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	MHL023004	A. BUILDING: _____ B. WING _____	R 01/29/2020

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V 000	INITIAL COMMENTS A limited follow up survey for the Type A1 rule violations was completed on 1/29/20. This was a limited follow up survey, only 10A NCAC 27G .0209 Medication Requirements (V118) with cross reference (V116), (V117), (V120), (V120), (V121), (V123), 10A NCAC 27G .1201; Scope (V174) with cross reference 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or Service Plan (V112), 10A NCAC 27G .0208 Client Services (V115), 10A NCAC 27G .1203 Operations (V176) and 10A NCAC 27G .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512). The following were brought back into compliance: 10A NCAC 27G .0209 Medication Requirements (V118) with cross reference (V116), (V117), (V120), (V120), (V121), (V123); 10A NCAC 27G .0208 Client Services (V115), 10A NCAC 27G .1203 Operations (V176). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.	V 000	Adventure House objects to the findings and conclusions in the Division of Health Service Regulation ("DHSR") report generated in connection with the survey completed on Jan. 29, 2020. All responses below are offered without waiving this objection.	
V 109	27G .0203 Privileging/Training Professionals 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,	V 109		

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V 109	Continued From page 1 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; (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. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure that 1 of 2 Qualified Professionals (Associate Director) demonstrated the knowledge, skill and abilities required by the population served. The findings are: Interview on 1/21/20 with the Associate Director revealed: -Will obtain more individualized information at	V 109		

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V 109	Continued From page 2 intake to include in the treatment plan for the first 30 days. -Annually the CCA (Comprehensive Clinical Assessment), PCP (person centered plan) and crisis plan are updated. At the six months mark the PCP is reviewed for progress. -The annual treatment plan review for Client #3 had not been completed. -She indicated that the week prior to this interview she had compiled a list of which treatment plans needed review. -She indicated that the facility was in the process of updating all treatment plans, but they were behind in getting that completed. -The person-centered plans were readjusted as needed with changes. -She as well as other Qualified Professionals completed the treatment plans. Interview on 1/28/20 with the Executive Director revealed: -A review of all treatment plans had not been conducted. He indicated that he was not aware of the 23-day timeframe for correction. -The Associate Director was ultimately responsible for oversight to ensure that each client had a treatment plan. -The intake process had been revised in order to obtain more information so that the 30-day treatment plan was more individualized. There had not been any admissions so that process had not yet been implemented. See V112 for additional information. This deficiency is cross referenced into 10A NCAC 27G .1201 Scope (V174) for a failure to correct Type A1 rule violation.	V 109		

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V 112	Continued From page 3	V 112		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure 5 of 9 audited clients (#2, #3, #4, #8, #9) had individualized treatment plans to meet their treatment needs. The findings are: Record review on 1/14/20 and 1/15/20 for Client	V 112	Once we were told this was under the 23 day clock, we completed ALL REQUIREMENTS and brought all CCAs and PCPs up to date, with all the required documentation from the Client or Guardian as defined in V112. Our Reviewers were notified of the completion of this task in an e-mail dated February 10th stating that we were in compliance on Friday February 7, 2020. We also completed a 100% audit to ensure that all PCPs were developed based on the CCA.	

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V 112	Continued From page 4 #2 revealed: -Admitted on 3/23/97 with diagnosis of Schizophrenia. -Clinical Assessment Report dated 12/10/19 indicated " ...[Client #2] ...wants to work a TE (transitional employment) in order to save more money ...He has impaired role functioning in the following areas: employment ...He has unmet needs related to skills necessary for ...access to ...vocational ...opportunities in the community ..." -Goals of his treatment plan dated 12/10/19 included " ...manage his psychiatric symptoms better ...maintain current level of independent living ...maintain compliance with medical regime to stabilize medical health ...utilize previously acquired social skills to communicate needs and making requests ..." -The treatment plan did not include goals or strategies to address the transitional employment need identified in the assessment for Client #2. Record review on 1/14/20 for Client #3 revealed: -Admitted on 12/4/13 with diagnoses of Schizoaffective Disorder and Post Traumatic Stress Disorder. -Treatment plan completed on 9/10/18. It was noted on this treatment plan that the plan was reviewed on 4/17/19. The review on 4/17/19 indicated " ...continues to attend PSR (psychosocial rehabilitation) regularly and seems satisfied with her living situation. No concerns or complaints verbalized." -The treatment plan was not updated annually. The facility provided a plan that was begun on 1/13/20, however, it had not been completed to include all goals of her treatment. Record review on 1/23/20 for Client #9 revealed: -Admitted on 4/18/17 with diagnoses of Bi Polar Disorder, Developmental Delay Disorder,	V 112	Client #2 continues to change his mind about employment. He states he wants a TE job one day, and then states that he does not want to go to work because he is afraid it will affect his check. It was clear to staff why his assessment and plan did not agree. This should have been clearly documented in his record, and was not at the time of this Review because all staff were notified that his goals had changed and he made his wishes clear to all.	

