CROSS-REFERENCED TO	THE APPROPRIATE	COMPLET DATE
Continued From pag	e 5	V 110			
develop and impleme for the initiation of the	ent policies and procedures e individualized supervision				
Based on record revi current paraprofession demonstrate the kno required by the popu are:	iews and interviews, 1 of 6 onal staff (staff #4) failed to wledge skills and abilities lation served. The findings				
- Hire Date: 10/16/18 - Position: Paraprofe	essional				
Finding #1					
- On 7/5/19 she was present at camp with - She was outside wi (Former Clients) FC# - "I couldn't tell you e outside)."	the only group home staff the facility clients. hen a fight occurred between #4 and FC #7. xactly (how long I had been				
happened between t [FC#7] did not like th got the fire extinguish everywhere. I took [F	hem (FC#4 and FC#7). e whole camp staff. [FC#7] her and was blowing it FC #7] to the side of the				
	ROVIDER OR SUPPLIER FART HOME FOR CHILD SUMMARY S ⁻ (EACH DEFICIENC REGULATORY OR Continued From pag (f) The governing bod develop and implement for the initiation of the plan upon hiring each This Rule is not met Based on record revi- current paraprofession demonstrate the kno- required by the popu- are: Review on 11/19/19 - Hire Date: 10/16/18 - Position: Paraprofe - Met the qualification Finding #1 Interview on 11/19/19 - On 7/5/19 she was present at camp with - She was outside with (Former Clients) FC# - "I couldn't tell you er outside)." - "From what I heard happened between t [FC#7] did not like th got the fire extinguist everywhere. I took [F	DEF CORRECTION IDENTIFICATION NUMBER: MHL041-857 MHL041-857 ROVIDER OR SUPPLIER STREET A ART HOME FOR CHILDREN 1929 ML GREENS SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 5 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 6 current paraprofessional staff (staff #4) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are: Review on 11/19/19 of staff #4's record revealed: - Hire Date: 10/16/18 - Hire Date: 10/16/18 Position: Paraprofessional - Met the qualifications of a paraprofessional. - Finding #1 Interview on 11/19/19 with staff #4 revealed: - On 7/5/19 she was the only group home staff present at camp with the facility clients. - She was outside when a fight occurred between (Former Clients) FC#4 and FC #7. - "I couldn't tell you exactly (how long I had been outside)." - "From what I heard something really quick happened between them (FC#4 and FC#7). [FC#7] did not like the whole camp staff. [FC#7] got the fire extinguisher and was blowing it everywhere. I took [FC #7] to the side of the	IDENTIFICATION NUMBER: A. BUILDING: MHL041-857 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ART HOME FOR CHILDREN 1029 MURRYHILL ROAD GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 5 V 110 (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional. V 110 This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 6 current paraprofessional staff (staff #4) failed to demonstrate the knowledge skills and abilities required by the population served. The findings are: Image: Comparison of a paraprofessional. Review on 11/19/19 of staff #4's record revealed: - Hire Date: 10/16/18 - Position: Paraprofessional - Met the qualifications of a paraprofessional. Image: Comparison of a paraprofessional. Finding #1 Interview on 11/19/19 with staff #4 revealed: - On 7/5/19 she was the only group home staff present at camp with the facility clients. - She was outside when a fight occurred between (Former Clients) FC#4 and FC #7. - " couldn't tell you exactly (how long I had been outside)." - "From what I heard something really quick happened between them (FC#4 and FC#7), [FC#7] did not like the whole camp staff. [FC#7] got the fire extinguisher and was blowing it	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL041-857 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE ART HOME FOR CHILDREN 1229 MURRYYHILL ROAD GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCES (REACH DEFICIENCY WITH BE PRECEDENCES IS (REACH CORRECTIVE A) (REACH DEFICIENCY WITH BE PRECEDENCES IS (REACH CORRECTIVE A) (REACH C) (REACH C) (REACH C)	FOORRECTION IDENTIFICATION NUMBER: A BUILDING:

Division of Health Service Regulation STATE FORM

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		MHL041-857	B. WING			/25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RESH ST	TART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(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 A CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 6	V 110			
room and I think something verba between them and they started to physical fight. [FC #7] backed off for the fire extinguisher and starte everywhere."		ey started to get into a] backed off of it and went				
	 She and FC #4 had While FC #4 bange banged her head on face inside the camp outside. "They, the kids at th home and the lady w go outside and tell [s came in late and no outside 	9 with FC #7 revealed: a fight at camp on 7/5/19. d her head on the wall, the floor and punched her building, staff #4 was he camp from the group ho owned the camp, had to taff #4] to come in. [Staff #4] one stopped the fight until				
	- She and FC #7 had camp on 7/5/19. - While she banged F staff #4 was outside i	ing me while I was trying to				
	- There was a fight be camp sometime in Ju - Staff #4 was the on at camp when the fig - "[Staff #4] was in th	ly group home staff present ht occurred. he car. They (FC #4 and FC selves. [Staff #4] was in the				
	Finding #2					
	- When FC #4 and F	9 with staff #4 revealed: C #5 had a fight at camp on present. FC #4 and FC #5				

Division of Health Service Regulat STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:		R-C	
		MHL041-857	B. WING			/25/2019
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD			
			SBORO, NC 27403			
(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 110	Continued From page	e 7	V 110			
	had a fight inside the outside.	camp building, and she was				
		roup home staff at camp on				
	7/30/19 with the grou					
		ne car where my lunch box				
	was (when the fight of - "[Client #3] had ran	- "[Client #3] had ran out to get me."				
		9 with FC #4 revealed: I FC #5 got into a fight at				
0	camp.	ly staff present at camp on				
	7/30/19.	iy stan present at earlip on				
	•	ed her closed fist in the face				
		staff #4 was outside in the				
	Van.	e and was outside in the van.				
		were fighting for a good five				
] was still outside. [Staff #4]				
		ere fighting. [Client #3] went				
	and told [staff #4] we she came in we stop	were fighting but by the time ped fighting."				
	Interview on 11/12/19 revealed:	and 11/15/19 with client #3				
	- FC #4 and FC #5 ha	ad a fight at camp sometime				
	-	19 or beginning of August				
	2019. She did not red					
	FC #5 and FC #4 had	ly staff at camp the day that				
		#4 in the nose and broke her				
	nose.					
		ide and I had to go out and				
	get her."					
	Interview on 11/14/19	9 with FC #5 revealed:				
		#4 got into a fight on 7/30/19				
	at camp, staff #4 was	s the only group home staff				
	present.	and also was autoide in the				
	- "[Staπ #4] was there alth Service Regulation	e and she was outside in the				

TATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		DENTRICATION NOMBER.	A. BUILDING:			
		MHL041-857	B. WING			R-C 1/ 25/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	RFN	RRYHILL ROAD			
		GREENS	BORO, NC 27403			
(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 TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 8	V 110			
	van asleep when the	fight happened."				
	NCAC 27G .1701 Sc	ss referenced into 10A ope (V293) for a Type A1 st be corrected within 23				
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	ITATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days its 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				

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING			R-C / 25/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD			
		GREENS	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page 9		V 112			
	facility staff failed to o strategies in the treat address 1 of 3 curren former clients' needs The findings are: Review on 11/13/19 o - Admission Date: 7/2 - Diagnoses: Opposit Cannabis Dependen - Age: 15 years-old - Review of client #3' Person-Centered Pro- revealed: - "will receive Resis supports and learn ho frustrations, disagree controlled assertive a - "will learn and de " - "will demonstrate respect to authority fi - "An assessment wa to the client needing During that time the inappropriate behavio skipping classes, refu running away, suspe of stealing from her p use" - Review of client #3'	aews and interviews, the develop and implement tment/habilitation plans to of clients (#3) and 3 of 5 (FC #4, FC #5 and FC #7). of client #3's record revealed: 24/19 tional Defiant Disorder (D/O); ce, uncomplicated s goals in the offile (PCP) updated 9/19/19 idential Level III services and ow to verbalize feelings of ement, and anger in a and positive manner." evelop positive coping skills e improved ability to show igures and peers" as completed on 6/12/19 due a higher level of care ere was an increase in ors that included that using to go to school, nsion from school, suspicion oeers, suspected substance s Support/Intervention on				
	community outings, r school events."	ported one on one by staff to nedical appointment and				
	specifically stated sh alth Service Regulation	tment goals or strategies that e would benefit from				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL041-857	B. WING			R-C I/ 25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		1929 ML	JRRYHILL ROAD			
-KESH 51	ART HOME FOR CHILD	GREEN	SBORO, NC 27403			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET DATE
V 112	Continued From page 10		V 112			
		mp or the required level of he individualized needs.				
	Review on 11/12/19	of FC #4's record revealed:				
	- Admission Date: 12	2/13/18				
	- Discharge Date: 10					
	- Diagnoses: Post Tr	-				
	Disruptive Mood Dys					
	Attention-Deficit/Hype - Age: 17 years-old	eractivity D/O				
		goals in the PCP dated				
	10/9/19 revealed:					
		ential Level III services and				
		ow to verbalize feelings of				
	-	ement, and anger in a				
	controlled and positiv					
		pliance with rules and				
	regulations in the hor	me, school, and community				
	 -" will utilize healthy	y coping strategies"				
	-	Crisis Prevention and				
		he PCP dated 10/9/19				
	revealed:					
		eyes on her at all times when				
	she is upset. This wil	I prevent attempts of				
	self-injury."					
		Team) has to agreed that				
		sported by one staff to and				
	extra-curricular activi	appointments and any other ties in her school or				
	community."					
		tment goals or strategies that				
	specifically stated sh	e would benefit from				
		amp or the required level of				
	-	he individualized needs.				
	- There were no upda following multiple alte	ates to her treatment plan ercations.				
	Review on 11/12/19 of - Admission Date: 6/7	of FC #5's record revealed: 7/19				

