		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL026-964	B. WING		0	5/28/2020
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
COLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 000	INITIAL COMMENTS	3	V 000			
	2020. The complaint	vas completed on May 28, t was unsubstantiated 9). Deficiencies were cited.				
	category: 10A NCAC	ed for the following service C 27G .5600C Supervised Developmental Disabilities.				
V 110	27G .0204 Training/S Paraprofessionals	Supervision	V 110			
	SUPERVISION OF F (a) There shall be no paraprofessionals. (b) Paraprofessional associate professional associate professional professional as speci Subchapter. (c) Paraprofessional knowledge, skills and population served. (d) At such time as a employment system then qualified profess professionals shall de (e) Competence shal exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski (6) communication s (7) clinical skills. (f) The governing bo develop and impleme	ified in Rule .0104 of this s shall demonstrate d abilities required by the a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: edge; ess; ; ; ills; skills; and dy for each facility shall ent policies and procedures e individualized supervision				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL026-964	B. WING		05	6/28/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
COLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
0(0)15		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN O		0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
V 110	Continued From page	ə 1	V 110			
	facility failed to ensur #6) demonstrated kno	as evidenced by: ews and interviews, the e 1 of 1 Former Staff (FS owledge, skills and abilities lation served. The findings				
	Review on 04/22/202 revealed: -Hired in the year 20 ⁴ provided.	18, specific date not				
	-Hired as a Paraprofe -Separation date 02/2					
	Review on 04/21/202 revealed: -28 year old male. -Admission date of 06	0 of client #1's record				
	-Diagnoses of Autism Hyperactivity Disorde Compulsive Disorder and Limited	n, Attention Deficit er and Obsessive				
	-Individual Support P me: [Client #1] is nor	lan dated 05/01/2020-"About				
	Review 05/28/2020 o -28 year old male. -Admission date of 0	f client #2's record revealed: 7/2006. n, Mental Retardation and				