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V 112	Continued From page 5 Conduct Disorder, and Attention Deficit Hyperactivity Disorder. -Treatment plan dated 8/12/19 was never signed by the guardian. Record review on 1/14/20 for Client #4 revealed: -Admitted on 4/29/19 with diagnoses of Panic Disorder and generalized Anxiety Disorder. -The prior treatment plan dated 5/15/19 was not individualized to meet the identified needs of the client. The treatment plan was updated on 1/6/20 (30 days following date of compliance) to include individualized goals, however, the treatment plan was not signed by Client #4. Record review on 1/23/20 for Client #8 revealed: -Admitted on 11/26/18 with diagnosis of Schizophrenia. -The prior treatment plan dated 11/26/18 was not individualized to meet the identified needs of the client. The treatment was updated on 1/10/20 (34 days following date of compliance) to include individualized goals. Interview on 1/27/20 with the Guardian for Client #9 revealed: -She had not been involved in the development of Client #9's treatment plan. -She had not signed a treatment plan, nor did she have a copy. Interview on 1/21/20 with the Associate Director revealed: -Will obtain more individualized information at intake to include in the treatment plan for the first 30 days. -Annually the CCA (Comprehensive Clinical Assessment), PCP (person centered plan) and crisis plan are updated. At the six months mark the PCP is reviewed for progress.	V 112		

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V 112	Continued From page 6 -The annual treatment plan review for Client #3 had not been completed. -She indicated that the week prior to this interview she had compiled a list of which treatment plans needed review. -She indicated that the facility was in the process of updating all treatment plans, but they were behind in getting that completed. -The person-centered plans were readjusted as needed with changes. Interview on 1/28/20 with the Program Coordinator revealed: -She had worked on the treatment plan for Client #3, but it was not finished. She stated it would go on her list for completion. -She was not aware that Client #2 wanted to work in a transitional employment position. -She understood that any needs identified in the clinical assessment needed to be included in the treatment plan. -The Associate Director provided the ongoing oversight to ensure each client had a treatment plan. -She would be assuming more oversight with the development of client treatment plans. -She had not been aware that deficiencies in treatment planning had to be corrected within 23 days. Interview on 1/28/20 with the Executive Director revealed: -He indicated that he had not understood that the deficiency in treatment planning had a 23 day timeframe and therefore had not reviewed and revised all plans. This deficiency is cross referenced into 10A NCAC 27G .1201 Scope (V174) for a failure to correct Type A1 rule violation	V 112		

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V 174	27G .1201 Psychosocial Rehab - Scope 10A NCAC 27G .1201 SCOPE A psychosocial rehabilitation facility is a day/night facility which provides skill development activities, educational services, and pre-vocational training and transitional and supported employment services to individuals with severe and persistent mental illness. Services are designed primarily to serve individuals who have impaired role functioning that adversely affects at least two of the following: employment, management of financial affairs, ability to procure needed public support services, appropriateness of social behavior, or activities of daily living. Assistance is also provided to clients in organizing and developing their strengths and in establishing peer groups and community relationships. This Rule is not met as evidenced by: Based on record review and interview the facility failed to operate within the scope of the program for which it is licensed affecting 5 of 9 audited clients (#2, #3, #4, #8, #9). The findings are: CROSS REFERENCE: 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109) Based on record review and interview the facility failed to ensure that 1 of 2 Qualified Professionals (Associate Director) demonstrated the knowledge, skill and abilities required by the population served. CROSS REFERENCE: 10A NCAC 27G .0205 Assessment and Treatment/Habilitation or	V 174		

