| TATEMENT OF DEFICIENCIES |  | IDENTIFICATION NUMBER:  | A. BUILDING:                  |   | (X3) DATE SURVEY<br>COMPLETED     |                        |  |
|--------------------------|--|---|-------------------------------|---|-----------------------------------|------------------------|--|
|                          |  |   |                               |   |                                   |                        |  |
|                          |  | MHL034-211  | B. WING                       |   | 01/22/2020                        |                        |  |
| AME OF PF                | ROVIDER OR SUPPLIER  |   | DDRESS, CITY, STATE,          | , ZIP CODE  |                                   |                        |  |
| HEVAL G                  | ROUP HOME  |   | IEVAL STREET<br>ONS, NC 27012 |   |                                   |                        |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLE<br>DATE |  |
| V 000                    | INITIAL COMMENTS   |   | V 000                         |   |                                   |                        |  |
|                          | An annual survey wa<br>2020. Deficiencies w  | s completed on January 22,<br>rere cited.   |                               |   |                                   |                        |  |
|                          | category: 10A NCAC   | d for the following service<br>27G .5600C Supervised<br>Developmental Disabilities.   |                               |   |                                   |                        |  |
| V 110                    | 27G .0204 Training/S<br>Paraprofessionals  | Supervision   | V 110                         |   |                                   |                        |  |
|                          | SUPERVISION OF P<br>(a) There shall be no<br>paraprofessionals.<br>(b) Paraprofessional<br>associate professional<br>professional as speci<br>Subchapter.<br>(c) Paraprofessionals<br>knowledge, skills and<br>population served.<br>(d) At such time as a<br>employment system i<br>then qualified profess<br>professionals shall de<br>(e) Competence sha<br>exhibiting core skills i<br>(1) technical knowle<br>(2) cultural awarene<br>(3) analytical skills;<br>(4) decision-making;<br>(5) interpersonal ski<br>(6) communication s<br>(7) clinical skills.<br>(f) The governing bo<br>develop and impleme | fied in Rule .0104 of this<br>s shall demonstrate<br>a bilities required by the<br>competency-based<br>s established by rulemaking,<br>sionals and associate<br>emonstrate competence.<br>Il be demonstrated by<br>ncluding:<br>dge;<br>ss;<br>lls;<br>skills; and<br>dy for each facility shall<br>ent policies and procedures<br>a individualized supervision |                               |   |                                   |                        |  |

| STATEMEN                 | of Health Service Regure<br>FOF DEFICIENCIES<br>OF CORRECTION  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING: |   |                | E SURVEY<br>PLETED       |
|--------------------------|--|---|----------------------------------|---|----------------|--------------------------|
|                          |  | MHL034-211  | B. WING                          |   | 01/22/2020     |                          |
| NAME OF P                | ROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, STATE              | , ZIP CODE  |                |                          |
|                          | GROUP HOME   | 8380 CH   | EVAL STREET                      |   |                |                          |
| CHEVAL                   |  | CLEMMO  | ONS, NC 27012                    |   |                |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE | (X5)<br>COMPLETI<br>DATE |
| V 110                    | Continued From page  | e 1   | V 110                            |   |                |                          |
|                          | interviews, 1 of 1 For<br>demonstrate the know   | ns, record reviews and<br>mer Staff (FS #1) failed to<br>wledge, skills and abilities   |                                  |   |                |                          |
|                          | clients (#2). The findin<br>Review on 1/21/2020<br>-A hire date of 3/17/2<br>-A job description of a<br>-A separation date of<br>-Had completed re-tra   | of FS #1's record revealed:<br>012<br>a Paraprofessional  |                                  |   |                |                          |
|                          | Review on 1/17/2020<br>revealed:<br>-An admission date o<br>-Diagnoses of Mild In<br>Depressive Disorder,<br>Type, Overactive Blac<br>Generalized Anxiety I<br>-An assessment date<br>disrupted past placen<br>way, family has safet<br>consistent structure a<br>his independent and<br>schizophrenia and tal<br>medication most of w<br>years and for reasons<br>supervisors, seems to<br>has stated that he fee<br>anxious and overly w | of client #1's record<br>f 3/1/2008<br>tellectual Disability, Major<br>Schizophrenia, Paranoid<br>dder, Hypertension and<br>Disorder<br>d 2/19/08 noting "has<br>nents due to not getting his<br>y concerns, needs<br>und rules, needs to increase<br>social skills, has a history of<br>kes an interesting cocktail of<br>hich he has been on for<br>s unknown to his<br>o want to elope frequently,<br>els restricted, is often |                                  |   |                |                          |