NAME OF DAY OF CORRECTION IDEA INFORMATION NOMBER: A BUILDING: MHL 026-964 B. WING NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES COLLEGE LAKES SUMMARY STATEMENT OF DEFICIENCIES PREVIDER OF CORRECTION (MOMBER: PREVIDER OF CORRECTION (MOMBER: PREVIDER OF CORRECTION (MOMBER: OPALIER SUMMARY STATEMENT OF DEFICIENCIES PREVIDER OF CORRECTION (MOMBER: PREVIDER OF SPLAN OF CORRECTION (EACH ORRECTIVE ACTION SHOULD BE (FACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) COLLEGE LAKES PREVIDENCY DEFINITION INFORMATION) PREVIDENCE OF DEFICIENCIES COLLEGE LAKES SUMMARY STATEMENT OF DEFICIENCIES PREVIDENCE OF DEFICIENCIES COLLEGE CONCESTION (CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE) CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 110 Continued From page 2 V 110 PREVENTION OF CORRECTION (CORPORE) OPALIES SUPECIDENCES		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
VAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY, STATE, ZIP CODE COLLEGE LAKES 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311 (V4) ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE RECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEPICIENCY MUST BE RECEDED BY FULL RECULATORY OR LSC IDENTIFYING INFORMATION) ID PREFX TAG PROVIDER'S PLAN OF CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 110 Continued From page 2 V 110 V 110 Review on 04/21/2020 of the facility's incident report dated 02/07/2020 revealed: "-Director of Services [Qualified Professional (QP)] received a phone call from staff on February 7, 2020 stating that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual. Once staff went over individual was brought back to office. During this time, [FS #6] had already left the office not realizing that individual was not in the van. He immediately turned back around and went back to the office to pick up individual. -Incident report Follow up-Affer speaking with [FS #6] about his incident report, [QP] stated to him that he neede. It was stated for him and the individual to assist with moving a bookshelf, which means the individual should have been in the office with him. I also stated to him, that it was never communicated the individual was not allowed in the office. It was stated to him and the individual bigs to become destructive while at				A. BUILDING:			
BIG FLATCC DRIVE PARETIX (Y4)10 PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX PREFIX TAG PROVIDER'S FLAN OF CORRECTIVE ACTION SHOLLD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V110 Continued From page 2 V 110 Review on 04/21/2020 revealed: "-Director of Services [Qualified Professional (QPI) received a phone call from staff on Fortuary 7, 2020 stating that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual. Once staff went over individual was brought back to office. During this time, [FS #6] had already left the office not realizing that individual was not in van. Due to this being a situation that has never occurred, staff didn't think to turn around and check before driving off. Staff at office contacted [FS #6] asking him was he missing anyone, he stated no and tured around noticing that individual was not in the van. He immediately turned back around and went back to the office to pick up individual. -Incident report Follow up- After speaking with [FS #6] about his incident report, [QP] stated to him that he needed to take responsibility for the bad judgment he made. It was stated for him and the individual to assist with moving a bocksheff, which means the individual stated that if individual begins to become destructive while at He immediated that if individual begins to become destructive while at			MHL026-964	B. WING		05	5/28/2020
SPAYETTEVILLE, NC 28311 (Y41)D PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WISTE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (EACH DEFICIENCY WISTE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) D PREFIX TAG PROVIDERS PLAN OF CORRECTION SHOULD BE (CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V110 Continued From page 2 V 110 V 110 Existence on 04/21/2020 of the facility's incident report dated 02/07/2020 revealed: "-Director of Services [Qualified Professional (QP)] received a phone call from staff on February 7, 2020 staing that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual was not in van. Due to this being a situation that has never occurred, staff dicht think to turn around and check before driving off. Staff at office contacted [FS #6] asking him was he missing anyone, he stated no and turned around noticing that individual. -Incident report Follow up. After speaking with [FS #6] about his incident report, [QP] stated to him that he needed to take responsibility for the bad judgment he made. It was stated for him and the individual to assist with moving a bookshelf, which means the individual state to him, that it was never communicated the individual was not allowed in the office. It was stated to him, that it was never communicated the individual was not allowed in the office. It was stated that if individual begins to become destructive while at	NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
(M) ID PREFX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG V 110 Continued From page 2 V 110 Review on 04/21/2020 of the facility's incident report dated 02/07/2020 revealed: "-Director of Services {Qualified Professional (QP)] received a phone call from staff on February 7, 2020 stating that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual. Once staff went over individual was brought back to office. During this time, [FS #6] had already left the office not realizing that individual was not in van. Due to this being a situation that has never occurred, staff didn't think to turn around and check before driving off. Staff at office contacted [FS #6] asking him was he missing anyone, he stated no and turned around noticing that individual was not in the van. He immediately turned back around and went back to the office to pick up individual. -Incident report Follow up- After speaking with [FS #6] about his incident report, [QP] stated to him that he needed to take responsibility for the bad judgment he made. It was stated for him and the individual assist with moving a bookshelf, which means the individual should have been in the office with him. I also stated to him, that it was never communicated the individual was not allowed in the office. It was stated that if individual begins to become destructive while at	COLLEGE	ELAKES					
MACH TAG PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG ICACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 110 Continued From page 2 V 110 V 110 Review on 04/21/2020 of the facility's incident report dated 02/07/2020 revealed: "-Director of Services [Qualified Professional (QP)] received a phone call from staff on February 7, 2020 stating that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual. Once staff went over individual was brought back to office. During this time, [FS #6] had already left the office not realizing that individual was not in van. Due to this being a situation that has never occurred, staff didn't think to turn around and check before driving off. Staff at office contacted [FS #6] asking him was he missing anyone, he stated no and turned around noticing that individual was not in the wan. He immediately turned back around and went back to the office to pick up individual. -Incident report Follow up. After speaking with [FS #6] about his incident report, [QP] stated to him that he needed to take responsibility for the bad judgment he made. It was stated for him and the individual should have been in the office with him. I also stated to him, that it was never communicated the individual was not allowed in the office. It was stated that if individual begins to become destructive while at Image: Image: Image: Image:		1		EVILLE, NC 28311			
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report dated 02/07/2020 revealed: "-Director of Services [Qualified Professional (QP)] received a phone call from staff on February 7, 2020 stating that individual (client #1) had got out of the company van and went to the store next to the office (Corporate Office). Store manager came over to get a staff from the office to go get individual. Once staff went over individual was brought back to office. During this time, [FS #6] had already left the office not realizing that individual was not in van. Due to this being a situation that has never occurred, staff didn't think to turn around and check before driving off. Staff at office contacted [FS #6] asking him was he missing anyone, he stated no and turned around noticing that individual was not in the van. He immediately turned back around and went back to the office to pick up individual. -Incident report Follow up- After speaking with [FS #6] about his incident report, [QP] stated to him that he needed to take responsibility for the bad judgment he made. It was stated for him and the individual to assist with moving a bookshelf, which means the individual should have been in the office with him. I also stated to him, that it was never communicated the individual was not allowed in the office. It was stated that if individual begins to become destructive while at	V 110	Continued From page	e 2	V 110			
the office, staff would have to escort him out due to the high number of property damage that had already occurred by [Client #1] and its hard for our office staff to focus, two in particular, if he is banging on items, stomping his feet, and yelling." Review on 04/21/2020 of the termination letter dated 02/12/2020 for FS #6 revealed: "-On February 7, 2020, while on shift, [FS #6]		report dated 02/07/20 "-Director of Services (QP)] received a pho February 7, 2020 sta had got out of the co store next to the offic manager came over to go get individual. individual was brough time, [FS #6] had after realizing that individu this being a situation staff didn't think to tu driving off. Staff at o asking him was he m and turned around no in the van. He imme and went back to the -Incident report Follo [FS #6] about his inc him that he needed to bad judgment he may the individual to assis which means the ind the office with him. I was never communic allowed in the office. individual begins to b the office, staff would to the high number o already occurred by our office staff to focu banging on items, sto	220 revealed: a [Qualified Professional ne call from staff on ting that individual (client #1) mpany van and went to the the (Corporate Office). Store to get a staff from the office Once staff went over th back to office. During this eady left the office not that has never occurred, rm around and check before ffice contacted [FS #6] tissing anyone, he stated no obticing that individual was not diately turned back around office to pick up individual. w up- After speaking with ident report, [QP] stated to to take responsibility for the de. It was stated for him and at with moving a bookshelf, ividual should have been in also stated to him, that it cated the individual was not It was stated that if become destructive while at thave to escort him out due f property damage that had [Client #1] and its hard for us, two in particular, if he is omping his feet, and yelling."				