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V 174	Continued From page 8 Service Plan (V112) Based on record review and interview the facility failed to ensure 5 of 9 audited clients (#2, #3, #4, #8, #9) had individualized treatment plans to meet their treatment needs. A plan of protection to address the cited deficiencies was requested on January 28, 2020 and January 29, 2020. On 1/29/20 the Executive Director indicated that he had advised his attorney of the deficiencies and stated that he would not submit a plan of protection to address the cited deficiencies. All clients identified had been admitted into the program and had diagnoses of severe and persistent mental illness. One need identified for Client #2 at the time of his assessment was to assist him in locating a transitional employment position. This need, however, had not been addressed nor was it added to his treatment plan. The treatment plan for Client #3 was not updated in September 2019 when it was due. The facility had begun a new treatment plan for Client #3 on 1/13/20 but it had not been completed to include all goals to be addressed during treatment for this client. The treatment plans for Client #4 and Client #8 had been revised to include more individualized goals but these plans were completed 30-34 days following the date of compliance. Additionally, Client #4 never signed her treatment plan. The treatment plan for Client #9 had been developed in August 2019, however, the guardian was not a part of that process nor had the guardian signed the plan. No system had been implemented to ensure that treatment plans included all identified needs, included the participation of a guardian and were signed either by the clients or their guardians. The facility had failed to ensure that all treatment plans had been addressed during their correction timeframe.	V 174	This is correct. The last time I tried to comply with a Plan of Protection Ms Hensley, the previous Reviewer from DHSR, tried to us it against the Program, actually including the Plan of Protection in the Summary of Deficiencies. Also refused because no Client was at risk or harmed and therefore, I could not document what would be immediately done to protect clients from further risk or additional harm. I closed the program the first time I was handed a Plan of Protection by Ms Hensley, because I was not given sufficient time to look up the rules cited so that I could determine the risk or harm. I found no risk or harm present. I was left to guess what the deficiency was and found that my guess was used against the program. DHSR must correct their Plan of Protection procedures to clearly state what the deficiency is and what is expected of the Provider to correct the problem.	

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V 174	Continued From page 9 Furthermore, the Associate Director failed to provide oversight to ensure compliance in this area of deficiency. These deficiencies constitute a Failure to Correct Type A1 rule violation originally cited for serious neglect. An administrative penalty of $500.00 per day continues to be imposed for failure to correct within 23 days.	V 174		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, the facility	V 512		

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V 512	Continued From page 10 failed to protect the clients from exploitation by making it contingent for clients who lived in the apartments managed by the licensee to be a participant in the psychosocial rehabilitation (PSR) program operated by the licensee and collect a 13% management fee for [Apartment Complex A]. The findings are: Review on 1/14/20 of the Lease Agreement revealed: - "Cleveland Psychosocial Services, Inc. / Adventure House ...[Apartment Complex A]". -No changes to the Lease Agreement - Adventure House/Cleveland Psychosocial Services, Inc. -Cleveland Psychosocial Services/Adventure House continued as the management of the apartments. Review on 1/14/20 of the "Rules and Regulations" attached to the lease agreement revealed: -Rule #41 - " ...A doctor can determine that tenant's requirement for supervision exceeds the capabilities of this program, due to the reported reasonable ...evidence, and tenant may be discharged from the program and the lease agreement terminated." Review on 1/15/20 of the "Management Fee Invoice" for the month of December 2019 revealed: -Licensee management fee of 13% for [Apartment Complex A] for a total of $520.65. Review on 1/16/20 of a document provided by the Finance Officer regarding the 13% management fee for the apartments managed by the Licensee revealed: - "NC (North Carolina) legislature allocated a management fee [for Apartment Complex B, C and D]. The management fee for ...[Apartment	V 512	It is a HUD requirement that a doctor must sign documenting a Mental Health disability to be eligible for HUD apartment. A doctor can complete an FL2 form on any disabled person, documenting the need for a higher level of care, such as an Adult Care Home or a Nursing Home. To knowingly attempt to serve an adult with mental illness whose needs exceed the capabilities of the program would be unethical, if not grounds for neglect. There was no such allocation for the CRA1 apartments, and therefore the owner agreed to pay a 13% management fee for our Non-Profit to manage those apartments. Our costs far exceed the $6,000 received annually for the Property management functions of these Section 8 apartments.	