STATEMEN	of Health Service Regu of Deficiencies of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-857	B. WING			R-C 1/ 25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	•	
		1929 MU	IRRYHILL ROAD			
RESHS	TART HOME FOR CHILD	GREENS	SBORO, NC 27403			
(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 DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 11	V 112			
	Borderline Intellectua Traumatic Stress D/C - Age: 15 years-old - Review of FC #5's g 9/17/19 revealed: - "will reduce her d increase her ability to " - "will decrease he refraining from verba with authority figures - Review of page 3 of - "12/20/18When s to display more defia at home and school a along with peers. She days for horseplay wi asked to stop. Her set ten days for cursing t noncompliance with t She had an argume and threatened to hit walking out of the hoi struggle with complia and at school as well - There were no treat specifically stated she attending summer ca supervision to meet t - There were no upda following multiple alter	II; Oppositional Defiant D/O; II Functioning; Post opals in the PCP dated efiant behaviors and of follow rules and directives r aggressive behaviors by I and physical confrontations and peers." f FC #5's PCP revealed: school started, [FC #5] began note towards authority figures and struggled more getting e was suspended for three ith peers and defiance when econd suspension was for he Principal and the school uniform policy ent with her foster mother her foster mother before me. [FC #5] continues to noce with rules in her home as anger management." ment goals or strategies that e would benefit from mp or the required level of he individualized needs. ates to her treatment plan ercations. of FC #7's record revealed: 12/19 8/19 ual Developmental				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING			R-C I/ 25/2019
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
RESH S	TART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(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 12	V 112			
	7/11/19 revealed: - "will demonstrate - "Develop and imple to carry out normal re- constructively in relat - "Verbalize an under physical feelings and contribute to anxiety - - "Identify, challenge " - "will learn to impr by examining benefits actions." - Review of page 2 of - "1/18/19: According Clinical Assessment) ongoing mood fluctua in high risk behaviors to communicate feelin network. [FC #7] eng behaviors to cope with She has been aggress identifiable stressor of fluctuate more toward She has a history of lying. Can be very ph aggressive. She enga self-defeating behavior people that her mother existence." - Review of page 17 of PCP revealed:	standing of how thoughts, behavioral actions and its treatment." and replace fearful self-talk ove decision making skills s and consequences of her f FC #7's PCP revealed: CCA (Comprehensive on 1/2/19 "[FC #7] has ation. She primarily engages a sshe internalizes and fails ngs effectively to her support ages in a lot of negative th ongoing mood symptoms. sive and defiant with no or trigger. Her moods tend to ds being irritable and angry. being manipulative and sysically and verbally ages in fighting and ors[FC #7] has indicated to a she has a baby, but this is				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1929 MU	RRYHILL ROAD				
RESHSI	TART HOME FOR CHILD	GREENS	BORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 112	Continued From page	e 13	V 112				
	specifically stated shu attending summer ca supervision to meet t - There were no upda following multiple alter Interview on 11/20/19 revealed: - During a visit to the told FC #5 would atten summer. - She did not know the staff supervising the o	imp or the required level of he individualized needs. ates to her treatment plan ercations. 9 with FC #5's legal guardian group home, she had been end camp during the here was going to be one clients at summer camp. sented as something to help					
	revealed: - Summer camp for F during a treatment te - She did not know th staff supervising the - "There was a discuss about camp because	ere was going to be one clients at summer camp. ssion in treatment team [FC #4] was supposed to e and then [FC #4] was					
	Professional/Executiv revealed: - The clients' PCPs d addressed camp. - The clients' attendir addressed in their PC addressed in their PC	e with the Licensee/Qualified we Director (L/QP/ED) id not have goals that ng summer camp was CPs. Summer Camp was CPs where it stated clients y one staff to activities and s.					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
			IRRYHILL ROAD	,		
RESH ST	ART HOME FOR CHILD	REN	SBORO, NC 27403			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 112	Continued From page	e 14	V 112			
	NCAC 27G .1701 Sc	ss referenced into 10A ope (V293) for a Type A1 st be corrected within 23				
V 293	27G .1701 Residentia	al Tx. Child/Adol - Scope	V 293			
	children or adolescen 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 (2) treatment in (e) Services shall be (1) include indi structure of daily livin	tment staff secure facility for this is one that is a titial facility that provides apeutic treatment and a system of care approach. It ary residence of an individual the facility. Ins staff are required to be deep hours and supervision as set forth in Rule .1704 of erved shall be children or the a primary diagnosis of conal disturbance or sorders; and may also have rs including developmental hildren or adolescents shall npatient psychiatric services. dolescents served shall m home to a sidential setting in order to nd n a staff secure setting. a designed to: vidualized supervision and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R-C	
		MHL041-857	B. WING			/25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, 2	ZIP CODE		
RESH ST	TART HOME FOR CHILD	REN	IRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE	(X5) COMPLET DATE
V 293	Continued From page	e 15	V 293			
	 (4) assist the c acquisition of adaptiv communication, socia (5) support the gaining the skills neer intensive treatment s (f) The residential treas shall coordinate with 	without physical restraint; child or adolescent in the ve functioning in self-control, al and recreational skills; and child or adolescent in eded to step-down to a less etting. eatment staff secure facility other individuals and child or adolescent's system				
	facility failed to 1) en- individualized superv occurrence of behavi deescalate out of cor 3 current clients (#3) (FC #4, #5 and #7). T Cross reference: 10A Competencies of Qua Associate Profession reviews and interview professionals (Licens Professional/Executive	iews and interviews, the sure continuous and rision, 2) minimize the iors and 3) ensure safety and ntrol behaviors affecting 1 of and 3 of 5 former clients The findings are: A NCAC 27G .0203 alified Professionals and hals (V109). Based on record vs 1 of 2 qualified see/Qualified ve Director (L/QP/ED)) failed nowledge skills and abilities				

Division of Health Service Regulation STATE FORM

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1929 MU	IRRYHILL ROAD				
RESHSI	TART HOME FOR CHILD	GREENS	SBORO, NC 27403				
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENC ¹	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETI DATE	
V 293	Continued From page	e 16	V 293				
	reviews and interview paraprofessional staft demonstrate the know required by the popul Cross reference: 10A Assessment and Tree Service Plan (V112). and interviews, the fai implement strategies plans to address 1 of of 5 former clients' ne #7). Cross reference: 10A Staffing Requirement reviews and interview two direct care staff p awake or asleep for o	110). Based on record vs, 1 of 6 current f (staff #4) failed to wledge skills and abilities lation served. A NCAC 27G .0205 atment/Habilitation or Based on record reviews acility staff failed to in the treatment/habilitation 3 current clients (#3) and 3 eeds (FC #4, FC #5 and FC A NCAC 27G .1704 Minimum ts (V296). Based on record vs, the facility failed to have present while the clients were one, two, three or four clients in t clients (#3) and 3 of 5					
	Finding #1	, FC #5 and FC #7).					
	Reporting Level 1" da - "Description of ever event?): [FC #4] and about an incident that placement. [FC #7] b bottle at [FC #4]. After verbal altercation. The Director) and staff the another room. [FC #7] pushed [FC #4] and	of "Behavioral Incident ated 7/5/19 revealed: nt (What triggered the [FC #7] had a conversation t happened at a previous ecame upset and threw a er that the two got into a the camp owner (the Camp ren guided each consumer to 7] then ran out the room and [FC #4] pushed her back. Camp Director) and staff					
		nsumers once more and [FC					

