	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			-			С
		MHL023-215	B. WING		03/	12/2020
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
SANDRA	'S HOUSE		ONY POINT RC ′, NC 28150	JAD		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)ID PREFIX TAGPROVIDER'S PLAN OF PREFIX TAGCROSS-REFERENCED TO T DEFICIENCY		TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE		
V 000	INITIAL COMMENT	ſS	V 000			
		was completed on 3/12/20. not substantiated (Intake # encies were cited.				
	category: 10A NCA	sed for the following service AC 27G .1700 Residential cure for Children or				
V 131	G.S. 131E-256 (D2 Verification) HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring h health care facility of health care facility s Personnel Registry	EALTH CARE PERSONNEL ealth care personnel into a or service, every employer at a shall access the Health Care and shall note each incident propriate business files.	1			
	facility failed to ens substantiated findin on the North Caroli	view and interviews, the ure each staff member had no igs of abuse or neglect listed na Health Care Personnel ior to hire for 1 of 3 sampled				
	- Hire Date: 12/24/1	/4/20 for Staff #1 revealed: 9. d 12/28/19, not prior to hire.				
	Interview on 3/5/20	with the Executive Director				

Division	of Health Service Re	equiation			FURIN	APPROVED
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	COM	E SURVEY PLETED
		MHL023-215	B. WING		C 03/12/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SANDRA	A'S HOUSE		NY POINT RONT RONC 28150	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 131 V 133	revealed: -The facility was lice before clients move trained for the licent long time to open for staff. -She was aware of to hire and would m completed more time	ensed for several months ed in. Staff were hired and sure process, but it took a or clients, she had to rehire the requirement of HCPR prior take sure HCPR checks were	V 131			
	G.S. §122C-80 CRI CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pu developmental disa services that is licen Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to fill a po applicant to fill a po applicant to have an conditioned on cons criminal history reco the applicant has be less than five years is conditioned on cons criminal history reco national criminal his include a check of the the applicant has be five years or more, on consent to a Sta check of the applicant	MINAL HISTORY RECORD D FOR CERTAIN				

Division	of Health Service Re	gulation	•			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL023-215	B. WING		C 03/12/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
	'S HOUSE	1856 STC	DNY POINT RO	DAD		
SANDRA		SHELBY,	NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRE		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 2	V 133			
	subsection, within fi the conditional offer shall submit a requi- Justice under G.S. criminal history reco section or shall sub entity to conduct a S check required by ti G.S. 114-19.10, the return the results of record checks for e covered by Public L Department of Hea Criminal Records C business days of re history of the perso and Human Service Unit, shall notify the information receive of the applicant. In national criminal his with the provider. P upon request verific check has been con by this section. A co appropriate local or the Division of Crim may conduct on be criminal history reco section without the request to the Depa case, the county sh criminal history reco section within five b conditional offer of All criminal history i provider is confider	Ith and Human Services, check Unit. Within five acceipt of the national criminal n, the Department of Health es, Criminal Records Check e provider as to whether the d may affect the employability no case shall the results of the story record check be shared roviders shall make available cation that a criminal history mpleted on any staff covered bunty that has adopted an dinance and has access to inal Information data bank half of a provider a State ord check required by this provider having to submit a artment of Justice. In such a all commence with the State ord check required by this				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COM	E SURVEY PLETED
		MHL023-215	B. WING		C 03/12/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SANDRA	A'S HOUSE		NY POINT R	OAD		
			NC 28150			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 133	Continued From pa	ge 3	V 133			
Division of H	business regularly e criminal history recor records obtained fre (c) Action If an ap record check revea a relevant offense, of the following fact hire the applicant: (1) The level and se (2) The date of the (3) The age of the p conviction. (4) The circumstant commission of the o (5) The nexus betw the person and the filled. (6) The prison, jail, rehabilitation, and e person since the da (7) The subsequent a relevant offense. The fact of conviction shall not be a bar to listed factors shall b If the provider disqu consideration of the provider may disclo the criminal history to the disqualification of the criminal history	n "private entity" means a engaged in conducting prd checks utilizing public om a State agency. oplicant's criminal history ls one or more convictions of the provider shall consider all ors in determining whether to eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the ate the crime was committed.				

