	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
			B. WING		04/28/2020		
	PROVIDER OR SUPPLIER	mhl026-709	ADDRESS, CITY, STATE, ZIP CODE				
	ANGEL CARE, INC	1423 GRA	NDVIEW DRI VILLE, NC 28	VE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 000	INITIAL COMMENT	ſS	V 000				
	2020. The complain #NC00163378). De	was completed on April 28, nt was unsubstantiated (Intake ficiencies were cited.					
		sed for the following services C 27G .1700 Residential cure for Children or					
V 112	27G .0205 (C-D) Assessment/Treatn	nent/Habilitation Plan	V 112				
	PLAN (c) The plan shall be assessment, and in legally responsible of admission for clie receive services be (d) The plan shall i (1) client outcome(achieved by provision projected date of act (2) strategies; (3) staff responsible (4) a schedule for the annually in consultar responsible person (5) basis for evaluar outcome achievement (6) written consent responsible party, consultar	ILITATION OR SERVICE be developed based on the a partnership with the client or person or both, within 30 days ents who are expected to yond 30 days. nclude: (s) that are anticipated to be on of the service and a chievement; e; review of the plan at least ation with the client or legally or both; ation or assessment of					
ision of He	ealth Service Regulation						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		mhl026-709	B. WING		04/	04/28/2020	
AME OF I	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
EARL'S	ANGEL CARE, INC		ANDVIEW DRI EVILLE, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE ⁻ DATE	
V 112	Continued From pa	ige 1	V 112				
	facility failed to development based on assessme currents clients (#1 former client (FC #3	et as evidenced by: views and interviews, the elop and implement strategies ent affecting two of three 1 and #2) and one of one 3). The findings are:					
	 16 year old male. Admission date 03 Diagnoses of Opp (ODD), Attention Do (ADHD), Borderline Disability, Post-Tran 	D of client #1's record: 3/17/20. positional Defiant Disorder eficit Hyperactive Disorder e Intellectual Developmental umatic Stress Disorder Mood Dysregulation Disorder.					
	01/07/20 revealed: - "Update 03/06/20 caught sneaking ar	Profile (PCP) completed on					
	Response Improve for client #1 reveale - Date of incident 0 - Time of incident 1 - "Describe the cau of what led to this in in on consumer and until he pulled the of had stuff his back a	3/21/20.					

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		mhl026-709	B. WING		04/28/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
PEARL'S	SANGEL CARE, INC		ANDVIEW DRI EVILLE, NC 28			
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	ge 2	V 112			
	and make a report. home at 4:00 am in roommate you shou bumpin." - "Describe how this been prevented or as well as any corre- been or will be put i incident. Staff will tu and completely turr contact with the cor Interview on 04/27// - He had resided at half. - He recalled elopin - The alarms at the - Staff only check o					
	- 17 year old male. - Admission date of	duct Disorder, ADHD, Child				
	06/18/19 revealed: - "Action Plan6-18 Consumer AWOL(A the group home be- peer in the group ho - 9-17-19 During thi AWOL from school police reports due t for him. QP asked I	D of client #2's PCP dated B-19: During this authorization: Absence Without Leave) from cause he wanted to another ome is authorization: Consumer and the group home. We did o being over the time to look him why did he leave school. eer said he wanted to go home				