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING			R-C / 25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	TART HOME FOR CHILD	REN	IRRYHILL ROAD SBORO, NC 27403			
(X4) ID		TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(X5)
PREFIX TAG	```	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 293	Continued From pag	e 17	V 293			
	sprayed the camp site." - "What de-escalation techniques were used?					
	Staff and the owner					
		ch client down and they also				
	separated the two co					
	- The 7/5/19 incident Professional [AP].	was signed by the Associate				
	Review on 11/20/19	of FC #7's medical record				
	dated 7/6/19 reveale					
		male with history of PTSD				
	-	ss Disorder) and per patient				
	anxiety, depression and asthma presenting with concern for SI (suicidal ideation). Per police					
		<i>,</i> .				
		p home patient was in a /esterday where her head				
	was hit against tile flo	•				
	-	painShe denies headache				
		earlier today she had pain at				
		9 with FC #7 revealed:				
		l a fight at a previous				
	Psychiatric Resident	ial Treatment Facility				
	placement.	camp she told FC #4 to not				
	talk about FC #8 who	•				
		I't make me beat you up				
	again."					
	- As she walked awa	y from FC #4, FC #4 came				
	up behind her and st					
		out the fight afterwards. She				
		e AP to go to the hospital on				
		ace was sore afterwards, but				
	-	her to the hospital. She				
	denied any visible inj					
		e and banged my head banged my head on the floor				
		e in my face. No one was				
		set and I knew the only thing				
	alth Service Regulation		1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857	B. WING			R-C 1/ 25/2019
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILI	OREN	JRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From page	ge 18	V 293			
	sprayed it all over th outside when I spray - "By the time [staff a floor trying to kill my extinguisher spray." - "I already had a kn from the human traff (perpetrators of hum and it was more swo next day (7/6/19)." - "(After the fight) it f been injured) where [staff #4] said was to only said you should extinguisher." - "They needed more and staff could have a therapist should have me that day (7/5/19) was my name was p restriction. Do you k	fire extinguisher and I le place. [Staff #4] was still yed the fire extinguisher." #4] came in there I was on the self by inhaling the fire ot on my left upper eyelid ficking and where they han trafficking) beat me up oblen and getting bigger the fielt like it (she could have she banged my head. All o not go to sleep. [The AP] d not have pulled that fire e (group home) staff at camp been more supportive. I felt ave come out and talked to b. All that happened that day but on the board and I was on now how bad that was that I reself without getting in				
	- There was a fight b camp sometime in J - She told FC #7 she had been hospitalize home. FC #7 told he She told FC #7 it wa say what she wanted - The Camp Director because she was try pushed the Camp D - FC #7 started follow to get staff #4. - She told FC #7 "for	e did not want FC #8, who ed, to come back to the group er not to say that about FC #8. us her mouth and she could d to say. r stood in front of FC #7 <i>y</i> ing to get to her. FC #7				

If continuation sheet 19 of 53

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 293	Continued From page	e 19	V 293			
	stop."					
		o her and started punching				
	her.	o nor and started purioning				
		still in the van she " took				
		anged it on the floor."				
	- FC #7 ran into the camp kitchen.					
	- "We thought [FC #7] was going to go into the					
	kitchen to get a knife but there was no knives and					
	she got a fire extinguisher. She went in every					
	room and sprayed the	e fire extinguisher. Everyone				
		staff #4] that [FC #7] was				
	spraying the fire extinguisher. [Staff #4] ran in to					
	get [FC #7]. I was trying to calm down two kids					
		aff #4] wrapped her arms				
		st and pulled her back				
		trying to get at me. [The				
		d [the AP] and [the L/QP/ED].				
		could not come back."				
		ad more staff there to help				
	out at the camp (to p					
		er to file a police report and				
	down."	C #7 but "the system was				
	down.					
	Interview on 11/14/19	9 with FC #5 revealed:				
		etween FC #4 and FC #7 at				
	camp sometime in Ju					
	•	e "like you put coffee in" at				
	FC #4.					
		7 up against the wall and				
	started hitting FC #7.					
	•	extinguisher off the wall and				
	hit FC #7 with it.					
	- FC #7 started spray	ving the fire extinguisher				
	throughout the building					
	- FC #7 and FC #4 ha	-				
		ly group home staff present				
	at camp when the fig					
		from the camp and the				
	police were called.		1			1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN				
			SBORO, NC 27403			
(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 TC DEFICIEI	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From page	e 20	V 293			
	- The police located F hospital.	FC #7 and took her to the				
	•	ospital because "she said self."				
		ne car. They (FC #4 and FC				
	,) up themselves. [Staff #4]				
	was in the car the whole time and never came in (while the fight took place)."					
		d asked everyone about				
		hen [Staff #4] called [the				
		ame over to the camp."				
	Interview on 11/19/19) with staff #4 revealed:				
	- On 7/5/19 she was	the only group home staff				
	present at camp.					
	- She was outside wh	-				
	between FC #4 and F					
	•	xactly (how long I had been				
	outside)."	omething really quick				
		nem (FC #4 and FC #7) and				
		xtinguisher. [FC #7] did not				
	like the whole camp					
		blowing it everywhere. I				
		ok her to the side of the				
	building and talked to					
		stand [FC #7] was irritated				
		d [FC #4] were in a little room				
		y verbal happened between d to get into a physical fight				
		off of it (the fight) and went				
		er and started spraying it				
	everywhere."	1 , 0				
		with the Camp Director				
	revealed:	etween FC #4 and FC #7				
	sometime in the mide					
		ly group home staff present				
		ie room when the fight				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:	A. BUILDING:		R-C
		MHL041-857	B. WING			/25/2019
NAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	DREN	JRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE
V 293	Continued From pag	e 21	V 293			
	TV room (not in the s were getting ready to know what [staff #4] up her phone. The cl that's where [FC #7] knocked [FC #7] to ti [FC #7] outside. [Sta building and grabbed #7] set the fire exting kids went outside be (being sprayed)." Interview on 11/19/19 - "The only thing I kn is kind of hazy. [FC # hospital. I know she sprayed it all over the - "At the camp we of there that day. I called	4] there. [Staff #4] was in the same room as clients). We b to go outside and I don't was doing maybe plugging lients were in the hallway and pushed [FC #4] and [FC #4] he floor. [Staff #4] talked to ff #4] went back inside the d the fire extinguisher. [FC guisher off. Then the other cause of the fire extinguisher 9 with the L/QP/ED revealed: ow (about 7/5/19 incident) it #7] had just gotten out of the took the fire extinguisher and e camp." mly had to have one (staff) ed the state and that's what one staff was required to be				
	Finding #2 Review on 11/14/19	of Incident Response				
	Improvement System revealed: - "On the afternoon of	of Thicker (Response) n (IRIS) report dated 7/11/19 of 7/10/19 [FC #7] was al hospital] after a 4 day stay.				
	Once back at the pro	bgram for less than two hours oted by staff to take her night				
	time shower. The clie	ent stated that she was not				
	-	ause she had already took				
		ne hospital. Staff talked in				
		out her giving off a body ent in to the kitchen a grab a				
		athroom and barricaded				
		the fork. Once staff was able				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		- R-C	
		MHL041-857	B. WING			1/25/2019
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	F 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 THE APPROPRIATE	COMPLET DATE
V 293	Continued From page	e 22	V 293			
	to get in the bathroom [FC #7] was laying on the floor yelling she will cut herself. At that time the police where called. Staff was able to take the					
	fork out [FC #7's] har	nd. [FC #7] came out the o her room where she took				
(off her bloody pad and throw it at staff, but it					
	missed and almost hit another client. [FC #7] has a STD (sexually transmitted disease) and the					
		could have been very danger				
	•	h them. Then [FC #7]				
		ble with all the other clients				
		o the floor. The police arrived				
	and [FC #7] info [FC #7]ed them that she wanted to die and she would kill herself one way or					
	another. The police transported [FC #7] to the					
		pital] where is still is at				
	currently. Once at the	e hospital she told them she				
	wanted to kill herself.					
	Review on 11/20/19 dated 7/10/19 reveal	of FC #7's medical record				
		ly discharged from the				
		ent earlier today. Patient				
		rned to the group home, they				
	÷ .	out me in the shower.'				
		d feeling suicidal and states				
		self if anyone tried to put d the RN (registered nurse)				
		b 'stab herself with a fork.'				
		alm and quiet, cooperative.				
		want to go back to the group				
	home and that she w	ill 'kill herself' if she has to."				
	Interview on 11/21/19	9 with FC #7 revealed:				
	-	d from the hospital on				
		staff #3 picked her up from				
	the hospital.	taka a abawar whan they				
	returned to the group	take a shower when they				
	- She told staff #1 sh		1			