STATE FORM

6899

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL026-964	B. WING		05	5/28/2020
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
OLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
	SUMMARY S	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN C		(¥5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE) THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pag	le 3	V 110			
	leaving two individua	als, unsupervised, in the				
	•	S #6] left office without				
	making sure all indiv	iduals were in the vehicle				
	•	dividuals behind. [FS #6]				
	-	n December 2019 for a				
		had occurred. Due to that				
		nunicated to him, via the write				
		in place were violated again				
		er disciplinary action which				
	occurred on Februar	tion. The incident that				
		by staff which threatened				
		vidual. As a result, [FS #6]				
		om Shine Light, Inc. effective				
] will be notified via email of				
		hat needs to be completed				
	before receiving his	•				
	Review on 05/27/202	20 of the website Google				
		l views of the office and				
		tation. In front of the office				
		d with high traffic volume				
		imately 4 lanes and two				
	0 0 0	n both directions of the road.				
		on the same side of the uilding separating the two.				
	Atempted interview	was made with client #1 on				
	•	d not be interviewed because				
		on-verbal and only able to				
	•	estures to communicate.				
	Attempted interview	was made with FS #6 on				
		male answered the phone				
		I not reside at that residence				
	and she did not have him to be reached.	e an alternative number for				
	During interview on (05/28/2020 the gas station				

