	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
AND PLAN C	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL041-753	B. WING		C 04/07/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
оскио	OD PLACE	4004 CC	ORNERROCK DR			
		GREEN	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	A complaint survey v The complaint was s #NC161490). Defici					
		ed for the following service C 27G .1300 Residential en or Adolescents.				
	sister facilities will be B or C. Staff and/or	lentified in this report. The e identified as sister facility A, clients will be identified using ty and a numerical identifier.				
V 179	27G .1301 Resident	ial Tx - Scope	V 179			
	residential treatment residential treatment service. (b) A residential treat residential treatment licensed as set forth (c) A residential treat adolescents is a free which provides a stru- within a system of ca adolescents who have mental illness or em may also have other (d) Services shall be functioning level of the include training in set skills, social skills, and Children or adolescen day treatment facility attend school.	Section apply only to a tracility that provides tracility that provides tracility that providing tracility				
		e designed to support the n gaining the skills necessary				

STATEMENT	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MHL041-753	B. WING		04	C 04/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
		4004 CC	RNERROCK DR				
LOCKWO	OD PLACE	GREENS	SBORO, NC 27406				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 179	Continued From page	e 1	V 179				
	to return to the natura setting. (f) The residential tre	al, or therapeutic home eatment facility shall r individuals and agencies					
	interviews, the facility structured living envir care that addressed t child or adolescent at	n, record reviews and					
	Finding #1: Client mo overnight	oved to sister facility					
	Intermittent Explosive - Age: 17	27/2018 Spectrum Disorder; and e Disorder;					
	history of inability to o emotions, poor social boundaries with fema	ed 1/8/2019 that revealed a communicate feelings and I skills, lacks appropriate ale peers, can be inflexible, nerisms, over talks his					
	Risk/weaknesses:	ke and sustain friendships. " poor communication skills, ping skills, impulsive, lacks es"					

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY IPLETED
			A. BUILDING:			
		MHL041-753	B. WING		04	C 4/07/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
оскмо	OD PLACE		ORNERROCK DR SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 179	Continued From page	e 2	V 179			
	 Admission date: 9/1 Transfer to sister failer to bigorder (ADHD); Age: 16; An assessment date history of verbal and disregard for rules, condirected toward his for pairs of scissors under suspensions, throwin vaping and drinking manipulativeness, lyi intentionally urinating Review on 3/9/2020 of Department event rep 3/9/2020 revealed: At 7:53PM on 2/13/2 #3's face resulting in sister facility C for the being initiated agains Interview on 4/1/2020, clien argument because cl about something Hpunched me" After FC #4 hit him, facility staff if client # Department called; Sheriff's Deputies w was moved out of the second secon	cility A on 2/20/2020; ve Mood Disorder; Bi-Polar aumatic Stress Disorder n Deficit-Hyperactivity ed 1/5/2020 revealed a physical aggression, onstant use of the "N" word oster parents, hiding multiple er his pillow, multiple school og rocks at school buses, alcohol at school, ng, property damage, and o n bedroom floor. of the local Sheriff's ports dated 1/6/2020 to 2020, FC #4 struck client client #3 being taken to e night and a juvenile petition at FC #4. 0 with client #3 revealed: t #3 and FC #4 got into an ient #3 "was being honest de (FC #4) just came and client #3 was asked by 3 wanted the Sheriff's vent to the facility, and FC #4 e facility; nk he had spent the night at				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
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NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
оскио	OD PLACE					
			SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From page	e 3	V 179			
	Interview on 3/31/2020 with FC #4 revealed: - FC #4 currently lived at sister facility A;					
	- He had been moved	-				
	approximately one m	ionth ago because "I wasn't				
	doing good at the oth	ner house (the facility);"				
		orate of the exact reasons for				
	-	out of the facility following the				
	incident with client #3					
	once or twice."	e night at sister facilities				
	Unce of twice.					
	Interview on 4/1/2020	0 with client #C-9 revealed:				
		pent the night at sister facility				
	C;	,				
	- FC #4 had spent or	ne night at sister facility C,				
	but he could not reca	all the date;				
	- FC #4 had slept in a	a vacant bedroom on the				
	night he stayed at sis	ster facility C.				
	Finding #2: Level III o	Finding #2: Level III clients from sister facility at				
	level II facility with or	ne staff				
	Review on 4/2/2020 revealed:	of client #B-7's record				
	- Admission date: 3/2 facility B;	2/2020 to the level III, sister				
		t Disorder; Oppositional				
	Defiant Disorder; and					
	Hyperactivity Disorde - Age: 16	er (ADHD);				
		ed 3/2/2020 that revealed a				
		and aggressive behaviors				
		o his way, AWOL (absent				
		and alcohol use, property				
	•	ority, provokes others,				
	extremely impulsive, oppositional, defiance					
		-				
) of client #B-8's record				
	revealed: alth Service Regulation					