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V 512	Continued From page 11 Complex A] was established when the apartments were built and put in budget to tax credit funding sources." "Management fee was used for, rent collection, arrange all repairs and maintenance, letting pest control in, inspecting each apartment each month, with a written report, fully furnish each unit down to towels and bed linen. Replace items like towels, bed linen, comforters, etch for each new move in. (We replace everything you would not want to use from a previous tenant.) On call 24/7 for both maintenance issues and crisis supports. Waiting list. Complete move in paperwork, including helping potential residents to get their Birth Certificate, income verification, criminal background check, Doctor's signature sating they can benefit and handle living in an apartment, Annual Certifications required to verify income and set rent for the next year ...etc. Showed we were losing money because of state cuts and ... [Local Mental Health Entity] reallocation of Housing Funds." Review on 1/14/20 of the "Member Handbook" revealed: - " ...To be eligible for a Clubhouse apartment you must be an active member of ...[PSR]." Review on 1/28/20 of the "Member Accounting Service Agreement" revealed: - "I give my permission to ...[Licensee] to hold my money in the ...[Licensee] Member Accounting Services Deposit Account .... I also understand that I will draw no interest on this account." Review on 1/14/20 and 1/15/20 of the record for Client #1 revealed: -Admitted on 11/15/00 with diagnoses of Major Depression-recurrent moderate, Generalized	V 512	Crisis supports and other Supported Housing functions, such as transportation for grocery shopping are not covered by the management fee. We have never been able to meet the housing needs of participants in the Clubhouse, so we have never had to seek adults with mental illness from other sources. The housing needs of the Clubhouse Members was used in the HUD grant prepared by the Clubhouse and awarded to build the CRA 2 Apartments. The NC Legislature used this documentation of need as a basis for allocating state funds for both property management and Supports to the Residents. There are insufficient state funds to provide supports to the CRA 1 Residents through billing Supportive Living Low, provided through a contract with Partners Behavioral Health. Our Organization operates our Supported Housing program at a loss, running out of state funds about half way through the fiscal year. We were advised to use an non-interest bearing account to manage the "Member Bank" by bankers on our Board. No person choosing to use this account for purposes other than to pay rent, are losing money. In fact, they all save money through not having to purchase checks, pay over draft fees or maintain a minimum balance required at local commercial banks.	

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V 512	Continued From page 12 Anxiety Disorder, Mild Intellectual Disability, Diabetes, High Cholesterol and Seizures. -Rules and Regulations signed by Client #1 on 11/20/19 for the apartments managed by the licensee. Review on 1/14/20 of the record for Client #5 revealed: -Admitted on 6/16/10 with diagnoses of Bipolar disorder, Hypertension, Insomnia, High Cholesterol, Diabetes Reflux, Seizures and Migraines. -Rules and Regulations signed by Client #5 on 11/14/19. Interview on 1/14/120 with Client #1 revealed: -She had lived in the apartments for 19 years. -She loved coming to the PSR and now comes 4-5 days. -She came to the PSR when she wanted to and stayed at home when she did not come to the program. -No one ever made her come to the program. -She managed her own money and put $100.00 in the member bank each month. -The staff provided her with a slip each time she made a transaction. Interview on 1/14/20 with Client #5 revealed: -He lived in the apartments managed by the licensee. -He had been coming to the PSR for about 10 years. -He managed his own money and paid his rent. -Staff assisted with bill paying and budgeting money. -He was never told by anyone he was required to come to the PSR. Interview on 1/15/20 with the Rehabilitation	V 512	Proof that there is no requirement to attend the PSR program to maintain housing. Proof claim at top of page 11 is not true.	