Division of Health Service Regulation STATE FORM

6899

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C              |  |                                  | E SURVEY<br>PLETED      |
|--------------------------|--|---|------------------------------|--|----------------------------------|-------------------------|
|                          |  |   | A. BUILDING:                 |  |                                  |                         |
|                          |  | MHL034-211  | B. WING                      |  | 01/22/2020                       |                         |
| IAME OF PF               | ROVIDER OR SUPPLIER  | STREET A  | DDRESS, CITY, STATE          | , ZIP CODE   |                                  |                         |
| HEVAL O                  | ROUP HOME  |   | EVAL STREET<br>DNS, NC 27012 |  |                                  |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | ION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 110                    | Continued From page 2  |   | V 110                        |  |                                  |                         |
|                          | a lot of trouble sleepi<br>behaviors (stuck a pl<br>defiant, asks strange<br>through physical, em<br>prior to coming to the<br>and specific details a<br>hour supervision."<br>-A treatment plan dat<br>independently contin<br>items he needs every<br>shopping, will practic<br>crossing the street, s<br>community) with no r<br>will independently int<br>appropriately while in<br>independently contin<br>activities of his choice<br>increase his indepen-<br>his finances well to la<br>maintain a schedule<br>appointments and an<br>calendar book, will m<br>environment daily, wi<br>recreational life by ex<br>least two times per m<br>attend events at leas<br>no more than one ve<br>require supervision to<br>safety needs, to ensu-<br>living skills are being<br>manner and continue<br>ensuring all his intera-<br>maintain his health b<br>through his plan of sr<br>cigarettes a day and<br>and be respectful to b<br>daily." | ng, inappropriate sexualized<br>unger up his rectum),<br>rs for money, has been<br>otionally and sexual abuse<br>e group home 20 years ago<br>re not known and needs 24<br>ted 3/1/19 noting "will<br>ue to make a list of personal<br>/ 3 weeks for his monthly<br>e safety skills (watch before<br>tay with staff while in the<br>nore than one verbal prompt,<br>eract with others |                              |  |                                  |                         |
|                          | Interview on 1/17/202<br>-No longer worked at<br>alth Service Regulation   |   |                              |  |                                  |                         |

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:                                  | (X2) MULTIPLE CO    |   |                                   | E SURVEY<br>PLETED      |
|--------------------------|--|--|---------------------|---|-----------------------------------|-------------------------|
|                          |  |  | A. BUILDING:        |   |                                   |                         |
|                          |  | MHL034-211   | B. WING             |   | 01/22/2020                        |                         |
| NAME OF PI               | ROVIDER OR SUPPLIER  | STREET A   | DDRESS, CITY, STATE | , ZIP CODE  |                                   |                         |
| CHEVAL O                 | GROUP HOME   |  | EVAL STREET         |   |                                   |                         |
|                          |  |  | ONS, NC 27012       |   |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION) | ID<br>PREFIX<br>TAG | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC'<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 110                    | Continued From pag   | e 3  | V 110               |   |                                   |                         |
|                          | -Had worked with clip  | ent #1 as his 1:1 in the facility  |                     |   |                                   |                         |
|                          | -Had worked with client #1 as his 1:1 in the facility<br>and in the community<br>-Had been trained on client #1's client specifics |  |                     |   |                                   |                         |
|                          |  |  |                     |   |                                   |                         |
|                          | as well as his treatm  | •  |                     |   |                                   |                         |
|                          |  | g able to have a cigarette   |                     |   |                                   |                         |
|                          | was a trigger for clier  |  |                     |   |                                   |                         |
|                          |  | e sitting in a vehicle with  |                     |   |                                   |                         |
|                          | client #1  | 3  |                     |   |                                   |                         |
|                          | -Client #1 reached ov  | ver "and invaded my privacy."  |                     |   |                                   |                         |
|                          |  | mpted to take the cigarette  |                     |   |                                   |                         |
|                          | from staff #1  |  |                     |   |                                   |                         |
|                          | -"I pulled his hand ba   | ack from where the cigarette   |                     |   |                                   |                         |
|                          | was and squeezed it  | . This was the first time he   |                     |   |                                   |                         |
|                          | did anything like that."   |  |                     |   |                                   |                         |
|                          | -Described client #1 as being anxious when he  |  |                     |   |                                   |                         |
|                          | does not get cigarettes  |  |                     |   |                                   |                         |
|                          | -"It was all a misunde   |  |                     |   |                                   |                         |
|                          | -Stated client #1 was  |  |                     |   |                                   |                         |
|                          |  | ity with any of the clients.   |                     |   |                                   |                         |
|                          |  | lient #1's hand or being client  |                     |   |                                   |                         |
|                          | #1's hand backwards  |  |                     |   |                                   |                         |
|                          |  | e was no longer employed   |                     |   |                                   |                         |
|                          |  | 1 stated "I think I got burned   |                     |   |                                   |                         |
|                          |  | aviors that I can no longer  |                     |   |                                   |                         |
|                          | control, like his (clien   | IL # 1)"   |                     |   |                                   |                         |
|                          | Observations and int   | erview on 1/17/2020, at  |                     |   |                                   |                         |
|                          | approximately 11:38a   | am, with client #1 revealed:   |                     |   |                                   |                         |
|                          | -Had problems with I   |  |                     |   |                                   |                         |
|                          | -"He tried to break m  | -  |                     |   |                                   |                         |
|                          |  | op of his left hand being bent   |                     |   |                                   |                         |
|                          | downward.  |  |                     |   |                                   |                         |
|                          |  | nappened a few weeks ago   |                     |   |                                   |                         |
|                          | but could not remem  |  |                     |   |                                   |                         |
|                          |  | FS #1 as "he was my 1:1."  |                     |   |                                   |                         |
|                          |  | eat, the passenger seat. He  |                     |   |                                   |                         |
|                          |  | le grabbed my wrist. It was  |                     |   |                                   |                         |
|                          | -  | he car. He hasn't been back  |                     |   |                                   |                         |
|                          |  | hance to tell anyone what  |                     |   |                                   |                         |
|                          | happened"<br>alth Service Regulation   |  |                     |   |                                   |                         |