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If continuation sheet 4 of 13

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED	
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
оскио	OD PLACE		RNERROCK DR				
		GREENS	SBORO, NC 27406				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE	
V 179	Continued From page	e 4	V 179				
	 Admission date: 1/2 facility B; Diagnoses: ADHD; Adjustment Disorder; 						
	- Age: 16 - An assessment date	ed 1/28/2019 revealed a					
	history of instigating conflicts with peers, defiance, non-compliance, lying, blame-shifting, ignoring boundaries, attempting to look under occupied bathroom stalls, sexually abusing						
	animals, stealing, and outbursts of yelling, screaming, and throwing things on a regal basis.						
	revealed:	of client #C-9's record 3/2020 to the level II, sister					
	facility C; - Diagnoses: Adjustm	nent Disorder; Anxiety I Oppositional Defiant					
	Disorder; - Age: 14						
	history of parental ne poor decision making avoiding responsibilit	ed 2/3/2020 that revealed a eglect and domestic violence, g, dishonesty, talking back, y, lying, temper tantrums, e behaviors, depression,					
		plems, and use of marijuana					
	12:09PM on 3/5/2020 - Client #3, client #B-	7, and client #B-8 were					
	present to provide su	the facility with only staff #1 pervision; he facility at approximately					
	- Staff #1 left the facil #B-8 at approximatel	lity with clients #B-7 and y 12:09PM.					
	Interview on 4/1/2020) with client #3 revealed:					

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	of Health Service Regure OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
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	OD PLACE	GREENS	BORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From page	e 5	V 179			
	 Clients from sister fa facility occasionally; Clients from sister fa "sometimes and hour Client #3 thought the were brought to the fa needed to pick up iter staff had other things Client #3 was not su were at the facility on had been there. Interview on 3/31/202 Client # B-7 had beet to pick up food or me On 3/5/2020, client because he was not for clients # B-7 and #8 at approximately 8:300 Staff #1 was the onl #3, #B-7 and #B-8. Interview on 3/31/2022 Client #B-8 had stay couple of different tim facility] usually" On 3/5/2020, client because he had beer Clients #B-7 and #B at approximately 8:200 Staff #1 and #2 were been working at the fact " Anytime a kid is them go sit at [the fact 	acilities were brought to the acilities stayed at the facility ", maybe two" at clients from sister facilities acility when facility staff ms such as bread or if the they needed to do; ure why clients # B-7 and B-8 3/5/2020, or how long they 20 with client #B-7 revealed: en to sister facilities in order dications, or to "hang out"; #B-7 had been at the facility enrolled in school yet; 3-8 were taken to the facility 0AM; y staff present with clients 20 with client #B-8 revealed: yed at sister facilities "a nes We went over to [the #B-8 had been at the facility o suspended from school; 8-8 were taken to the facility 0AM that day; e the facility staff that had acility that morning. suspended, they make cility] or [sister facility C] 0 with client #C-9 revealed:				
	- On 3/5/2020, staff # appointment.	2 had taken him to a dentist				
	Interview on 3/5/2020) with staff #1 revealed:				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
оскио	OD PLACE		RNERROCK DR BORO, NC 27406			
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V 179	Continued From page	e 6	V 179			
	 Staff #1 had been w morning, but brought facility because staff over to watch client # #C-9 to a dentist app - No explanation was not coordinated sepa sister facilities B and Further interview atte 3/31/2020 was unsuc received from staff #7 Interviews on 3/5/2027 #2 revealed: Staff #1's role was p dentist and vision app medications wen they and general coordinat to each of the sister f Staff #1 occasionall worker to supervise of On 3/5/2020, staff # to a dentist appointm facility to supervise of The Qualified Profe- responsible for the st Interview on 3/31/2022 Clients from differer interact with each oth - Staff #3 primarily wo Interview attempt on 	vorking at sister facility B that clients # B-7 and B-8 to the #2 asked staff #1 to come 3 while staff #2 took client ointment that morning; given for why staffing was rately for the facility and C. empt with staff #1 on ccessful due to no return call 1 prior to exit. 20 and 3/31/2020 with staff orimarily to take clients to pointments, cook, check y came from the pharmacy, tion of distributing supplies facilities; y filled in as a direct care clients when needed; 22 needed to take client #C-9 ent, so staff #1 stayed at the lients #3, #B-7, and #B-8; ssional/Director (QP/D) was affing schedule. 20 with staff #3 revealed: at sister facilities did not				
) with the QP/D revealed: of the country on 3/5/2020,				
		why there was only one staff				