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE COMF	SURVEY
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD SBORO, NC 27403			
	SUMMARY ST			PROVIDER'S PLAN		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LIST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	COMPLET DATE
V 293	Continued From pag	e 23	V 293			
	shower at the hospita another shower.	al and did not want to take				
	- The other clients started eating and she asked if					
		#1 told her she could not eat				
	- " (I) got upset and started going crazystarted doing stupid stuff."					
	- She picked up a broom and threw it at the client's plates.					
	- FC #4 got upset an	d started hitting her.				
	 Staff did not interve #4. 	ne and did not restrain FC				
	- FC #5 held FC #4 by her arms to stop FC #4 from hitting her.					
	•	er hand and went to the				
		id staff #3 she was going to				
		as made to take a shower.				
		aff if she gave them the fork				
	she could go to the h	-				
	hospital.	nd took her back to the				
	- "They are afraid of	[FC #4]. She is too big for				
	them to hold her dow	/n." .st took my word about I had				
	already taken a show					
		9 with FC #5 revealed:				
		ed to the group home after				
	• •	m the hospital (7/10/19), FC ke a shower that day.				
		ange her sanitary napkin				
	and staff #1 told her	she had to take a shower				
	first.	hallway past the kitchon and				
		e hallway past the kitchen and ry napkin and threw it down				
	the hallway towards					
	-	hat FC #7 had a fork and				
		use [FC #7] had a fork and				
	was trying to hurt her	rself."				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
DECH CT	ART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
KESH SI		GREENS	SBORO, NC 27403			
(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 DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From page	e 24	V 293			
	- FC #7 had a broom the table.	and knocked her food off				
		ne broom away from FC #7. FC #7				
	- The staff did not atte	empt to restrain FC #4.				
		[FC #7] in the head."				
	her."	girl so no one would restrain				
		with FC #4 revealed:				
	- Attempted to intervi unable to get in conta	ew her on this date but was act with her.				
		9 with staff #1 revealed: ake a shower when she				
	came home from the					
	- FC #7 stated she ha	ad already taken a shower at				
		sed to take another shower				
	on 7/10/19.	u still have to take one				
	(shower) because that					
	- FC #7 went into the					
		r running in the bathroom room door to see if FC #7				
	was taking a shower.					
	- She found FC #7 in	the bathroom sitting on the				
	bathroom floor. - She asked her why	she had not taken a shower				
		he did not want to take a				
		is behind her back with a				
		#7 said she would kill herself				
	if she touched her.	o handed her the fark FC				
	#7 could go back to t	e handed her the fork, FC he hospital.				
	-	he fork and she took it back				
	to the kitchen.					
		he third time to take a				
	shower and FC #7 to take shower again.	ld her she did not want to				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	TART HOME FOR CHILD	DREN	IRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From pag	e 25	V 293			
	her "in order for her of have to take a shower - FC #7 told her for the taking a shower and room. She walked to - FC #7 came out of was going to change hall. - She told FC #7 not hallway and tried to g #7 had in her hand. - FC #7 ran down the sanitary napkin off all sanitary napkin off all san	he fourth time she was not had a sanitary napkin in her o her room. her room and told her she e her sanitary napkin in the to change her pad in the grab the sanitary napkin FC e hallway. FC #7 took her nd she threw her used e hallway near the kitchen. landed on the floor near the and FC #8 ran out of the sause FC #7 took a broom 's food off the table. would continue to act out e back from the hospital want to be there. lled, and the police took FC tried to hit FC #7. 9 with staff #3 revealed: ong with the clients picked up				
	underwear and threw the kitchen table.	v it at another client's food on vanted to go to her room, and				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:				
		MHL041-857	B. WING			R-C 11/25/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE			
RESH ST	ART HOME FOR CHILD	1929 ML	IRRYHILL ROAD				
		GREEN	SBORO, NC 27403				
(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 293	Continued From page	e 26	V 293				
	hospital. She and sta go back to the hospita fork. - The police were call - She was not in the k and FC #7 started arg - She was unsure if the altercation between F she was outside with the police to arrive.	kitchen but knew that FC #4 guing in the kitchen.					
	Finding #3						
	Reporting Level 1" da - "Description of ever event?): [FC #5] was bible study. [FC #5] s at church and the oth harsh remark towards became verbally agg Staff attempted to tall toward [FC #4] and p Staff interceded and s physical altercation e the doctor. Results in (FC #4"s) nose. - "What de-escalation Took client for a walk	of "Behavioral Incident ated 7/30/19 revealed: ht (What triggered the at camp and participating in spoke about her experience her client (FC #4) made a s [FC #5]. [FC #5] then ressive towards [FC #4]. k [FC #5] down but she ran funched her in the face. separated the two. Once the ended, staff took [FC #4] to adicated [FC #5] broke her in techniques were used? c, contacted parent, and went neighborhood to talk it out."					
	dated 7/30/19 reveale - "She (FC #4) was in and took a punch to t right nose bleeding a little bit."	of FC #4's medical record ed: n an altercation earlier today the nose with subsequent nd swelling. Head hurts a a mildly inferiorly angulated					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:		D.C.	
		MHL041-857	B. WING			R-C 1/ 25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE			
RESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD				
		GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 293	Continued From page	e 27	V 293				
	fracture of the nasal	bone."					
	 On 7/30/19 she had FC #5 at camp which broken. The only group horr and she was out in the occurred. "(At camp on 7/30 why your mom doesn' obviously God is not treat people.' [FC #5 chair beside the door door and said, 'I will be can say whatever you me in the head from started fighting. She decorative thing) and head with it and I grar room. I tripped over table and broke the ta and put a hole in the #5) got on top of me my face with closed f whole face." "We were fighting for [staff #4] we were fighting came in we stopped - "I went and looked was dislocated. [The 	0/19) [FC #5] said, 'that's n't want you.' I said, in your life if that's how you of got mad. I was sitting in a r. [FC #5] was leaving out the beat your a*s.' I said, 'you u want to say.' I felt her hit behind. I got up and we took a tree trunk (a I she tried to hit me in the bbed it. We were in the art a chair. I fell on top of the able. The table hit the wall wall. That's when she (FC and she was punching me in fist. She was hitting my or a good five minutes and tside. [Staff #4] was not ng. [Client #3] went and told hting but by the time she					
	doctor. They said it w	the next day to another vas broken and dislocated. I hospital where they did					
	surgery." - "Staff should have b should have been tw alth Service Regulation	been in there and there o staff there."					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
			IRRYHILL ROAD	,			
RESH S	TART HOME FOR CHILD	REN	SBORO, NC 27403				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	- CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 293	Continued From page	e 28	V 293				
	 On 7/30/19 there way FC #4 during camp. She broke FC #4's in hospital. The only group horn and she was out in the occurred. After the fight was out in the facility van and late. The police were noted the facility van and late. The police were noted in the van asleep when and she was not the the van asleep when and the van asleep	 a with FC #5 revealed: as a fight between her and nose and she went to the he staff at camp was staff #4 he van when the fight over, she locked herself in heter came out of the van. t called. physical altercation, it was he and FC #4 did not get ere, and she was outside in the fight first happened." what happened at church ate for people to question my you are the d**n devil you t. That made me mad. I was #4] was sitting at the door. I er' because she kept saying at's what I thought b***h and I had walked past her out the back when she said, 'that's " I hit her one time. I hit her e of her head. I punched her ed into the art room to calm o the art room) 15 seconds up and she spit on me. We bbed her by her shirt. I was fell on the table and broke een a table and a chair. She and chair that was under the e too. She fell on her face. I say I broke her nose. She down and I kept hitting her Director's] son grabbed me 					

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING			R-C / 25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD			
			SBORO, NC 27403			
(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 T DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETE DATE
V 293	Continued From page	e 29	V 293			
	locked myself in the v - "They (staff) could h	ne to go outside. I went and van." have been monitoring us o have more responsible				
	revealed: - There was a fight be camp "either the end August (2019)." - When the fight ende - "[FC #5] was walkin [FC #5] hit [FC #4] as Thenthey started fi punching [FC #4] in F her nose got broken. had to go out and get didn't want to get in the telling them to stop." Interview on 11/13/19 revealed: - On 7/30/19 there way and FC #5 at camp. - Staff #4 was the only	her face and that was how [Staff #4] was outside and I t her. [The Camp Director] he middle of it and was 9 with the Camp Director as a fight between FC #4 ly group home staff at camp				
	fight. - FC #4 and FC #5 er - Prior to 7/30/19 FC with each other" 3 tin - "[FC #5] had said sl past Sunday talked to That's when [FC #4] anything had transpir - "[FC #5] was walkin (walked) past [FC #4 #5] passed by. I could They were punching	he felt like the minister that o her and impacted her life. had said 'I can't tell that				