STATE FORM

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CO<br>A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED     |                         |
|--------------------------|--|--|----------------------------------|--|-----------------------------------|-------------------------|
|                          |  | MHL034-211   | B. WING                          |  |                                   |                         |
|                          | ROVIDER OR SUPPLIER  |  | DDRESS, CITY, STATE,             |  |                                   | /22/2020                |
|                          | NOVIDER OR GOLT EIER   |  |                                  |  |                                   |                         |
| CHEVAL (                 | GROUP HOME   |  | ONS, NC 27012                    |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>BY MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 110                    | Continued From page  | e 4  | V 110                            |  |                                   |                         |
|                          | -"He bent my hand d<br>wrong with him. He d<br>the other staff do. He<br>m****r f****r hand and<br>cool"<br>Interview on 1/22/202<br>Professional revealed<br>-Former Staff #1 had<br>and was not terminat<br>-FS #1 had been trai<br>more than one occas<br>-"[FS #1] was not cool<br>Residential Manager<br>insubordinate and wo<br>what was asked of hi<br>that. He would tell [th<br>would not doI was<br>between [FS #1] and<br>him (client #1)"<br>Interview on 1/22/202<br>Officer/Director revea<br>-FS #1 was no longe<br>-He was attending so<br>Agency as needed. | d:<br>l left the Agency on his terms<br>ted<br>ned on client #1's triggers on<br>sion<br>operative with [the<br>(RM)]. He was found to be<br>ould not follow through with<br>im. We talked to him about<br>net RM] what he would and<br>not aware of what occurred<br>[client #1], but I will talk to<br>20 with the Chief Executive |                                  |  |                                   |                         |
|                          | -"That is not appropri-<br>says he's burned out<br>challenging, but he w<br>12 hours a week. Ma<br>for him"<br>-Stated she trusted F<br>person and if he retu  | g and squeezing his hand.<br>iate. I don't know why he<br>I know [client #1] can be<br>vas only working with him for<br>nybe that was just too much<br>FS #1 and he was a good<br>rned to work at the Agency,<br>on de-escalation techniques<br>s treatment plan"  |                                  |  |                                   |                         |

|                          | OF DEFICIENCIES  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CC<br>A. BUILDING:   |  | (X3) DATE SURVEY<br>COMPLETED<br>01/22/2020 |                        |  |
|--------------------------|--|---|------------------------------------|--|---|------------------------|--|
|                          |  | MHL034-211  | B. WING                            |  |   |                        |  |
| NAME OF PI               | ROVIDER OR SUPPLIER  |   | EET ADDRESS, CITY, STATE, ZIP CODE |  |   |                        |  |
| CHEVAL (                 | ROUP HOME  |   | EVAL STREET<br>DNS, NC 27012       |  |   |                        |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIEN   | TATEMENT OF DEFICIENCIES<br>CY MUST BE PRECEDED BY FULL<br>R LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO<br>DEFICIENC | TION SHOULD BE<br>THE APPROPRIATE           | (X5)<br>COMPLE<br>DATE |  |
| V 112                    | Continued From page  | ge 5  | V 112                              |  |   |                        |  |
|                          | 27G .0205 (C-D)<br>Assessment/Treatm   | ent/Habilitation Plan   | V 112                              |  |   |                        |  |
|                          | PLAN<br>(c) The plan shall b<br>assessment, and in<br>legally responsible p<br>of admission for clie<br>receive services bey<br>(d) The plan shall ir<br>(1) client outcome(<br>achieved by provisio<br>projected date of ac<br>(2) strategies;<br>(3) staff responsibl<br>(4) a schedule for n<br>annually in consulta<br>responsible person<br>(5) basis for evalue<br>outcome achieveme<br>(6) written consent<br>responsible party, o<br>provider stating why<br>obtained. | LITATION OR SERVICE<br>e developed based on the<br>partnership with the client or<br>berson or both, within 30 days<br>ints who are expected to<br>yond 30 days.<br>hclude:<br>s) that are anticipated to be<br>on of the service and a<br>hievement;<br>e;<br>review of the plan at least<br>tion with the client or legally<br>or both;<br>ation or assessment of<br>ent; and<br>or agreement by the client or<br>r a written statement by the<br>r such consent could not be |                                    |  |   |                        |  |
|                          | and strategies in the  | develop and implement goals<br>e client's treatment plan to<br>of 2 clients (#1). The findings  |                                    |  |   |                        |  |