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	MHL023004	A. BUILDING: _____ B. WING _____	R 01/29/2020

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V 512	Continued From page 13 Specialist #1 revealed: -The member bank was used to make the rent payment for the apartments. -The clients who lived in the apartments put the money in the member bank to pay the rent. -The provider preferred to receive one check for the total rent instead of individual checks. -The bank was only used as way to pay the rent. -The total check for the rent was submitted by the 5th of each month. -The clients could have outside accounts of their choice. -Outside of the requirement for rent, the member bank was voluntary. Interview on 1/16/20 with the Residential Specialist revealed: -It was preferable that clients were in the PSR program 30-90 days before they applied for housing. That timeframe allowed the agency to develop a relationship with the client and to determine that clients level of functioning and independence. -Clients interested in housing completed an application for housing and would go on the waiting list. -When an apartment came available then they could move in. A person who was homeless would get priority. -A physician needed to sign to verify disability for a client entering one of the [Apartment Complex B, C and D] apartments. Physician's verification was not required for the [Apartment Complex A] apartments. -Clients were taken to purchase furniture, a mattress, bed linens and towels. -The apartments were fully furnished, and clients could select the furnishings they wanted. They could also bring their own furniture if they chose	V 512	Cleveland Psychosocial Services, Inc holds the account with Bank OZK. Each Member has their own ledger sheet to track all transactions. This is backed up by a Daily Master Ledger to show every transaction. We use Peachtree Accounting software to manage all transactions. Transaction slips are completed for every transaction and the Member receives a receipt. This system helps us to ensure all tenants' rent is paid on time. If Members choose to use their ledger for transactions other than rent payments, they do not have to worry about banking fees, overdrafts, or minimum balances. This has been a major problem for Members using commercial banks in the community. Proof the Member bank is merely a means by which we help tenants make rent payments for their apartments. What Housing Program does not require an assessment? We place people that most programs would not place, because we rely on "relationships" rather than unreliable assessments by uninvolved professionals. As stated above, this is a HUD requirement. We try to treat all apartments the same, though a physician signature is not required for the CRA1 because they are not HUD apartments. Even further proof this program accomplishes the exact opposite of exploitation. No other Housing Program does this. Many are furnished with donated items, if at all.	

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V 512	Continued From page 14 to. -Some of the money collected in the 13% management fee was used for the purchase of furnishings. -Apartments were only available to clients who participated in the program, however, clients did not have to continue in the PSR to keep their housing. -Neither the lease nor the house rules required the use of the member bank, however, each client in housing had an account so that their rent could be deposited. This account was only for their rent unless the client chose to keep other money in that account. -Clients in the apartment were supported 24 hours per day. There was an on-call service for crisis, maintenance/repairs and transportation provided for grocery shopping, medical appointments and to pick up medications at their pharmacies. -She conducted a monthly inspection of each apartment and there was monthly pest control. Interview on 1/16/20 and 1/28/20 with the Finance Officer revealed: -The licensee received a 13% management fee each month for the [Apartment Complex A]. -This amount was agreed upon between the two agencies, [Apartment Complex A] owner and Licensee. -The facility did not keep a breakdown of what the management fee was used for each month. This had never been requested by [Apartment Complex A] owner. -Since 2005 there had been no instance of the management money being used for the PSR, this would be impossible. -The member bank was the only way to funnel the rent for the [Apartment Complex A].	V 512	Even further proof this program accomplishes the exact opposite of exploitation. Even further proof this program accomplishes the exact opposite of exploitation. Even further proof this program accomplishes the exact opposite of exploitation. Monthly inspections are required by both HUD and Section 8 as part of the Property Management functions. Reviewers were shown that the $6,000 management fee did not even cover the portion of the Residential Specialist salary devoted to the 8 CRA1 apartments.	

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V 512	Continued From page 15 -The facility did a 4-way check and balance of the funds. -Any client that lived in the [Apartment Complex A] apartments used the member bank for rent. Clients have the option of individual accounts outside of the member bank. -The rent money was deposited in the member bank and one check was written for the total rent payment. -Clients come to the PSR to be eligible for an apartment but are not required to continue participation once in the apartment. -The 13% management fee has continued since the last survey. Interview on 1/15/20 with the Executive Director revealed: -The licensee managed the supportive housing apartments which included a total of 29 apartments. -The apartments were for clients who were severely and persistently mentally ill. -The licensee managed for the [broker agency] for [Apartment Complex B, C and D] apartments. -The licensee was a 501C3 nonprofit agency. -[Apartment Complex A] was developed by the local mental health. The licensee was initially planning to manage 4 of the apartments but ended up with all the 8 apartments. -The licensee became the management agent for the apartments -The local county mental health center set up the initial 13% management fee for the [Apartment Complex A]. -The licensee cannot require clients who live in the apartments to receive services at the PSR. -During the initial survey a rule got left in the apartment rules and regulation that a client had to attend to stay in the apartment or in "good standing." This was an oversight and removed	V 512	Proof claim at top of page 11 is not true. Proof claim at top of page 11 is not true. Proof claim at top of page 11 is not true. This is a HUD requirement that apartment residents cannot be required to receive services. Also, our Organization does not have the authority to evict a resident. Only Arc of NC or Home Living Opportunity can do that. Finally, the Housing program does not require a license and referring to the "Licensee" is inappropriate in this context.	