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STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
	SI CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL041-857	B. WING			R-C / 25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	ART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 293	Continued From page	e 30	V 293			
	had my staff go outsi [the AP] came to take could look at her (FC was out of socket. Yo moved her nose." Interview on 11/19/19 - She was the only gu 7/30/19 - She was outside wh - Client #3 came outs fight. - She took FC #4 to t another staff member picked up the other of - "When I had [FC #4 her nose was broken - "[FC #4] and [FC #5 really does have a sh [FC #5] could be fir] sat down it was obvious				
	- She was not preser and FC #5 had a phy - "That happened it c that [FC #4] talks a lo #4 and FC #5) went t said something smar punched [FC #4] in th that." Interview 11/19/19 wi	amp. My understanding is bt. We did not know they (FC to the same PRTF. [FC #4] t and [FC #5] got up and he nose or something like ith the Associate				
	and FC #5. She was - She later learned or	d: as a fight between FC #4 not at the camp on 7/30/19. n 7/30/19 they were having a amp. FC #4 and FC #5				

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STATEMENT	of Health Service Regu of DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE			
			IRRYHILL ROAD	, 211 0002			
FRESH ST	TART HOME FOR CHILD	REN	SBORO, NC 27403				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	- 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 THE APPROPRIATE	COMPLET	
V 293	Continued From page	e 31	V 293				
	if her nose was broke #4 had surgery. - After the fight she to watch on both of ther "They (FC #4 and FC and then they would #5] gets upset with h anger out on [FC #4] when things would ge because [FC #5] is a something was really never know." Finding #4 Review on 11/12/19 of revealed: - "Sunday (October 60 phone call to her mot other consumer staff outside. While [If call, she then assume was talking about her hit the other consumer staff outside. While [If call, she then assume was talking about her hit the other consumer grabbed the mop and #4) in the head with t laceration on her fore - "The other consumer facility van and atter [FC #5] opened the of the seat belt around f face several times, p	Staff intervened and s. After that, [FC #5] d hit the other consumer (FC he metal piece causing a big shead." er (FC #4) then ran to the upted to lock all the door but loors. [FC #5] then wrapped the client neck, spat in her ulled consumer hair, onsumer in the face, and					
		vened once more and got					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		R C	
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	1929 MU	RRYHILL ROAD			
		GREENS	BORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From page	e 32	V 293			
	-" After that, [FC #5]	quickly ran inside the home				
	and locked the staff and the other consumer (FC					
		nat time, she called her				
		come to the facility. [FC #5]				
	opened the door and	staff were pushed out the				
	way and [FC #5] attacked the other consumer					
	with a metal ab roller multiple times until she bled					
	even more. The other consumer (FC #4) was					
	then sent to the hosp	ital and had to receive				
	several stitches."					
		e police were notified. The				
	-	her due to her age and her				
		probation. However, they				
		le justice office to proceed				
	-	. The magistrate office				
		requested for involuntary				
	criminal than mental	er actions being more				
		nealth.				
	Review on 11/25/19 (10/6/19 revealed:	of the police record dated				
		9 at approximately 1453				
		ed to [group home address]				
		It between two group home				
	members. Upon my a	arrival, I spoke with [FC #4]				
	, who stated that sh	ne had been assaulted by				
	[FC #5] It should b	be noted [FC #4] was being				
	treated by [ambuland	e service] and [city] Fire				
	-	not able to provide further. I				
		vho is a staff member of the				
	group home, who sta	•				
	-	hting and then it escalated				
	into objects being us					
		[FC #4] and [FC #5] began				
		C #4] stepped outside. [FS				
	#8]	#El followed outcide and				
	_	#5] followed outside and				
		#4] by punching her. [FS #8]				
	stated	#5] stopped fighting for a				
	alth Service Regulation					

STATEMENT	of Health Service Regun TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		1929 MU	IRRYHILL ROAD			
FRESH ST	FART HOME FOR CHILD	REN GREENS	SBORO, NC 27403			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TC DEFICIEI) THE APPROPRIATE	COMPLETI DATE
V 293	Continued From pag	e 33	V 293			
	moment and during t	hat time [FC #4] got into the				
	red					
		ay. [FS #8]then stated that				
		o assault [FC #4] and could				
	not be					
		#8] stated that [FC #5] then				
		the front seat of the van. [FS				
		he parties split up again and				
		side. [FS #8] stated it was at				
		ked both staff members and				
		e home. [FS #8] stated that				
		the door several times, [FC				
		armed with an ab roller. [FS				
		5] swung the ab roller and hit				
		and then punched [FC #4]				
	several more times.					
		[staff #2], a group home				
	staff member, who st					
		separated with the help of				
		ated that she was contacting				
		er for police to speak with				
		th [FC #4] and [FS #8], [the				
		with [FC #5], who stated that				
		head with stick of a mop.				
		e argument started the				
		/2019, over a comment [FC				
		en stated that the two got				
		4] used the mop stick to hit				
	-	C #4] with the ab roller. [FC				
		he police officer] who started				
	that assault.					
		QP/ED], the group home				
		at this was not the first time				
		had been in a physical				
	-	P/ED] stated approximately				
		#5] and [FC #4] had been in				
		resulting in [FC #4] getting a				
		eded surgery. [The L/QP/ED]				
		home is working toward				
	getting new placeme alth Service Regulation	nt for [FC #5] but have been				

STATEMENT	of Health Service Regu r of Deficiencies OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY PLETED
						२-C
		MHL041-857	B. WING			/25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	TART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
FRESH SI		GREENS	SBORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 293	Continued From page	e 34	V 293			
	unsuccessful thus fai	r. It was brought to my				
		up home cameras and [the				
	-	ly person who had access.				
		that I could review the				
		serve what occurred during				
	the incident.	5				
	- During view of the c	amera footage, I observed				
	[FC #4] walk outside and [FC #5] get off the					
		outside. I then observed [FC				
		rst and [FC #4] then began				
		ed the two staff members				
	then got in between [FC #4] and [FC #5] to break				
		hen observed [FC #5] go into				
	the house and [FC #4	4] walk over to the vehicle				
	and get inside the fro	nt passenger side. I				
	observed [FC #5] cor	me back outside pushing				
	through staff membe	rs to get to [FC #4] in the				
	vehicle where the alte	ercation began again. I				
	observed staff quickly	y get the two separated. I				
	observed [FC #5] gra	ab the mop from the front				
	porch and strike [FC	#4] multiple times in the				
	head with the mop st	ick. I observed staff attempt				
	to stop [FC #5] before	e she approached [FC #4]				
	with the mop but wer	e not successful.				
	- I then observed the	staff members break the				
	two up again and [FC	C #5] returns inside. I then				
		k the door with both staff				
] outside. I then observed				
		oller and begin to say things				
		FC #4]. I observed [FC #4]				
	-	away from the door and				
		or multiple times. I observed				
		er to do something and then				
		b. I observed [FC #5] then				
		or and strike [FC #4] multiple				
		h the ab roller and then				
		ed fist. I then observed staff				
	-	parties separated and keep				
		emergency personnel could				
	arrive on scene					