|               | OF DEFICIENCIES<br>OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:          |                      | (X2) MULTIPLE CONSTRUCTION A. BUILDING:                |                 | SURVEY<br>PLETED |
|---------------|----------------------------------|--|----------------------|--|-----------------|------------------|
|               |                                  | MHL034-211   | B. WING              |  | 01/22/2020      |                  |
| NAME OF PR    | ROVIDER OR SUPPLIER              | STREET   | ADDRESS, CITY, STATE | , ZIP CODE   |                 |                  |
|               | ROUP HOME                        | 8380 CH  | IEVAL STREET         |  |                 |                  |
| JIEVAL G      |                                  | CLEMM  | ONS, NC 27012        |  |                 |                  |
|               |                                  | TATEMENT OF DEFICIENCIES                                       | ID                   | PROVIDER'S PLAN O                                      |                 | (X5)             |
| PREFIX<br>TAG |                                  | Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)     | PREFIX<br>TAG        | (EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | THE APPROPRIATE | COMPLET<br>DATE  |
| V 112         | Continued From page              | e 6  | V 112                |  |                 |                  |
|               | Review on 1/17/2020<br>revealed: | ) of client #1's record  |                      |  |                 |                  |
|               |                                  | 5 2/1/2008   |                      |  |                 |                  |
|               | -An admission date of Mild In    | nt 3/1/2008<br>Itellectual Disability, Major                   |                      |  |                 |                  |
|               |                                  | , Schizophrenia, Paranoid                                      |                      |  |                 |                  |
|               | •                                | dder, Hypertension and   |                      |  |                 |                  |
|               | Generalized Anxiety              |  |                      |  |                 |                  |
|               | -                                | ed 2/19/08 noting "has   |                      |  |                 |                  |
|               |                                  | ments due to not getting his                                   |                      |  |                 |                  |
|               | way, family has safet            |  |                      |  |                 |                  |
|               | consistent structure a           | and rules, needs to increase                                   |                      |  |                 |                  |
|               | -                                | social skills, has a history of                                |                      |  |                 |                  |
|               |                                  | kes an interesting cocktail of                                 |                      |  |                 |                  |
|               |                                  | hich he has been on for  |                      |  |                 |                  |
|               | years and for reason             |  |                      |  |                 |                  |
|               |                                  | o want to elope frequently,                                    |                      |  |                 |                  |
|               |                                  | els restricted, is often                                       |                      |  |                 |                  |
|               | anxious and overly w             |  |                      |  |                 |                  |
|               |                                  | tory and visual hallucinations<br>ut none in recent years, has |                      |  |                 |                  |
|               |                                  | ng, inappropriate sexualized                                   |                      |  |                 |                  |
|               |                                  | unger up his rectum),  |                      |  |                 |                  |
|               | · ·                              | rs for money, has been   |                      |  |                 |                  |
|               | •                                | otionally and sexual abuse                                     |                      |  |                 |                  |
|               |                                  | group home 20 years ago  |                      |  |                 |                  |
|               |                                  | re not known and needs 24                                      |                      |  |                 |                  |
|               | hour supervision."               |  |                      |  |                 |                  |
|               | -                                | ed 3/1/19 noting "will   |                      |  |                 |                  |
|               |                                  | ue to make a list of personal                                  |                      |  |                 |                  |
|               | -                                | y 3 weeks for his monthly                                      |                      |  |                 |                  |
|               |                                  | e safety skills (watch before                                  |                      |  |                 |                  |
|               | •                                | tay with staff while in the                                    |                      |  |                 |                  |
|               |                                  | nore than one verbal prompt,                                   |                      |  |                 |                  |
|               | will independently int           |  |                      |  |                 |                  |
|               | appropriately while in           |  |                      |  |                 |                  |
|               |                                  | ue to select a community                                       |                      |  |                 |                  |
|               |                                  | e 2 days out of the week, will                                 |                      |  |                 |                  |
|               |                                  | dent living skills by managing ast for the whole month, will   |                      |  |                 |                  |
|               |                                  |  |                      |  |                 |                  |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE CC              |   |                                    | E SURVEY<br>PLETED      |
|--------------------------|---|--|-------------------------------|---|------------------------------------|-------------------------|
|                          |   |  | A. BUILDING:                  |   |                                    |                         |
|                          |   | MHL034-211   | MHL034-211 B. WING            |   | 01                                 | /22/2020                |
| NAME OF PI               | ROVIDER OR SUPPLIER   | STREET   | ADDRESS, CITY, STATE,         | ZIP CODE  |                                    |                         |
| CHEVAL C                 | GROUP HOME  |  | IEVAL STREET<br>ONS, NC 27012 |   |                                    |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN C<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TC<br>DEFICIEN | CTION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 112                    | Continued From page   | e 7  | V 112                         |   |                                    |                         |
|                          | 12 Continued From page 7<br>appointments and any other daily activities in a<br>calendar book, will maintain a healthy/neat living<br>environment daily, will increase his leisure and<br>recreational life by exploring community events at<br>least two times per month, will participate and<br>attend events at least two times per month with<br>no more than one verbal prompt, continues to<br>require supervision to monitor his health and<br>safety needs, to ensure all his activities of daily<br>living skills are being completed in a timely<br>manner and continue to need assistance with<br>ensuring all his interactions are appropriate, will<br>maintain his health by independently following<br>through his plan of smoking between 1 to 3<br>cigarettes a day and will follow the house rules<br>and be respectful to both staff and housemates<br>daily."<br>-No documentation of goals or strategies in the<br>treatment plan to address client #1's elopement<br>tendencies. |  |                               |   |                                    |                         |
|                          | progress notes, comp<br>Professional (QP) rev<br>-For the month of De<br>continues to be nonc<br>and there was an inc<br>has taken place withi<br>continues to talk with<br>train staff to encourag<br>place which might pro-<br>behaviors [client #1]<br>-For the month of No<br>to be noncooperative<br>have been a few incide<br>will continue to monit<br>not to leave the prem   | cember 2019, "[client #1]<br>ooperative with his treatment<br>ident of elopement which<br>in the last month. [The QP]<br>[client #1] and continues to<br>ge them to have things in<br>event some of the negative |                               |   |                                    |                         |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO             |  |                                   | E SURVEY<br>PLETED      |
|--------------------------|---|---|------------------------------|--|-----------------------------------|-------------------------|
|                          |   |   | A. BUILDING:                 |  |                                   |                         |
|                          |   | MHL034-211  | B. WING                      |  | 01                                | 1/22/2020               |
| iame of Pi               | ROVIDER OR SUPPLIER   | STREET A  | DDRESS, CITY, STATE          | , ZIP CODE   |                                   |                         |
| HEVAL C                  | GROUP HOME  |   | EVAL STREET<br>DNS, NC 27012 |  |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG          | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 112                    | Continued From page   | e 8   | V 112                        |  |                                   |                         |
|                          | and there was an inc<br>has taken place withi<br>-For the month of Se<br>haven't improved with<br>evident of the number<br>continue to take plac<br>had been confronte<br>entering their years w<br>situations have becom<br>staff reports that duri<br>was witnessed that a<br>his gun because he f<br>#1] posed a threat from<br>Interview on 1/17/202<br>-He would leave the<br>Did not know why he<br>due to not being able | ptember 2019, "behaviors<br>hin the past 30 days as<br>er of elopements which<br>e within the community<br>ed by the neighbor about<br>vithout permission. These<br>me so dangerous that the<br>ng a particular incident, it<br>neighbor threatened to get<br>feared for his life after [client<br>om his stand point."<br>20 with client #1 revealed:<br>premises of the facility<br>e did that but thought it was |                              |  |                                   |                         |
|                          | plan along with input<br>-Was aware of client<br>elopement from both<br>community.<br>-There was not a goa<br>treatment plan to ado<br>tendencies.<br>-A meeting had been   | d:<br>writing client #1's treatment<br>from the Care Coordinator.   |                              |  |                                   |                         |
|                          | Officer/Director revea<br>-Client #1 had a very<br>-"There should be a g  | 20 with the Chief Executive<br>aled:<br>long history of elopement<br>goal and strategies to<br>elopement tendencies. There  |                              |  |                                   |                         |