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V 512	Continued From page 16 immediately. -The apartments have never been contingent on participation. -The PSR was a voluntary program. -The licensee had a waiting list for the apartments, initially a client was required to be in the program for 30 days but was now 90 days to be eligible for an apartment. -This period provided an opportunity to assess the client to live independently. -A physician note was also required to say the client can live independently. -A client does not have to be a member of the PSR to stay in the apartments. -The licensee collects the rent for [owner of Apartment Complex A]. -The clients who live in the apartments are required to join the member bank at the PSR. The account was only to pay the rent. -This was not the clients personal account only a way to pay the rent. -A bank agreement was signed by the client for this account. -It was the client choice to have bank accounts outside of the member bank. -Outside of the rent payment the member bank was voluntary. -He was not the owner of the PSR it was run by a board of directors. -The 13% management fee was a line item in the budget there was no profit. Interview on 1/23/20 with [owner of Apartment Complex A] revealed: -The contract with the licensee was set up prior to his employment by Mental Health. -The 13% management fee was also determined when the contract was set up. -Home Living Opportunities built the apartments. -He considered himself a removed landlord who	V 512	And the rule was removed immediately and rules resigned by all residents of CRA1. Proof claim at top of page 11 is not true. This is required by HUD to document elligibility based on a mental health disability. This is true for all HUD 202 and HUD 811 apartments in the state. The use of the word Licensee is inappropriate here. A Supported Housing program does not require a license. There is no such thing as "joining the Member Bank." Residents are simply required to pay their rent. Proof claim at top of page 11 is not true. Proof claim at top of page 11 is not true.	

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V 512	Continued From page 17 saw the management on paper. -He received the statement of the rent collected, utility bills and any extra maintenance costs, such as replacement of door knobs, etc. -He did not see the 13% as an "egregious" amount considering how much work went into the management of the apartments. -He did not feel the management fee took anything away from the clients. -There was no detriment to anyone living in the apartments. -He had no concerns with the licensee management of the apartments. A plan of protection to address the cited deficiencies was requested on January 28, 2020 and January 29, 2020. On 1/29/20 the Executive Director indicated that he had advised his attorney of the deficiencies and stated that he would not submit a plan of protection to address the cited deficiencies. The licensee was a PSR and provided residential oversight for apartments. As part of the management of the apartments the licensee received a 13% management fee each month for [Apartment Complex A]. For the month of December 2019, the amount of 520.65 was collected. A client must be a member of the PSR for a period of 90 days to be eligible for one of the apartments. Once approved for the apartment they were required to place their rent money in the PSR member bank to pay the monthly rent which was a non-interest-bearing account. This deficiency constitutes a Continued Failure to Correct Type A1 rule violation originally cited for serious exploitation. An administrative penalty of $500.00 per day continues to be imposed for failure to correct within 23 days.	V 512	Proof claim at top of page 11 is not true. The result of not doing a Plan of Protection was that it was not included as a deficiency in this report like it was in the last report dated 12/5/19. We are a private, not for profit 501(c)3 Organization that contracts with Partners Behavioral Health to Provide a PSR program and a Supported Housing Program. We receive funds allocated by the NC Legislature to manage 21 HUD apartments. We also have a contract with Home Living Opportunity to manage 8 other apartments for a 13% management fee, which comes to $6,000 per year. We have been operating a Supported Housing Program since 1989, and received the 2008 Eli Lilly Reintegration Award for our Housing program as outlined here. This is not a deficiency and most certainly not a Type A1 rule violation. Otherwise, HUD, the NC Legislature, Home Living Opportunity and Partners Behavioral Health would have to be funding the deficiency and in on the exploitation of clients. DHSR management should be admonished for making such false claims. Tommy Gunn	