Division of Health Service Regulation STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	ZIP CODE		
RESH ST	TART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN (OF CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	D THE APPROPRIATE	COMPLET
V 293	Continued From pag	e 35	V 293			
	- I observed [FC #4] to have a laceration to the forehead just before the hair line, that was					
	-	es. I observed [FC #4] to				
		nes to the face and to the				
	arms. I observed [FC #4] to have a swollen lip					
	and blood in her mouth. I then observed there to					
	be blood in multiple l	ocations from where [FC #4]				
	had been during the	incident and just after the				
	incident. I did not obs	serve [FC #5] to have any				
	signs of injury.					
	- [FC #4] was transpo	orted to [local hospital] by				
	[ambulance service]	for further evaluation. After				
	speaking with a staff member, [FC #4] needed					
		hes to the head laceration. A				
		been completed for [FC #5].				
		510 hours, I was dispatched				
		1) to [group home address],				
	in reference to an as					
		end of the sidewalk were				
		nding in front of the front door				
		ere were red droplets on the				
		anding. There were also red				
	-	ior sidling next to the front				
		nt yard. To the left (East) of				
		wooden- handled mop and a				
	red stains on them.	ock handles. Both items had				
		location to [local hospital]				
	• •	liner cut on her forehead,				
		er hairline. There was also a				
		directly below her left eye.				
		red to be dried blood on her				
	forehead, both cheek					
	Review on 11/20/19	of FC #4's medical record				
	dated 10/6/19 reveal					
		after being assaulted by				
		member. Patient (FC #4)				
		p home member took the				
	wood part of a broom					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
		1				12512015	
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE IRRYHILL ROAD	, ZIP CODE			
FRESH ST	TART HOME FOR CHILD	DREN	SBORO, NC 27403				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	F CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN) THE APPROPRIATE	COMPLET	
V 293	Continued From pag	e 36	V 293				
	and used her fist to r	ounch and hit patient's face					
		me staff member states that					
		ef episode of LOC (loss of					
	consciousness)."						
		ion, with contusion, with					
	laceration approx. (a						
	(centimeters) lac (lac						
		nto scalp and hair line) and					
	with left periorbital er	• •					
	Interview on 11/15/19	9 with FC #4 revealed:					
	- On 10/6/19 she had	been outside the group					
	home and tried to tal	k to FS #8 who was on the					
	phone. She came ba	ick inside to ask staff #2 if					
	she could use the ph	one to talk to the AP. She					
	wanted to let the AP	know she was not getting					
	along with FC #5. Sta	aff #2 was on the phone and					
		aff #2 to call the AP. After she					
		ot talk to staff #2 and ask to					
	-	she went back outside.					
		ont screen door and asked et her know when FC #5's					
	five minutes were up	on the phone so that she					
	could make a call to						
	- She heard FC #5 te	ell the person on the phone					
	she would call her ba						
		ront door to where she was in					
		is on the phone inside. FS #8					
	called for staff #2 to						
	•	came outside she and FC					
	#5 were already fight	•					
		[staff #2]. She was not using					
		#5] away from me. [FC #5]					
	started punching her	onto the ground and I					
	-	the van and locked myself grabs the mop off the stairs					
		with the mop while I was					
		nd the mop hits me in the					
		ne she hits me with the mop					
	alth Service Regulation						

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			R-C
		MHL041-857	B. WING		11/25/2019	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	0REN 1929 ML	JRRYHILL ROAD			
		GREEN	SBORO, NC 27403			
(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 TC DEFICIE!	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE
V 293	Continued From pag	je 37	V 293			
	I grab it and snatch i mop and ran to the v the van)." - "The door behind n got into the van). [FC started spitting back behind the driver's si where [FC #5] got on top me. I was trying to c telling me to open th and unlocks the doo of me. [Staff #2] get [FC #5] off me. - "[FC #5] continued the face. This time w has long nails she is trying to scratch my scratches my face th [FC #5] says, 'no I a This is when [FC #5] wraps it around my r belt. I could breathe not to be able to brea - "[FC #5] runs into t the door with [client a banging on the door from the door. [FC # me. [FC #5] opens th off the porch and she don't know what hap started losing consci a whole lot." - "I feel [staff #2] cou stopping the fight an matter to [staff #2].	t from her. I dropped the van. I try to lock the doors (to ne did not lock (and FC #5 C #5] started spitting and I . [Staff #2] walked to the door ide. [FS #8] was on the door of me and started punching cover myself. [Staff #2] is e doors. [FS #8] gets inside r and tries to pull [FC #5] off is into the car and tries to get to punch me closed fist in when she punches me, she scratching my face and eyeballs outs. After she he staff say, 'get off her' and am going to kill this b****h.' I takes the seat belt and neck and pulled on the seat but I could tell I was starting athe." the group home and slams #3] inside there. I am I proceed to walk away #5] said she was going to kill he door and I am trying to get e hits me with the ab roller. I opened after that because I iousness and I was bleeding ald have put some force into d I feel like my safety didn't [Staff #2] yelled to [client #3]				
	Interview on 11/14/1	nen we were in the van." 9 with FC #5 revealed:				
		up home staff (staff #2 and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		MHL041-857	B. WING			R-C 11/25/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD				
		GREENS	BORO, NC 27403				
(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 AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 293	Continued From page	e 38	V 293				
	FS #8) and clients (c	lient #3, FC #4, and FC #5]					
	had returned on an outing.						
		with her the whole way home.					
	•	all the AP and she wanted to					
	call her sister.						
	- She called her sister and while on the phone FC						
	#5 reminded FS #8, 1	hat FC #5 was only					
	supposed to be on th	e phone 5 minutes.					
		nd FC #4 pulled her hair.					
	She and FC #4 starte						
		go of her hair and kept					
		went inside the group home					
	to find the keys to unlock the closet to get a knife						
	to stab FC #4. Staff #2 came in the house and						
		n. She told staff #2 to get out					
	of her face.						
	÷ .	the front porch and hit FC					
		#4 grabbed the mop. FC #4					
		nd locked the doors. She					
		Ind FC #4 spit on her and					
	she started hitting FC						
	she "tried to poke [F0	gle her with the seatbelt and					
		e and locked the door with					
	client #3 in the house						
		house with an ab roller and					
		ad at least four times."					
		ng and she chilled out. I					
	walked to my room."						
	-	lice when they couldn't stop					
	her from bleeding."						
		ff #2 and FS #8) could have					
	• •	asked [staff #2] to walk with					
		o that before I called my					
	sister. [Staff #2] mad	le excuses why she could					
	not walk with me. [FS	6 #8] could have took [FC #4]					
	to the park. They cou	Id have separated us."					
	Interview on 11/15/19	with client #3 revealed:					
	o	ht between FC #4 and FC					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	CONCEPTION		A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PR	OVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
рсец ет	ART HOME FOR CHILI	1929 MU	JRRYHILL ROAD			
KESH SI		GREEN	SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY 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 O THE APPROPRIATE	(X5) COMPLET DATE
V 293	Continued From page	ge 39	V 293			
	#5 sometime in Octo	ober 2019				
		e working when the fight				
		² and former staff (FS) #8.				
		ad because of something				
	said by FC #4.	ad because of something				
	- FC #5 went outside the group home and yelled					
	at FC #4. FC #5 then punched FC #4 in the face.					
	Staff #2 and FS #8 did not restrain the clients but					
	did get the clients away from each other.					
		and grabbed a mop that				
		rch. FC #5 hit FC #4 on her				
	head with the mop.					
		e mop away from FC #5.				
	- FC #4 then ran to the facility van and attempted					
	to lock herself in the					
		get into the van and climbed				
	on top of FC #4.	get into the vali and emilled				
	-	n the van, she started hitting				
	FC #4 in the face.					
		the seat belt to strangle FC				
		n going to kill this b****h"				
		es all over her face because				
		scratch her eyeballs out."				
		were inside the van "only				
		nd didn't restrain her."				
	• • •	herself inside the group				
	home with her.					
	- She went to her be	droom but heard the door				
	open.					
		oller and hit FC #4 in the head				
	"multiple times."					
	-	aff did everything they could				
	to stop the fight.	, , ,				
		about it. I was scared for				
		ne. There was so much blood				
		. It was all over her face and				
		ck and shirt. It was on the				
	porch and sidewalk.					
		y they (staff) can't restraint us				
						1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING		R-C 11/25/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD BORO, NC 27403			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN (OF CORRECTION	(X5)
PREFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	O THE APPROPRIATE	COMPLET
V 293	Continued From page	e 40	V 293			
		can restrain us. They did not] when she was beating up				
	Interview on 11/19/19 and 11/25/19 with staff #2 revealed:					
	 On 10/6/19 she, FS #8 along with client #3, FC #4 and FC #5 had just returned from church. She was inside with FC #5 who was on the 					
	phone with her sister. FC #4 had been outside talking to FS #8. - FC #5 got off the phone because she thought					
	FC #4 had talked about her mother. - FC #5 ran outside and started a fight with FC					
	#8 is trying to calm F talking to them.	ddle of FC #5 and FC #4. FS C #5 and FC #4 down by				
	 FC #5 swings a mo FC #4 gets into the locked all the doors. 	p at FC #4. van and FC #4 thought she				
		van and climbs on top of FC inching FC #4.				
	- FC #5 tried to stran - "[FC #4] could not b	gle FC #4 with the seat belt. preathe. You know how when				
	is what FC #4 was do	they are gasping for air (that bing). Then [FC #5] got out of				
	[FC #4] in the head.	e ab roller outside and hit She hit her more than two want to say it was like 7-8				
		not allowed to put hands on				
	pull them or put hand	bw we were not allowed to is on them period. I don't we are not allowed to touch				
	them but [FC #5] kne put hands on them a	w that we are not allowed to nd we could get in trouble for				
	putting hands on the	m."				
	Interview on 11/19/19	and 11/22/19 with the				