STATE FORM

| STATEMENT                | of Health Service Regure<br>OF DEFICIENCIES<br>OF CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE C               | ONSTRUCTION  |                                   | E SURVEY<br>PLETED       |
|--------------------------|--|---|-------------------------------|--|-----------------------------------|--------------------------|
|                          |  | MHL034-211  | B. WING                       |  | 01/22/2020                        |                          |
| NAME OF PI               | ROVIDER OR SUPPLIER  | STREET A  | ADDRESS, CITY, STATE          | , ZIP CODE   |                                   |                          |
| CHEVAL C                 | GROUP HOME   |   | IEVAL STREET<br>ONS, NC 27012 |  |                                   |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 112                    | Continued From page  | e 9   | V 112                         |  |                                   |                          |
|                          | has always been a go<br>be in his planit will  | oal about thatit needs to<br>be in his new plan."   |                               |  |                                   |                          |
| V 114                    | 27G .0207 Emergend   | cy Plans and Supplies   | V 114                         |  |                                   |                          |
|                          | <ul> <li>AND SUPPLIES</li> <li>(a) A written fire plan<br/>area-wide disaster plan<br/>shall be approved by<br/>authority.</li> <li>(b) The plan shall be<br/>and evacuation proce<br/>posted in the facility.</li> <li>(c) Fire and disaster of<br/>shall be held at least<br/>repeated for each shi<br/>under conditions that</li> </ul> | an shall be developed and   |                               |  |                                   |                          |
|                          | facility failed to ensur   | ews and interviews, the   |                               |  |                                   |                          |
|                          | logs, from 1/2019 to<br>-Documentation of tw<br>-The first disaster dril<br>conducted on 8/25/19<br>-The second disaster<br>conducted on 9/18/19   | vo disaster drills<br>I was documented as<br>9 at 7:15pm, gas leak<br>o drill was documented as<br>9 at 3:45pm, cardiac arrest<br>tation of disaster drills |                               |  |                                   |                          |