	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
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NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	ZIP CODE		
LOCKWO	OD PLACE		ORNERROCK DR SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 179	Continued From page	e 7	V 179			
	 The QP/D made surface and staff scheduled at a clients might go to a therapy sessions; There had been sorf may have contributed stayed the night at sis following the incident #4 and clients were g the sister facilities; There had not been 	different facilities that day; re that each sister facility as required by rule; sister facilities for group me staffing shortages, which d to the reasons FC #4 ster facility A on 2/13/2020 between client #3 and FC grouped together between any behavioral issues when facilities were together.				
V 367	27G .0604 Incident R	Reporting Requirements	V 367			
	level II incidents, exc the provision of billab consumer is on the p incidents and level II to whom the provider 90 days prior to the in responsible for the ca services are provided becoming aware of th be submitted on a for Secretary. The report in person, facsimile of means. The report si information: (1) reporting pr identification information	REMENTS FOR 3 PROVIDERS 3 providers shall report all ept deaths, that occur during ile services or while the roviders premises or level III deaths involving the clients rendered any service within neident to the LME atchment area where a within 72 hours of ne incident. The report shall rm provided by the rt may be submitted via mail, or encrypted electronic hall include the following rovider contact and tion; fication information; dent;				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-753	B. WING		C 04/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
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		GREEN	SBORO, NC 27406			
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V 367	Continued From pag	e 8	V 367			
	(5) status of th	e effort to determine the				
	cause of the incident; and					
		duals or authorities notified				
	or responding.					
	(b) Category A and B providers shall explain any					
	missing or incomplete information. The provider					
		ted report to all required				
		he end of the next business				
	day whenever:					
		r has reason to believe that				
	information provided					
	erroneous, misleading or otherwise unreliable; or (2) the provider obtains information					
	required on the incident form that was previously					
	unavailable.					
		3 providers shall submit,				
		LME, other information				
		ne incident, including:				
	information;	cords including confidential				
		other authorities; and				
		r's response to the incident.				
	.,	B providers shall send a copy t reports to the Division of				
		lopmental Disabilities and				
		ervices within 72 hours of				
		he incident. Category A				
	providers shall send	8,				
	•	client death to the Division of				
		lation within 72 hours of				
	5	he incident. In cases of				
		even days of use of seclusion				
		der shall report the death				
		ired by 10A NCAC 26C				
	.0300 and 10A NCA					
		B providers shall send a				
		e LME responsible for the re services are provided.				
		ubmitted on a form provided				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED	
			A. BUILDING:		с		
		MHL041-753	B. WING			04/07/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE			
оскио	OD PLACE		RNERROCK DR				
		GREEN	SBORO, NC 27406			1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLETI DATE	
V 367	Continued From page	e 9	V 367				
	include summary info (1) medication definition of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a c (5) the total nu incidents that occurre (6) a statemen been no reportable in incidents have occurr meet any of the criter	errors that do not meet the or level III incident; nterventions that do not meet el II or level III incident; f a client or his living area; client property or property in client; mber of level II and level III ed; and t indicating that there have ncidents whenever no red during the quarter that ria as set forth in Paragraphs le and Subparagraphs (1)					
	facility failed to report within 72 hours of be affecting 1 of 3 curren former clients (FC #4 Review on 3/9/2020 of revealed: - Admission date: 8/2 - Diagnoses: Autism Intermittent Explosive - Age: 17 - An assessment date	ews and interviews, the t all level II and III incidents coming aware of the incident nt clients (#3) and 2 of 3 4 & FC #5). The findings are: of client #3's record 27/2018 Spectrum Disorder; and e Disorder; ed 1/8/2019 that revealed a					
	history of inability to o emotions, poor socia	communicate feelings and I skills, lacks appropriate ale peers, can be inflexible,					