STATEMENT	of Health Service Regu FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-857	B. WING			२-C / 25/2019
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
FRESH ST	TART HOME FOR CHILD	REN	JRRYHILL ROAD SBORO, NC 27403			
(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) COMPLETE DATE
V 293	Continued From pag	e 41	V 293			
	occurred between FC - She did review the home cameras. She footage. - " [FC #5] is very ag to move [FC #5]." - "[FC #5] was on the that. It was a surpris everything they could - "They (staff #2 and [FC #5]. [FC #5] is a much smaller." Interview 11/19/19 w Professional revealer - She was not preser occurred FC #4 and - She attempted to de for FC #5, but it was "It (the fight on 10/6/ is a ticking time boml with her sister. [FC # other staff. [FC #5] to started fighting [FC # - "Prior to incident the eyes on supervision times." Review on 11/22/19 writte "Plan of Protection 10A NCAC 27G.205 Habilitation or Servic 0A NCAC 27G.0203 Professionals and As	video footage from the group no longer had a copy of the agressive. We were looking a phone and it happened like e element. The staff did d do." FS #8) could not restrain big girl and my staff are the the Associate d: to n 10/6/19 when the fight FC #5. to an involuntary commitment denied by the magistrate. 19) was unexpected. [FC #5] to. [FC #5] was on the phone 4] had been outside with the bid her sister to hold on and 4]." the staff had been told verbally of [FC #5] and [FC #4] at all to the Plan of Protection n by the L/QP/ED revealed: Assessment and Treatment/				
ivision of Hea		sociate Professionals Scope(V293)				

	OF DEFICIENCIES	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE	ZIP CODE	I 11	1/23/2013	
		1929 ML	JRRYHILL ROAD	,211 0002			
FRESH ST	ART HOME FOR CHILD	REN GREENS	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 293	Continued From page	e 42	V 293				
	Requirements (V367 What will you immed rule violations in order further risk or addition The course of action incidents were addre All staff will be notifyi when a client or staff first action would be a the client's aggress need be the staff is re the proper NCI (North restraints to prevent a any property damage control the client call There will always be by the rule. Clients w All statements from the Management staff wi directions or answers 2. Describe your plan happens. This was done on 11. Professional) will fact reviewing the Peron Plan for each client a following his assess determine if additiona addressed in current Centered Plan) and c a listing of each staff the memo. Staff will h that it can be reviewed	INCIDENT REPORTING iately do to correct the above er to protect clients from nal harm? taken on 11/22/2019. All ssed and reported. ng and instructed again that in risk of being harm, the to try to separate the clients ituation. and talk them down. sion is still persistent and if equired to place the client in n Carolina Interventions) any injury to staff or client or e. If they feel they(staff) can't 911. 2 staff present as required vill no longer go to camp he state regarding anything, II be asked put their is in writing. Is to make sure the above /22/2019 The QP (Qualified ilitated the staff memo Centered Plan and Crisis and meet with [therapist] nent of each client to al interventions need to be client PCP (Person crisis plan. The QP will have that has received a copy of have a copy of the review so					
	-	ree former female clients ale client ages 15-17 with					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL041-857	B. WING		R-C 11/25/2019	
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
DEQU OT	ART HOME FOR CHILD	1929 MU	RRYHILL ROAD			
-KESH SI		GREENS	BORO, NC 27403			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF (EACH CORRECTIVE AC		(X5) COMPLET
PREFIX TAG	,	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	DATE
V 293	Continued From page	e 43	V 293			
	various diagnoses no	t limited to: Oppositional				
); Cannabis Dependence;				
	· ·	s D/O; Disruptive Mood				
		ttention-Deficit/Hyperactivity				
	D/O; Bipolar II; Borde	erline Intellectual				
	Functioning; Intellect	ual Developmental Disability,				
	Mild; and Delusional	D/O. Some of the clients'				
	behavioral history inc	lude but are not limited to:				
	refusing to go to scho					
	suspension from scho					
		ce towards authority figures,				
	struggles with getting	÷ .				
	•	s, failure to communicate				
	feelings, mood fluctua	•				
		hysically and verbally				
		e month of July 2019 there				
		ght between FC #4 and FC				
		n a second fight between FC				
		D/19 at camp. Former client				
		n nose on 7/30/19 which				
		ring both fights staff #4 was				
		staff at camp but she was				
		its occurred. During a third taff #1 insisted four times				
		ower after FC #7 told staff #1				
	she had a shower that					
		nospital. The staff withheld a				
	-	from FC #7 for not wanting				
		ght also occurred on 7/10/19				
		^F C #7 and staff did not				
		n October 6, 2019, a fourth				
		he group home between the				
		and FC #5) who fought at				
		9, FC #4, who had already				
		ose on 7/30/19, sustained a				
		of consciousness on 10/6/19				
		the head with a mop, hit her				
		nead with a metal ab roller				
		ingle her with a seat belt.				
		ld by administration to not				1

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STATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
		1929 MU	RRYHILL ROAD				
FRESHS	TART HOME FOR CHILD	GREENS	BORO, NC 27403				
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 293	Continued From page	e 44	V 293				
	restrain. The L/QP/EI allow staff to restrain going to "kill someone improper restraint of a L/QP/ED did not upda the altercations occur This deficiency consti violation for serious n be corrected within 23 penalty of \$2,000.00 not corrected within 2	itutes a Type A1 rule eglect and harm and must 3 days. An administrative is imposed. If the violation is 3 days, an additional y of \$500.00 per day will be y the facility is out of					
V 296	telephone or page. A able to reach the facil times. (b) The minimum nur required when childre present and awake is (1) two direct c one, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct c nine, ten, eleven or tw adolescents. (c) The minimum nur	4 MINIMUM STAFFING sional shall be available by direct care staff shall be lity within 30 minutes at all mber of direct care staff en or adolescents are as follows: are staff shall be present for ir children or adolescents; care staff shall be present eight children or	V 296				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
			A. BUILDING:			R-C
		MHL041-857	B. WING			/25/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	RRYHILL ROAD			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN O	FCORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 296	Continued From page	e 45	V 296			
	follows:					
		care staff shall be present				
	and one shall be awa	ake for one through four				
	children or adolescer	-				
		care staff shall be present				
		ake for five through eight				
	children or adolescer					
		t care staff shall be present awake and the third may be				
		eleven or twelve children or				
	adolescents.					
		minimum number of direct				
	care staff set forth in Paragraphs (a)-(c) of this					
	Rule, more direct care staff shall be required in					
	the facility based on the child or adolescent's					
	individual needs as s	pecified in the treatment				
	plan.					
		l be responsible for ensuring				
		en or adolescents when they				
	-	cility in accordance with the				
		individual strengths and				
	needs as specified in	i the treatment plan.				
	This Rule is not met	as evidenced by:				
		ews and interviews, the				
		two direct care staff present				
	•	e awake or asleep for one,				
		ents affecting 1 of 3 current				
		5 former clients (FC #4, FC				
	#5 and FC #7). The f	-				
	Review on 11/13/19	of client #3's record revealed:				
	- Admission Date: 7/2	24/19				
	Diagnasas Onnasi	tional Defiant Disorder (D/O);	1			1

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:				
		MHL041-857	B. WING			R-C 11/25/2019	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
RESH ST	ART HOME FOR CHIL	DREN 1929 MU	JRRYHILL ROAD				
KEOH OI		GREEN	SBORO, NC 27403				
(X4) ID		STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN ((X5)	
PREFIX TAG		ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE A CROSS-REFERENCED TO		COMPLE DATE	
		,		DEFICIE			
V 296	Continued From page	ge 46	V 296				
	Cannabis Dependence, uncomplicated						
	- Age: 15 years-old	-					
	- Review of client #3	3's goals in the					
		rofile (PCP) updated 9/19/19					
	revealed:	-					
	- "will receive Res	sidential Level III services and					
	supports and learn l	how to verbalize feelings of					
		ement, and anger in a					
	controlled assertive	and positive manner."					
	- "will learn and d	evelop positive coping skills					
	"						
		e improved ability to show					
		figures and peers"					
		of client #3's PCP revealed:					
		as completed on 6/12/19 due					
		a higher level of care					
	-	nere was an increase in					
		viors that included that					
		fusing to go to school,					
		ension from school, suspicion					
		peers, suspected substance					
	use"						
		3's Support/Intervention on					
	page 4 of the PCP r						
		sported one on one by staff to					
	school events."	medical appointment and					
		tmont goals or stratagies that					
		tment goals or strategies that he would benefit from					
		amp or the required level of					
		the individualized needs.					
		of Former Client (FC) #4's					
	record revealed:						
	- Admission Date: 1						
	- Discharge Date: 1						
		Traumatic Stress D/O;					
	Disruptive Mood Dy						
	Attention-Deficit/Hy	peractivity D/O					
	- Age: 17 years-old						