|                          | OF DEFICIENCIES<br>F CORRECTION   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:  | (X2) MULTIPLE C<br>A. BUILDING: |   |                                      | E SURVEY<br>PLETED       |
|--------------------------|---|--|---------------------------------|---|--------------------------------------|--------------------------|
|                          |   | MHL034-211   | B. WING                         |   | 01                                   | /22/2020                 |
| AME OF PR                | OVIDER OR SUPPLIER  | STREET   | ADDRESS, CITY, STATE            | , ZIP CODE  |                                      |                          |
| HEVAL G                  | ROUP HOME   |  | IEVAL STREET                    |   |                                      |                          |
| -                        |   | CLEMM  | ONS, NC 27012                   |   |                                      |                          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG             | PROVIDER'S PLAN (<br>(EACH CORRECTIVE A<br>CROSS-REFERENCED T(<br>DEFICIE | CTION SHOULD BE<br>D THE APPROPRIATE | (X5)<br>COMPLETI<br>DATE |
| V 114                    | Continued From page   | e 10   | V 114                           |   |                                      |                          |
|                          |   | 20 with client #1 revealed:<br>ted in any disaster drills "in a  |                                 |   |                                      |                          |
|                          | -Worked from 11:00p   | 20 with staff #1 revealed:<br>om to 11:00am<br>any disaster drills on her shift  |                                 |   |                                      |                          |
|                          | Manager revealed:<br>-Was responsible for<br>conducted at the faci<br>-Stated there were 2<br>to 11:00pm and 11:00<br>-Was not aware disa<br>conducted once per | shifts at the facility, 11:00am<br>0pm to 11:00am<br>ster drills were to be<br>shift per quarter.<br>ter drills were conducted |                                 |   |                                      |                          |
|                          | Interview on 1/22/202<br>Professional revealed<br>-Was not aware disast<br>conducted one per sl<br>quarterly.<br>-Would ensure disast<br>once per shift per qua | d:<br>ster drills were to be<br>hift per quarter, only<br>ter drills were conducted  |                                 |   |                                      |                          |
|                          | Officer/Director revea  | to be conducted the same as<br>nift per quarter.<br>icility staff conducted  |                                 |   |                                      |                          |
| V 118                    | 27G .0209 (C) Medic   | cation Requirements  | V 118                           |   |                                      |                          |
|                          | 10A NCAC 27G .020   | 9 MEDICATION   |                                 |   |                                      |                          |

|                          | OF DEFICIENCIES   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING:      |  |                                   | E SURVEY<br>PLETED      |  |
|--------------------------|---|---|---------------------------------------|--|-----------------------------------|-------------------------|--|
|                          |   |   |                                       |  |                                   |                         |  |
|                          |   | MHL034-211  | B. WING                               |  | 01                                | /22/2020                |  |
| NAME OF P                | ROVIDER OR SUPPLIER   |   | ADDRESS, CITY, STATE,<br>IEVAL STREET | ZIP CODE   |                                   |                         |  |
| CHEVAL                   | GROUP HOME  |   | ONS, NC 27012                         |  |                                   |                         |  |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG                   | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE ACT<br>CROSS-REFERENCED TO T<br>DEFICIENC | FION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |  |
| V 118                    | Continued From page   | e 11  | V 118                                 |  |                                   |                         |  |
|                          | <ul> <li>only be administered<br/>order of a person aut<br/>drugs.</li> <li>(2) Medications shall<br/>clients only when aut<br/>client's physician.</li> <li>(3) Medications, inclu<br/>administered only by<br/>unlicensed persons t<br/>pharmacist or other la<br/>privileged to prepare</li> <li>(4) A Medication Adm<br/>all drugs administere<br/>current. Medications<br/>recorded immediately<br/>MAR is to include the<br/>(A) client's name;</li> <li>(B) name, strength, a</li> <li>(C) instructions for ac<br/>(D) date and time the<br/>(E) name or initials of<br/>drug.</li> <li>(5) Client requests for<br/>checks shall be record<br/>file followed up by ap<br/>with a physician.</li> </ul> | an-prescription drugs shall<br>to a client on the written<br>horized by law to prescribe be self-administered by<br>horized in writing by the uding injections, shall be<br>licensed persons, or by<br>rained by a registered nurse,<br>egally qualified person and<br>and administer medications.<br>hinistration Record (MAR) of<br>d to each client must be kept<br>administered shall be<br>y after administration. The<br>e following: and quantity of the drug;<br>dministering the drug;<br>drug is administered; and<br>f person administering the r medication changes or<br>rded and kept with the MAR<br>upointment or consultation as evidenced by:<br>ews and interviews, the<br>administer medications on<br>a physician for 1 of 2 clients |                                       |  |                                   |                         |  |