Division	of Health Service Re	aulation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED
		MHL023-215	B. WING	B. WING		C 12/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SANDRA	'S HOUSE		NY POINT RONT RONC 28150	OAD		
	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CC	RECTION	(75)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE	
V 133	individual on the ba the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant Offense" n federal criminal hist indictment of a crim felony, that bears u have responsibility persons needing m disabilities, or subst crimes include the of any of the following General Statutes: A Issuing Monetary S Endangering Execu Article 6, Homicide; Sex Offenses; Artic Kidnapping and Abo Injury or Damage b Incendiary Device of	sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in				
	Robbery; Article 18 False Pretenses an Obtaining Property Fraudulent Use of C Article 19B, Financi Act; Article 20, Frau 26, Offenses Agains Decency; Article 26 Article 27, Prostituti 29, Bribery; Article 3 Office; Article 35, O Peace; Article 36A,	icle 16, Larceny; Article 17, , Embezzlement; Article 19, d Cheats; Article 19A, or Services by False or Credit Device or Other Means; al Transaction Card Crime uds; Article 21, Forgery; Article st Public Morality and A, Adult Establishments; on; Article 28, Perjury; Article 31, Misconduct in Public offenses Against the Public Riots and Civil Disorders; on of Minors; Article 40,				

If continuation sheet 5 of 14

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		BERTH TO THOMBEN.	A. BUILDING:			
		MHL023-215				C 03/12/2020
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ANDRA	'S HOUSE		ONY POINT RO 7, NC 28150	DAD		
			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLE ⁻ DATE
V 133	Continued From pa	age 5	V 133			
	Intoxication; and Ar Crime. These crime sale of drugs in vio Controlled Substan 90 of the General S offenses such as s violation of G.S. 18 impaired in violation G.S. 20-138.5. (f) Penalty for Furn applicant for emplo supplies, or otherw an employment app criminal history rec shall be guilty of a G (g) Conditional Employ employ an applicar obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining the criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3,	all not employ an applicant he applicant's consent for ord check as required in his section or the completed a required in G.S. 114-19.10. hall submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
		et as evidenced by: eview and interviews, the				

If continuation sheet 6 of 14

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
	OF CONNECTION	DENTIFICATION NOMBER.	A. BUILDING:				
		MHL023-215	B. WING	. WING		C 03/12/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
SANDRA	'S HOUSE		ONY POINT RC ′, NC 28150	DAD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 133	Continued From pa	ge 6	V 133				
	check within five da employment for 1 o (Former Staff (FS)) Record review on 2	uest a criminal background ays of a conditional offer of f 1 sampled former staff #3). The findings are: 2/4/20 for FS #3 revealed:					
	-Hire Date: 12/16/1 -Criminal Backgrou not within 5 days of	nd check ordered on 3/5/20,					
	revealed: -She did not keep a background check was nothing on it. S the background check -She was aware of	0 with the Executive Director a copy of the original criminal from 12/2019 because there She had no other evidence of eck. the requirement within 5 days forward will keep a copy of all					
V 318	The reporting by he Department of all a personnel as define including injuries of done within 24 hour becoming aware o the health care faci						
	This Rule is not me	et as evidenced by:					

STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL023-215				C 03/12/2020
AME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
SANDRA	A'S HOUSE		ONY POINT RC NC 28150	DAD		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 318	Continued From pa	ge 7	V 318			
	facility failed to repor North Carolina Hea (HCPR) within 24 h allegation of abuse (Staff #1). The find Review on 3/6/20 or regarding incident of 2/19/20 by the Direct -"After receiving the the home, Director had become very very aggressive toward of Director interviewed 2/18/20. [FS #3] re what happened [FS information regardin it was 'too much'. [I observation that wo aggressor. She sta avoid the escalation calm down. Director interviewed evidenced by] using gather her perception reported that consu- used profanity and always does'. [Clief consumer involved her 'safe zone'. [Cli #4]. [Client #2] den punch, slap or attact Director interviewed #1]'s first response reported she felt fea #1] reported as soo where I felt safe.' [I physical contact fro the time of the inter	f Internal Investigation on 2/17/20 completed on ctor revealed: e report of the disruption within was advised that consumer erbally and physically staff [Staff #1]. d [FS #3] over the phone on ported, 'that child' when asked 5 #3] gave brief and limited ng the incident. [FS #3] stated FS #3] did not report any buld implement staff as the ated staff constantly tried to n by asking the consumer to d [Client #2] AEB [as g open-ended questioning to on of the incident. [Client #2] umer involved assaulted staff abusive comments 'like she nt #2] reported when attached staff, she went into ient #2] also added 'it was [FC tied ever seeing [Staff #1] hit, ck [FC #4]. d [Client #1] on 2/18/20. [Client was '[FC #4]'. [Client #1] arful and concerned. [Client on as things started up 'I went Client #1] denied seeing any m either parties involved at				