	of Health Service Re			CONCEDUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		mhl026-709	B. WING		04/	28/2020
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
PEARL'S	ANGEL CARE, INC		ANDVIEW DRI EVILLE, NC 28			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 112	Continued From pa	ge 3	V 112			
	so I decided to acc	so I decided to accompany him. Then the next				
		nd QP again asked him why				
		ed that his peer told him that				
		on Monday. QP explained to				
		him that he has no cases pending nor is he in				
		trouble with the law so why would he be going to jail. QP did point out to him that if he keeps				
		will discuss an higher level of				
	safe and secure nim	because we can't keep him				
		Consumer will improve by not				
		e home, school or community				
		in unexpected behavior, with				
		out 5 opportunities, as				
	measured by obser					
		w (Support/Intervention)				
		will confront & provide				
	behavioral redirects	/modifications when [Client				
		priate anger behaviors,				
	ignores, disrespect					
		or instructions. Pearls Angel				
	o .	/ill teach behavioral skills"				
		and Invention PlanWhen all				
	p	ures have not been effective,				
		are team will need to meet to ation of interventions."				
	•					
) of the IRIS a level 2 incident				
	for client #2 reveale - Date of incident 0					
	- Time of incident 1					
		se of this incident, (the details				
		ncident) Staff was processing				
		e how shift went. Staff went to				
		r and observed him in his bed.				
		nis room around 11:20 and				
		nt on and realized consumer				
		nd jumped out the window to				
		umer party. Consumer was				
	returned to the hom	ne by the police around 3:27				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			B. WING			04/00/0000	
	PROVIDER OR SUPPLIER	mhl026-709	DRESS, CITY, ST		04/	28/2020	
			ANDVIEW DRI				
PEARL'S	SANGEL CARE, INC	FAYETTE	VILLE, NC 28	314			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 112	Continued From pa	ge 4	V 112				
	been prevented or i as well as any corre- been or will be put i incident. Staff will w and turned the light back to make sure Interview on 04/27/2 - He was 17 years of - He resided at the years. - He stated normall the facility. - He stated staff pe every 15 to 20 minu- - He recalled the ind and other clients let backdoor to go to a	s type of incident may have may be prevented in the future ective measures that have n place as a result of the valk completely in the room on and if need be pull covers a person is in the bed." 20 client #2 stated: old. facility approximately two y there is one staff working at rform nightly checks occur ites. cident on 03/21/20 when he ft the facility through the					
	Review on 04/23/20 - 17 year old male. - Admission date of - Diagnoses of PTS	D, Major Depression nnabis use disorder, ADHD.					
	01/15/20 revealed: - "Action PlanHew Home) placement a (Therapeutic Foster curfew02-102020 and [FC #3] saw an him. [FC#3] jumped broke his toe while	Per self-report, a peer ran opportunity, so he ran with a barbed wire fence and					

STATEMEN	of Health Service Re TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:				
		mhl026-709	B. WING		04/	04/28/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
PEARL'S	ANGEL CARE, INC		ANDVIEW DR EVILLE, NC 2				
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE	
V 112	Continued From pa	ige 5	V 112				
	including aggressio	e escalation of behaviors on and elopementBarriers to of Aggression, Property "					
	incident report for F - Date of incident 0 - Time of incident 1 - "Describe the cau of what led to this in room at the beginni staff was turning sh consumer by at 11: and pulling back the placed his pillow, cl body and jumped o and staff went to lo returned back to the Consumer did retur by [unknown perso - "Describe how this been prevented or as well as any corre- been or will be put incident. One staff	3/21/20. 1:20 pm. se of this incident, (the details ncident). Consumer was in his ing of shift at 11:00 pm while nift over. Staff went to check or 20 turning on his room light e covers to learn that he had lothes and shoes to make out his bedroom window. AP ok for the consumers and e home to complete the police rned on 3-22-20 at 10:30 am n]". s type of incident may have may be prevented in the future ective measures that have in place as a result of the will process with 2nd shift and n room lights on and turn back live person in the bed at the	n				
	admission to a high						
	 He worked the 11 He recalled the in elopements of clier 	lity approximately 2 months.					