Division of Health Service Regulation

6899

|                          |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO<br>A. BUILDING: |  | (X3) DATE SURVEY<br>COMPLETED |          |
|--------------------------|--|---|----------------------------------|--|-------------------------------|----------|
|                          |  | MHL034-211  | B. WING                          |  | 01/22/2020                    |          |
| NAME OF PE               |  |   |                                  | , ZIP CODE   |                               | 122/2020 |
| 0.002 01 11              |  |   |                                  | , 0002   |                               |          |
| CHEVAL G                 | BROUP HOME   |   | ONS, NC 27012                    |  |                               |          |
| (X4) ID<br>PREFIX<br>TAG | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG              | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | VE ACTION SHOULD BE CO        |          |
| V 118                    | Continued From page 12   |   | V 118                            |  |                               |          |
|                          | Review on 1/17/2020<br>revealed:<br>-An admission date of<br>-Diagnoses of Mild In<br>Depressive Disorder<br>Type, Overactive Bla<br>Generalized Anxiety<br>-An assessment date<br>disrupted past placed<br>way, family has safe<br>consistent structure a<br>his independent and<br>schizophrenia and ta<br>medication most of w<br>years and for reason<br>supervisors, seems th<br>has stated that he fe<br>anxious and overly w<br>functioning, has audi<br>in the remote past, b<br>a lot of trouble sleep<br>behaviors (stuck a pl<br>defiant, asks strange<br>through physical, em<br>prior to coming to the<br>and specific details a<br>hour supervision."<br>-A treatment plan da<br>independently contin<br>items he needs even<br>shopping, will practic<br>crossing the street, s<br>community) with no r<br>will independently unit<br>appropriately while in<br>independently contin<br>activities of his choic | o of client #1's record<br>of 3/1/2008<br>htellectual Disability, Major<br>, Schizophrenia, Paranoid<br>ddder, Hypertension and<br>Disorder<br>ed 2/19/08 noting "has<br>ments due to not getting his<br>ty concerns, needs<br>and rules, needs to increase<br>social skills, has a history of<br>ikes an interesting cocktail of<br>which he has been on for<br>s unknown to his<br>to want to elope frequently,<br>els restricted, is often<br>vorried about normal<br>tory and visual hallucinations<br>ut none in recent years, has<br>ing, inappropriate sexualized<br>unger up his rectum),<br>ers for money, has been<br>iotionally and sexual abuse<br>e group home 20 years ago<br>are not known and needs 24<br>ted 3/1/19 noting "will<br>ue to make a list of personal<br>y 3 weeks for his monthly<br>es safety skills (watch before<br>stay with staff while in the<br>more than one verbal prompt,<br>teract with others<br>in the community, will<br>ue to select a community<br>e 2 days out of the week, will |                                  |  |                               |          |
|                          | activities of his choic<br>increase his indepen<br>his finances well to la   |   |                                  |  |                               |          |

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CO   |   | (X3) DATE SURVEY<br>COMPLETED     |                         |
|---|---|---|--|---|-----------------------------------|-------------------------|
|   |   |   | A. BUILDING:   |   |                                   |                         |
|   |   | MHL034-211  | B. WING  |   | 01                                | /22/2020                |
| NAME OF PI  | ROVIDER OR SUPPLIER   | STREET  | ADDRESS, CITY, STATE,  | , ZIP CODE  |                                   |                         |
| CHEVAL (  | GROUP HOME  |   | IEVAL STREET<br>ONS, NC 27012  |   |                                   |                         |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC   | ATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG  | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | TION SHOULD BE<br>THE APPROPRIATE | (X5)<br>COMPLET<br>DATE |
| V 118   | Continued From page   | e 13  | V 118  |   |                                   |                         |
|   | calendar book, will m<br>environment daily, wi<br>recreational life by ex-<br>least two times per m<br>attend events at leas<br>no more than one ve<br>require supervision to<br>safety needs, to ensu-<br>living skills are being<br>manner and continue<br>ensuring all his intera<br>maintain his health b<br>through his plan of sr<br>cigarettes a day and | by other daily activities in a<br>haintain a healthy/neat living<br>ill increase his leisure and<br>coloring community events at<br>honth, will participate and<br>t two times per month with<br>rbal prompt, continues to<br>be monitor his health and<br>ure all his activities of daily<br>completed in a timely<br>e to need assistance with<br>actions are appropriate, will<br>y independently following<br>moking between 1 to 3<br>will follow the house rules<br>both staff and housemates | ny/neat living<br>eisure and<br>inity events at<br>sipate and<br>month with<br>ntinues to<br>ealth and<br>ties of daily<br>timely<br>ance with<br>ropriate, will<br>y following<br>n 1 to 3<br>iouse rules |   |                                   |                         |
|   | Administration Recor<br>-Physician's orders, of<br>1mg, one by mouth e<br>-Updated physician's<br>Lorazepam 1mg, one<br>-Lorazepam 1mg, on<br>given at 8am, noon a  | o of client #1's Medication<br>rds revealed:<br>dated 3/25/19 for Lorazepam<br>every 6 hours as needed.<br>orders, dated 1/15/2020 for<br>by mouth every night.<br>e by mouth every night was<br>and 8pm on 1/15/2020, 8am,<br>16/2020 and at 8am on  |  |   |                                   |                         |
|   | -A new physician's or   | 22/2020 of client #1's<br>ation Records revealed:<br>rder, dated 1/20/2020 for<br>by mouth twice daily  |  |   |                                   |                         |
|   | -He did not think staf<br>medications as order<br>-"Sometimes they giv<br>and sometimes they  | ed.<br>/e me more than other times  |  |   |                                   |                         |