Division of Health Service Re STATEMENT OF DEFICIENCIES			CONSTRUCTION	(V2) DAT	E SURVEY
AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:			PLETED
					С
	MHL023-215	B. WING		03/	12/2020
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
SANDRA'S HOUSE		ony point ro	DAD		
		, NC 28150			
PREFIX (EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 318 Continued From pa	ige 8	V 318			
AEB being pushed, and closed fist by [I leave the kitchen w Staff reported cons mom told me to f**I pushed out the doo fell to the ground an about her body. St run to her car cons windows out of her On 2/19/20 Directo gather more inform consumer was very 'She kept coming a away from her'. [Sta consumer in any wa	reported she was attached punched, hit with open hand FC #4] after asking her to thile staff was preparing food. umer cursed her, told her 'my k you up'. Staff reported being or down the stairs where she nd was struck several times aff reported when she tried to umer tried to break the car with the mop. r spoke with [Staff #1] again to ation. [Staff #1] reported v violent and unable to contain. fter me the more I tried to get aff #1] denied assaulting ay. [Staff #1] suffered cuts, bruises about her body from				
2/17/20 written by S -"Staff advised com- reflection time. Con- crisis because she had indifferences. member to process was getting prepare quickly went back to Another consumer consumer 1 [FC #4 her room and bega disrespectfully to st come out of kitcher consumer pushed s screaming. Staff tr consumer continue	f Incident Report dated Staff #1 revealed: sumer to go to her appointed nsumer asked could she call felt her and another consumer Staff asked another staff with consumer while dinner ed. Consumer processed and o room and slammed door. wanted to process and] got upset. She came out of n screaming and talking very raff and peers. When asked to n so staff could prepare meal staff and cussing and ied to ignore the situation but d to come at staff. Staff tried er . Consumer followed staff				
outside and pushed	d staff down steps and broke				
ision of Health Service Regulation	2 called police and director				

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL023-215	B. WING		C 03/12/2020	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
ANDRA	'S HOUSE		ONY POINT RO , NC 28150	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
V 318	Continued From pa	age 9	V 318			
		and Staff 1 told the other staff to also call QP to let her know about incident as well."				
	2/17/20 written by t -"Director received who reported a phy consumer and pos immediately report overserved local po Consumer was ins involved was outsid consumer was non facility when asked kitchen while staff reported consumer consumer began u loud and aggressiv consumer assaulte hitting her about he face. Consumer re- her down and away said staff hit her. S IVC. Director conta and LP. Director c including rapid resp Director followed u mother. Staff was suspension pendin Director completed interviewed 2nd sta- member involved. Director encourage medical attention fo Staff advised more when she returns to Record review on 3	p with police, guardian and placed on three day g further investigations. I IRIS report. Director aff member and the staff Staff denied allegations. ed staff member to seek or her scars and body pain. training will be required if and o work." 8/4/20 for Client #1 revealed:				
vision of H	-Admitted on 12/4/	19 with Unspecified eating on, Schizencephaly, Seizure				

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _		COM	E SURVEY PLETED C
		MHL023-215	B. WING			12/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S ⁻	TATE, ZIP CODE		
SANDRA	'S HOUSE		ONY POINT RC (, NC 28150	DAD		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORREC REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCE		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 318	Continued From pa	ge 10	V 318			
	Disorder, Obsessive Anorexia Nervosa. -Age 17 years.	e Compulsive Disorder and				
	-'Things are going b gone." "[FC #4] was loud a -"My first night here door-[FC #4] called threatened to hit me physically aggressiv aggressive. When t way, someone was me." -"[FC #4] and [FC # -"[On 2\17\20] we w [Staff #1][FC #4] the kitchen. [Staff # kitchen and then sh kitchen. I saw [FC # [Client #2] and I we to focus on altercati were in the kitchen/ went out front. [FS went back in. I hea and [Staff #1] yelling of crap in my life-no annoyed." -"[She] felt safe with Record review on 3 -Admitted on 12/16/ rule out Mood Disor -Age 15 years. Interview on 3/4/20	vere sitting at the table with walked by the table and into #1] told her not to go into the #4] hit [Staff #1] went into the #4] hit [Staff #1] with her hand int to the day room. Tried not ion. [FS #3] and [Staff #1] dining room. [Client #2] and I #3] came to check on us and rd [FC #4] yelling the 'B' word g 'stop, stop'. I've seen a lot of a lot scares me. I was just in staff here. Staff are great." /4/20 for Client #2 revealed: /19 with Conduct Disorder and rder.				