STATEMENT	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MHL041-857	B. WING			R-C 11/25/2019	
	ROVIDER OR SUPPLIER	I	DDRESS, CITY, STATE		· · ·		
	CONDER OR SUIT LIER		IRRYHILL ROAD	, ZII GODE			
RESH ST	ART HOME FOR CHILD	REN	SBORO, NC 27403				
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 296	Continued From page	e 47	V 296				
	- Review of FC #4's g	goals in the PCP dated					
	10/9/19 revealed:	-					
		ential Level III services and					
	••	ow verbalize feelings of					
	-	ement, and anger in a					
	controlled and positiv						
		pliance with rules and me, school, and community					
		me, school, and community					
	-"will utilize health	y coping strategies"					
		Crisis Prevention and					
	Intervention Plan in t	he PCP dated 10/9/19					
	revealed:						
		eyes on her at all times when					
	she is upset. This wil	Il prevent attempts of					
	self-injury."						
		f FC #4's PCP revealed:					
		Team) has to agreed that sported by one staff to and					
		appointments and any other					
	extra-curricular activi community."	• •					
	- There were no treat specifically stated sh	tment goals or strategies that					
		amp or the required level of					
	•	the individualized needs.					
	•	ates to her treatment plan					
	following multiple alter						
		of FC #5's record revealed:					
	- Admission Date: 6/						
	- Discharge Date: 10						
		II; Oppositional Defiant D/O;					
	Borderline Intellectua Traumatic Stress D/0						
	- Age: 15 years-old						
		goals in the PCP dated					
	9/17/19 revealed:						
	- "will reduce her c	lefiant behaviors and					
	increase her ability to	o follow rules and directives					

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If continuation sheet 48 of 53

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:	A. BUILDING:		
		MHL041-857	B. WING			₹-C / 25/2019
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
RESH ST	ART HOME FOR CHILD	1929 MU	IRRYHILL ROAD			
		GREENS	SBORO, NC 27403			
(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 T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From page	e 48	V 296			
	- "will decrease he	r aggressive behaviors by				
		I and physical confrontations				
	with authority figures	•				
	- Review of page 3 of FC #5's PCP revealed:					
	- "12/20/18When school started, [FC #5] began					
	to display more defiance towards authority figures					
	at home and school and struggled more getting					
	along with peers. She was suspended for three					
	days for horseplay with peers and defiance when					
	asked to stop. Her second suspension was for					
	ten days for cursing the Principal and noncompliance with the school uniform policy					
	She had an argument with her foster mother					
	and threatened to hit her foster mother before					
	walking out of the home. [FC #5] continues to struggle with compliance with rules in her home					
	and at school as well as anger management."					
		ment goals or strategies that				
	specifically stated sh					
	attending summer camp or the required level of					
	supervision to meet the individualized needs.					
	•	ates to her treatment plan				
	following multiple alte	-				
	Review on 11/19/19	of FC #7's record revealed:				
	- Admission Date: 6/12/19					
	- Discharge Date: 7/18/19					
	- Diagnoses: Intellectual Developmental					
	Disability, Mild; Oppositional Defiant D/O;					
	Delusional D/O					
	- Age: 17 years-old					
	- Review of FC #7's goals in the PCP updated					
	7/11/19 revealed:					
	- "will demonstrate positive coping skills'					
	- "Develop and implement effective coping skills					
	-	esponsibilities, participate				
	constructively in relat					
		standing of how thoughts,				
	physical feelings and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.				
	MHL041-857		B. WING			R-C 11/25/2019	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE			
RESH ST	ART HOME FOR CHILD	REN	JRRYHILL ROAD				
		GREEN	SBORO, NC 27403				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLETE DATE	
V 296	Continued From page 49		V 296				
	contribute to anxiety and its treatment." - "Identify, challenge and replace fearful self-talk "						
	- "will learn to improve decision making skills by examining benefits and consequences of her actions."						
	- Review of page 2 of FC #7's PCP revealed: - "1/18/19: According CCA (Comprehensive Clinical Assessment) on 1/2/19 "[FC #7] has						
	ongoing mood fluctuation. She primarily engages in high risk behaviors as she internalizes and fails to communicate feelings effectively to her support						
	network. [FC #7] engages in a lot of negative behaviors to cope with ongoing mood symptoms.						
	She has been aggressive and defiant with no identifiable stressor or trigger. Her moods tend to						
	fluctuate more towards being irritable and angry.						
	She has a history of being manipulative and lying. Can be very physically and verbally						
	aggressive. She engages in fighting and self-defeating behaviors[FC #7] has indicated to						
	peers and adults that she has a baby, but this is confirmed to be untrue despite [FC #7's]						
	elaborate detailed ste	ory and her attempts to					
	people that her moth	r could endure by telling er would deny the baby's					
	existence." - Review of page 17 PCP revealed:	of FC #7's Crisis Plan in her					
		g into a power struggle with					
	- There were no treatment goals or strategies that specifically stated she would benefit from						
	attending summer camp or the required level of						
	supervision to meet the individualized needs. - There were no updates to her treatment plan following multiple altercations.						
	Finding #1						

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857		(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED R-C			
		B. WING					
				Y, STATE, ZIP CODE		1/25/2019	
	ROVIDER OR SUPPLIER		IRRYHILL ROAD	, ZIP CODE			
RESH ST	ART HOME FOR CHILD	REN	SBORO, NC 27403				
(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 296	Continued From page	e 50	V 296				
	Interview on 11/21/19 with FC #7 revealed: - She attended summer camp with FC# 4 and FC #5. Summer camp started 6/29/19 and operated Monday-Friday. - She and FC #4 had a fight at camp on 7/5/19. - While FC #4 banged her head on the wall, banged her head on the floor and punched her face inside the camp building, staff #4 was outside. - "They, the kids at the camp from the group home and the lady who owned the camp, had to go outside and tell [staff #4] to come in. [Staff #4] came in late and no one stopped the fight until [FC #4] was tired." Interview on 11/15/19 with FC #4 revealed: - She attended summer camp with FC# 5 and FC #7. When client #3 was admitted on 7/24/19, she attended summer camp as well. Summer camp started 6/29/19 and operated Monday-Friday. - While she banged FC #7's head on the floor,						
	staff #4 was outside i - "[FC #7] kept follow go outside and get [s	ing me while I was trying to					
	- She attended summ #7. When client #3 w attended summer can started 6/29/19 and c - There was a fight be camp sometime in Ju	-					
	at camp when the fig - "[Staff #4] was in th	ne car. They (FC #4 and FC selves. [Staff #4] was in the					
		9 with staff #4 revealed: the only group home staff					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
		MHL041-857	B. WING			R-C I/ 25/2019
NAME OF PR	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD SBORO, NC 27403			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT 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 296	Continued From page 51		V 296			
	present at camp. - She was outside when the fight occurred between FC #4 and FC #7. - "I couldn't tell you exactly (how long I had been outside)."					
	revealed: - She had worked with the past and knew th Professional/the Exe several summers. - There was a fight be sometime in the midde - Staff #4 was the on and she was not in the occurred. - "I don't know what [plugging up her phore Finding #2 Interview on 11/15/19 - On 7/30/19 she and camp.	ly group home staff present he room when the fight staff #4] was doing. Maybe				
	7/30/19. - While FC #5 punch	ed her closed fist in the face staff #4 was outside in the				
	revealed: - FC #4 and FC #5 h at the end of July 20 2019. She did not red - Staff #4 was the on FC #5 and FC #4 had	ly staff at camp the day that				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-857		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED			
		BENNI IOANON NOWBEN.	A. BUILDING:				
		MHL041-857	B. WING			R-C 11/25/2019	
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
RESH ST	ART HOME FOR CHILD	REN	IRRYHILL ROAD				
		GREENS	SBORO, NC 27403				
(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 T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE	
V 296	Continued From page	e 52	V 296				
	 When she and FC # at camp, staff #4 was present. "[Staff #4] was there van asleep when the Interview on 11/13/19 revealed: FC #4 and FC #5 ha 7/30/19. The only group hom was staff #4. "It was only my (can there. I was there." Interview on 11/19/19 When FC #4 and FC 7/30/19 she was not had a fight inside the outside. She was the only gr 7/30/19. "I had been out to th was (when the fight of - "[Client #3] had ran This deficiency is cro NCAC 27G .1701 Sc 	 9 with the Camp Director ad a fight at camp on ne staff at camp on 7/30/19 mp) staff there and [staff #4] 9 with staff #4 revealed: C #5 had a fight at camp on present. FC #4 and FC #5 camp building, and she was roup home staff at camp on ne car where my lunch box occurred)." 					
		st de corrected within 23					