Division of Health Service Regulation STATE FORM

6899

06YI11

If continuation sheet 6 of 12

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		mhl026-709	B. WING		04/28/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
PEARL'S	ANGEL CARE, INC		ANDVIEW DRI EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From pa	ige 6	V 112			
	 (Associate Profess) beds stuffed with cl The alarm at facility of the elopements of the elopements of the elopements of the elopements of the police were closed of the police were cl	ity had not been set at the time of the clients detectors outside the alled. in a chair in the hallway to 20 the AP/Licensee stated: f clients prior history of PCPs. nd motion detectors at the ure a staff will continue to ng shift change and sit in the stitutes a re-cited deficiency				
V 293	27G .1701 Residen 10A NCAC 27G .17 (a) A residential tre children or adolesc free-standing reside intensive, active the interventions within shall not be the prir who is not a client of (b) Staff secure me	atial Tx. Child/Adol - Scope 701 SCOPE eatment staff secure facility for ents is one that is a ential facility that provides erapeutic treatment and a system of care approach. If nary residence of an individual	:			
	this Section. (c) The population	s as set forth in Rule .1704 of served shall be children or ave a primary diagnosis of				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		mhl026-709	B. WING		04/28/2020		
IAME OF F	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE, ZIP CODE				
			ANDVIEW DRI				
PEARLS	ANGEL CARE, INC	FAYETTI	EVILLE, NC 28	3314			
(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	(X5) COMPLET DATE	
V 293	Continued From pa	ige 7	V 293				
	substance-related of co-occurring disord disabilities. These not meet criteria fo (d) The children or require the followin (1) removal f community-based of facilitate treatment; (2) treatment; (2) treatment; (2) treatment; (2) treatment; (1) include in structure of daily liv (2) minimize related to functiona (3) ensure sa control behaviors in management with of (4) assist the acquisition of adap communication, so (5) support th gaining the skills no intensive treatment (f) The residential shall coordinate with	rom home to a residential setting in order to and in a staff secure setting. be designed to: dividualized supervision and ing; the occurrence of behaviors I deficits; afety and deescalate out of necluding frequent crisis or without physical restraint; child or adolescent in the tive functioning in self-control, cial and recreational skills; and ne child or adolescent in eeded to step-down to a less					
	This Rule is not m	et as evidenced by:					
ision of He	alth Service Regulation		P I				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		mhl026-709	B. WING			28/2020
NAME OF	PROVIDER OR SUPPLIER			DRESS, CITY, STATE, ZIP CODE		
	SANGEL CARE, INC	1423 GR/	ANDVIEW DRI	VE		
	ANOLE OAKL, INO	FAYETTE	VILLE, NC 28	3314		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 293	Continued From pa	ige 8	V 293			
	failed to provide set individualized super affecting two of three and one of one form findings are: See Tag V112 for s Interview on 04/27/2 Professional/Licens - One staff will cont shift change. - Staff will continue sit in the hallway to complete every 15 documentation. - Staff will monitor of living room area. - One window alarn and a local busines	20 and 04/28/20 the Associate see stated: inue to monitor clients during to do 15 minute checks and monitor clients. Staff minute bed check clients during the day in the n was not functioning properly as was scheduled to repair. No in that bedroom until repair is				
V 296		itial Tx. Child/Adol - Min.	V 296			
	telephone or page. able to reach the fa times. (b) The minimum r required when child present and awake (1) two direct	essional shall be available by A direct care staff shall be icility within 30 minutes at all number of direct care staff fren or adolescents are				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		mhl026-709	B. WING		04/	28/2020	
IAME OF F	PROVIDER OR SUPPLIER		ADDRESS, CITY, STATE, ZIP CODE				
'EARL'S	ANGEL CARE, INC		ANDVIEW DRI EVILLE, NC 28				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 296	Continued From pa (2) three dire	age 9 ect care staff shall be present	V 296				
	 nine, ten, eleven or adolescents. (c) The minimum r during child or adol follows: (1) two direct and one shall be av children or adolesc (2) two direct and both shall be a children or adolesc (3) three direct of which two shall be asleep for nine, ten adolescents. (d) In addition to the care staff set forth in Rule, more direct or the facility based on individual needs as plan. (e) Each facility sh supervision of child are away from the facility of child or adolescent 	t care staff shall be present for twelve children or number of direct care staff lescent sleep hours is as t care staff shall be present wake for one through four ents; t care staff shall be present wake for five through eight					
	Based on record re	et as evidenced by: eviews and interviews the vide the minimum number of					

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED		
		mhl026-709	B. WING		04/	04/28/2020		
NAME OF F	PROVIDER OR SUPPLIER	STREET A	T ADDRESS, CITY, STATE, ZIP CODE					
		1423 GR	ANDVIEW DRI	VE				
PEARL 3	ANGEL CARE, INC	FAYETT	EVILLE, NC 28	3314				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 296	Continued From page 10		V 296					
	direct care staff req	uired. The findings are:						
	Review on 04/21/20 of the client list provided by the facility revealed : - 3 clients currently resided at the facility. - Client #1, #2 and #4 were currently residing at the facility.							
	 - 16 year old male. - Admission date 03 - Diagnoses of Opp (ODD), Attention Date (ADHD), Borderline Disability, Post-Trait (PTSD), Disruptive Review on 04/23/20 - 17 year old male. - Admission date of 	oositional Defiant Disorder eficit Hyperactive Disorder Intellectual Developmental umatic Stress Disorder Mood Dysregulation Disorder) of client #2's record:						
	Physical Abuse, PT	duct Disorder, ADHD, Child SD) of client #4's record:						
	-14 year old male. - Admission date 03	3/18/20. ID, Conduct Disorder,						
	half.	20 client #1 stated: the facility for a month and a ne staff with clients at night.						
	years.	old. facility approximately two						
	- He stated normall ealth Service Regulation	y there is one staff working at						

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		mhl026-709	B. WING		04/28/2020	
AME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST ANDVIEW DRI			
EARL'S	ANGEL CARE, INC		EVILLE, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y 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 296	Continued From pa	ge 11	V 296			
	the facility.					
	Client #4 refused to	be interviewed.				
	Interview on 04/28/20 with a local police detective stated: - She had visited with a client today at the facility at approximately 3:20pm. - There was one male staff member present with 3 juveniles.					
	Professional/Licens - She was aware or on 04/28/20. - One staff had gon local pharmacy. - The staff member facility. - She should have r staff to go to the ph	ne staff was left with the clients e to pick up something from a came "right back" to the requested all the clients and armacy. e should be two staff at all				