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
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		MHL041-753	B. WING		04	C I/07/2020
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оскио	OD PLACE	4004 CC	RNERROCK DR			
		GREEN	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TC DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From page	e 10	V 367			
	peers, inability to ma Risk/weaknesses:	nerisms, over talks his ke and sustain friendships. " poor communication skills, ping skills, impulsive, lacks es"				
	Review on 3/9/2020 of FC #4's record revealed: - Admission date: 9/13/2019; - Transfer to sister facility A on 2/20/2020; - Diagnoses: Disruptive Mood Disorder; Bi-Polar Depression; Post-Traumatic Stress Disorder (PTSD); and Attention Deficit-Hyperactivity Disorder (ADHD); - Age: 16;					
	history of verbal and disregard for rules, ca directed toward his for pairs of scissors unde suspensions, throwin vaping and drinking	onstant use of the "N" word oster parents, hiding multiple er his pillow, multiple school g rocks at school buses, alcohol at school,				
	intentionally urinating	ng, property damage, and on bedroom floor.				
	- Admission date: 7/6 - Transfer to sister fa	of FC #5's record revealed: ;/2016; cility B on 12/24/2020; ional Defiant Disorder; and				
	- An assessment date a history of fighting, h bringing them to the without leave) on sev	ed 12/24/2019 that revealed noarding weapons and group home, AWOL (absent reral occasions, excessive towards staff, very poor narges for stealing.				
	Review on 3/9/2020 Department event rej 3/9/2020 revealed:	of the local Sheriff's ports dated 1/6/2020 to				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 04/07/2020	
		MHL041-753				
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
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	OD PLACE	GREENS	SBORO, NC 27406			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 367	Continued From page	e 11	V 367			
	made to LEO due to F off the bus from schoo - FC #4 and FC #5 we Crime Information Ce (electronic clearingho criminal justice profes persons); - FC #4 and FC #5 we Deputies at a gas stat from the facility at 3:5 - At 7:53PM on 2/13/2 #3's face resulting in sister facility A for the being initiated agains Review on 3/5/2020 of	2020, FC #4 struck client client #3 being taken to night and a juvenile petition t FC #4. of the online Incident ent System (IRIS) revealed: ent reports had been				
	Review on 3/5/2020 of incident report folder - No incident reports a	revealed:				
	(AD) revealed: - No IRIS incidents (le completed for the faci	ssional/Director (QP/D)				
	- The QP/D was resp 3 incidents in IRIS; - The QP/D may have) with the QP/D revealed: onsible for entering level 2 & e forgotten to enter IRIS ad emergency medical				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE COM	(X3) DATE SURVEY COMPLETED	
					C 04/07/2020		
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AME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE			
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	CTION SHOULD BE COMPLET D THE APPROPRIATE DATE		
V 367	unable to do them hi - The QP/D would en	s in IRIS when the QP/D was	V 367				