TATEMENT OF DEFICIENCIE	S (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		A. BUILDING:	A. BUILDING.		
	MHL023-215	B. WING			C 12/2020
AME OF PROVIDER OR SUP	PLIER STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
ANDRA'S HOUSE			DAD		
		BY, NC 28150			
PREFIX (EACH DEFIC	RY STATEMENT OF DEFICIENCIES CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 318 Continued Fro	Continued From page 11				
threatening sta was wrong an -FC #4 would their voice to g just to yell at h -FC #4 called for them to co -"[FC #4] hit [t house." -"[FC #3] didn had to be take fight. They go kept talking tra the window ou hospital." -"[FC #4] got r others verbally [the Director].' -"[Staff #1] rea pushed her-no Then the phor it-not suppose phone. [FS #3 arrived." -The only time home was the -"It was an eve would say son The longest w about 1 week. Record review #4 revealed: -Admitted on Disorder, Bipo	the police 5 times-took a long time me. he Director] then tore up the 't get along with [FC #4]. [FC #3] en outside cause they were going to but into altercations often. [FC #4] ash. [FC #3] was mad and broke at of the back door- was sent to the mad over simple things. She bullie y. Staff got real frustrated and calle ached over [FC #4] and [FC #4] of supposed to be in the kitchen. he rang and [FC #4] tried to answer to be in the kitchen or answer the ash didn't feel safe at the group first night she got there. eryday thing with [FC #4]. She nething to provoke peers and staff e went without any conflict was " of on 3/4/20 for Former Client (FC) 12/4/19 with Intermittent Explosive blar Disorder, Attention Deficit Disorder, Diabetes, Oppositional ler and History of neglect.	e e to e ed ed ed f.			

Division of Health Service I STATE FORM

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If continuation sheet 12 of 14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-215			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
					С		
		B. WING			03/12/2020		
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST				
SANDRA	'S HOUSE		ONY POINT RC , NC 28150	DAD			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID	PROVIDER'S PLAN OF			
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN(THE APPROPRIATE	DATE	
V 318	Continued From page 12		V 318				
	since age 6, 32 previous placements, anger issues, impulsive behaviors, history of damaging property and assaulting others.						
	Interview on 3/9/20 with FC #4 revealed: -"Some staff talked to me bad-tell me that I was disrespectful and I'm retarded and stupid. They'd use the 'P' word, the 'B' word and A-hole when arguing." -"[FC #3] and I got along except 1 day-she left the next day. Just verbal altercations with [Client #1]		;				
	and [Client #2]. Staff just watched." -On 2/17/20, "the other 2 girls were outside and [Staff #1] told me to go inside-yelled at me-I asked her not to yell at me. She told all girls to go to their rooms-I said no. I went into the kitchen to						
	[Staff #1] told them pushed my shoulde lightly pushed her s grabbed my ponyta	irls were sitting at the table. to go to their room then she er. I told her not to touch me. tomach to move her-she il-picked me up and threw me loor 4 times. [FS #3] just	1				
	watched-called her up-not worried about down the steps and doors. [Staff #1] gr	boyfriend to come pick her ut me. I pushed [Staff #1] I she told [FS #3] to lock the abbed the mop outside and bat so I ran towards the road.					
		Illing me names. Police came . Had to wait from another ne hospital."					
	-She began working shift the end of Dec -"Everyday was an	issue with [FC #4]. She got					
	had to follow rules. -One the day of the	rate. She didn't like that she Her mood was up and down.' incident (2/17/20), they had o the park. " [FC #4] wanted to					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL023-215			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED					
		B. WING			C 03/12/2020					
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE										
SANDRA	A'S HOUSE		ONY POINT RC ′, NC 28150	DAD						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE				
V 318	Continued From pa	ae 13	V 318		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
	her crisis team. Sh process but came k [FC #4] went to the angry. [FC #4] wer a bowl. She told [F be in the kitchen. [I'm going to kick yo hit her with the broo steps. She tried to her from attacking f Interview on 3/5/20 -Staff #1 was "good temporarily suspen -Was not aware that Improvement Syste in the system. Bec was not aware that included in submiss requirement. -Planned to contact Health) customer s	he went outside with [FS #3] to back inside-slammed door. bathroom and came out nt into the kitchen and grabbed (C #4] she wasn't supposed to FC #4] said 'if you touch me for m*r f***g ass and began to bom/mop-pushed her down grab [FC #4]'s hands to keep her. [FS #3] called the police.' with the Director revealed: d with the kids". She was ded pending investigation. at her IRIS (Incident Response em) report was not completed ause it was not completed she notification of allegation was sion to meet 24 hour t DMH (Division of Mental ervice for assistance with IRIS he would be in compliance with								