## PRINTED: 04/14/2020 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:			
	MHL084-041		B. WING		04/14/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
EAST MAI	N STREET GROUP HOM	1E	T MAIN STREET ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	TION SHOULD BE COMPL THE APPROPRIATE DAT	
V 000	INITIAL COMMENTS		V 000			
	The complaints were (NC00161766, NC00 NC00161977). Defici This facility is license	162067, NC00161921, encies were cited. d for the following service 27G 5600 Supervised Living nary Diagnosis is a				
V 110	27G .0204 Training/Supervision Paraprofessionals		V 110			
	SUPERVISION OF P (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional professional as speci Subchapter. (c) Paraprofessional	fied in Rule .0104 of this shall demonstrate				
	<ul> <li>population served.</li> <li>(d) At such time as a employment system is then qualified professionals shall dependence.</li> </ul>	is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by ncluding:				
	<ul> <li>(2) cultural awarene</li> <li>(3) analytical skills;</li> <li>(4) decision-making</li> <li>(5) interpersonal ski</li> <li>(6) communication s</li> <li>(7) clinical skills.</li> </ul>	ss; ; Ils;				
	.,	ent policies and procedures				

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED			
		MHL084-041	B. WING	3. WING		04/14/2020		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
		610 EAS	T MAIN STREET					
	N STREET GROUP HON	ALBEM/	ARLE, NC 28001					
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	ACTION SHOULD BE COMPLE TO THE APPROPRIATE DATE			
V 110	Continued From page 1		V 110					
	for the initiation of the plan upon hiring each	e individualized supervision n paraprofessional.						
	one staff (staff #1) fa	ews and interviews one of iled to demonstrate the d ability for the population						
	revealed: - Re-Hire date of	le: client rights; 4-22-19,						
	3-9-20 and signed by revealed: -"[Staff #1] then told [Former client #1 shower she was goin -Second intervie revealed: "Stated, ye comment and didn't e it. She stated she ma but I didn't do it and r said jokingly." -Recommendate	w on 2-25-20 with staff #1 s, she did make that even remember she had said ade that comment jokingly never would do it. It was just ons: "[Staff #1] will written tive interactions with the						
		vith staff #2 revealed: that she would spray former been joking.						

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If continuation sheet 2 of 3

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	Division of Health Service Regulation           TATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CL           IND PLAN OF CORRECTION         IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL084-041						
		B. WING		04/14/2020		
ME OF PROV	IDER OR SUPPLIER		DDRESS, CITY, STATE,	ZIP CODE		
AST MAIN S		/E	T MAIN STREET ARLE, NC 28001			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	TION SHOULD BE	(X5) COMPLE DATE
V 110 Co	Continued From page 2		V 110			
wi fo In cli th cli dc In Pr fo ac m	-Staff #1 threate ith water while form -She did not see rmer client #1. terview on 4-7-20 v -She had been of ient #1 a shower. -Former client #7 e bathroom. -She did say she ient #1,"but it wasn besn't like being spr terview on 4-14-20 rofessional revealed -She agreed it w r staff 31 to make to -Staff #1 had be ddress the issue wit	with the Qualified d: vas an inappropriate comment o former client #1. en counseled and they would th everyone at the next staff il about the way the clients				

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