STATE FORM

| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION    |  |   | (X3) DATE SURVEY<br>COMPLETED |  |
|---|--|---|-------------------------------|--|---|-------------------------------|--|
|   |  |   | A. BUILDING:                  |  |   |                               |  |
|   | MHL034-211   |   | B. WING                       |  | 01/22/2020                                |                               |  |
| iame of Pf  | ROVIDER OR SUPPLIER  | STREET A  | ADDRESS, CITY, STATE          | , ZIP CODE   |   |                               |  |
| HEVAL G   | GROUP HOME   |   | IEVAL STREET<br>ONS, NC 27012 |  |   |                               |  |
| (X4) ID<br>PREFIX<br>TAG                            | (EACH DEFICIENC  | TATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG           | PROVIDER'S PLAN OF<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | ACTION SHOULD BE CO<br>TO THE APPROPRIATE |                               |  |
| V 118   | Continued From pag   | e 14  | V 118                         |  |   |                               |  |
|   | -Came on duty on 1/<br>-Administered client i<br>on 1/17/2020<br>-Had administered 11<br>-Was not aware of th<br>Lorazepam<br>Interview on 1/17/202<br>Manager (RM) revea<br>-Was responsible for<br>administered to the o<br>physician<br>-Noticed an issue with<br>being written differen<br>-Was trying to get in<br>and the prescribing of<br>Lorazepam was writt<br>-Would ensure staff w<br>Administration<br>-Would ensure staff w<br>in the clients' medical<br>Interview on 1/22/202<br>Professional (QP) rev<br>-When asked about of<br>QP stated, "[The RM<br>the doctor's order for<br>changed. It was not a<br>written. I know [the R<br>and got the order cor<br>have been updated,<br>Interview on 1/22/202<br>Officer/Director revea<br>-Learned the order for | <ul> <li>#1 his medication at 8:00am</li> <li>mg of Lorazepam</li> <li>e new order written for</li> <li>20 with the Residential</li> <li>led:</li> <li>ensuring medications were</li> <li>elients as ordered by the</li> <li>th client #1's Lorazepam</li> <li>thy.</li> <li>touch with the pharmacist</li> <li>loctor to ensure the</li> <li>en correctly</li> <li>were retrained in Medication</li> <li>were aware of any changes</li> <li>tions.</li> <li>20 with the Qualified</li> <li>vealed:</li> <li>client #1's Lorazepam, the</li> <li>evidentially did not follow</li> <li>the Lorazepam, which</li> <li>administered the way it was</li> <li>xm] went to the pharmacist</li> <li>rected. The MAR should</li> <li>but wasn't"</li> <li>20 with the Chief Executive</li> <li>aled:</li> <li>or client #1's Lorazepam had</li> </ul> |                               |  |   |                               |  |
|   | changed after speaki<br>1/17/2020.<br>-"I know his Lorazepa<br>alth Service Regulation   | ing with the RM on<br>am was given for a few days   |                               |  |   |                               |  |

| Division of Health Service Regu<br>STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION |   | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: |   | (X3) DATE SURVEY<br>COMPLETED                  |           |
|--|---|---|---|---|--|-----------|
|  |   |   |   |   |  |           |
|  |   | MHL034-211  | B. WING                                 |   | 01   | 1/22/2020 |
| AME OF P   | ROVIDER OR SUPPLIER   |   | ADDRESS, CITY, STATE                    | ZIP CODE  |  |           |
| HEVAL  | GROUP HOME  |   | IEVAL STREET<br>ONS, NC 27012           |   |  |           |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENC   | TATEMENT OF DEFICIENCIES<br>Y MUST BE PRECEDED BY FULL<br>LSC IDENTIFYING INFORMATION)  | ID<br>PREFIX<br>TAG                     | PROVIDER'S PLAN O<br>(EACH CORRECTIVE AC<br>CROSS-REFERENCED TO<br>DEFICIEN | ACTION SHOULD BE COMP<br>TO THE APPROPRIATE DA |           |
| V 118  | Continued From page 15  |   | V 118                                   |   |  |           |
|  | gotten that straighten<br>responsible for ensur<br>-Had used a new pha<br>with another pharmacy<br>-"The new pharmacy<br>We have corrected th<br>having the pharmacy<br>deliver the medicatio | did not print out the MARs.<br>he problem, I believe, by<br>print out the MARs and<br>ns. I know [the RM] wants to<br>lication Administration |   |   |  |           |