STATE FORM

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
		MHL026-964	B. WING		05	5/28/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
COLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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	(X5) COMPLETI DATE
V 110	Continued From page	e 4	V 110			
	of the incident. -He was in the office store. -Client #1 started ope them. -He told client #1 he l -He recognized client agency next to them store before with staf -He had to restrain cl sitting position and he client #1 was upset. -The police were called client #1 was upset. -The police arrived ar office and told them c -Client #1 was at the minutes. -The police arrived ar of the police car. -A lady from the agency Staff from the agency	ient #1 by putting him in a olding his hands because ed to assist and he sat with inds until the police arrived. ng him. nd walked to the corporate client #1 was in the store. store for approximately 30 nd put client #1 in the back ncy came over and identified g and yelling noises. 5/28/2020 the Administrative				
	in the van outside the	ffice alone. I left client #1 and client #2 e office.				
	officers came to the c clients may be at the office.	inutes later two police office and stated one of our gas station next door to the the gas station and client #1				
vision -fl.	was sitting in the bac	k of the police officer's car. e office to get assistance to				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL026-964	B. WING		05	5/28/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
OLLEGE		5104 FL	ATROCK DRIVE			
JOLLEGE	LARES	FAYETT	EVILLE, NC 28311			
(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	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From page	e 5	V 110			
	get client #1.					
		id told him he had left the				
		needed to get back to the				
	office to get client #1	know he did not have client				
	#1 in the van when h					
		ow long client #1 was at the				
		she did not know he was left				
	in the van.					
		store opening items and				
	eating items in the st					
	During interview on ()5/21/2020 and 05/28/2020				
	the QP revealed:					
	-She did not complet	e a Level II incident report				
	after the incident.					
	-FS #6 was asked to	go the office to assist in				
	moving furniture.					
		and client #2 when he				
	arrived at the office.					
		ne clients in the office with				
		he van outside the office				
	with the door open.					
		he van and went to the gas				
	station next to the off	cakes and the store clerk				
	recognized him as a					
	-Staff got back in the					
		did not check to see if both				
		in when he left the office.				
		fice called FS #6 and told				
	him he had left witho	ut client #1.				
	-FS #6 came back to	the office to get client #1.				
		ed due to the incident.				
		am meeting after the incident				
	adding elopement an	d wandering was going to be				
	added to his plan as	a strategy.				
	During interview on 0	5/28/2020 the Licensee				
	revealed:					

STATE FORM

MHL026-964 NAME OF PROVIDER OR SUPPLIER COLLEGE LAKES (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATION OF DEFICIENCY AND DEFICIENCY OF LSC IDENTIFYING INFORMATION OF LSC ID	ILL PREFIX (EACH CORRECTIV	05/28/2020
NAME OF PROVIDER OR SUPPLIER COLLEGE LAKES (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FU REGULATORY OR LSC IDENTIFYING INFORMATI	STREET ADDRESS, CITY, STATE, ZIP CODE 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311 ID PROVIDER'S PLA ILL PREFIX (EACH CORRECTIV	05/28/2020
COLLEGE LAKES (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FL TAG REGULATORY OR LSC IDENTIFYING INFORMATI	5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FU TAG REGULATORY OR LSC IDENTIFYING INFORMATI	ID PROVIDER'S PLA ILL PREFIX (EACH CORRECTIV	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATI	ILL PREFIX (EACH CORRECTIV	
	,	AN OF CORRECTION (X5) TE ACTION SHOULD BE COMPLET D TO THE APPROPRIATE DATE CIENCY)
V 110 Continued From page 6	V 110	
 She understood and knew a repercussion vigoing to occur after the incident. -FS #6 was immediately terminated after the incident due to his poor judgement. -Client #1 does not have a one to one worke she has tried to get those services for client and continues to get denied even though the need is evident. Review on 05/28/2020 of the Plan of Protect dated and completed by the QP on 05/28/20 revealed: -"What will you immediately do to correct the above rule violations in order to protect clien from further risk or additional harm? In orde correct the above violation, Shine Light, Inc. continue to train all staff, old and new, on all policies highlighting on the most important si as the supervision policy. We continue to train all staff, old and new, on all policies highlighting on the most important si as the supervision policy. We continue to train the importance of making sure everyone is making, and understand the importance of making good judgement decisions in order to maintain safety, health and wellness of all individuals served. -Describe your plans to make sure the above happens. Shine Light, Inc. management, or designated trainer, will make sure through training, testing and required online training, staff remain competent in all areas. Shine L Inc. will add, making sure everyone is in place before movement of any vehicle, to our van safety check list." Client #1 was a 28 year old male with diagon of Autism, Attention Deficit Hyperactivity Disand Obsessive Compulsive Disorder that ha very limited ways of communicating and was mainly non-verbal. On February 7, 2020 FS 	r and #1 20 ts r to will uch ain on o all ight, re policy poses order d	

	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MHL026-964	B. WING		05	05/28/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
COLLEGE	ELAKES						
	1		EVILLE, NC 28311				
(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 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE	
V 110	Continued From page	e 7	V 110				
	van and went to a ne busy, high traffic stre held by the clerk. Th placed client #1 in the to eating items in the client #1 had eloped negligent in checking office leaving client # the office had to iden and required addition returning client #1 to constitutes a Type A neglect and must be An administrative per If the violation is not a additional administra	the office. This deficiency I rule violation for serious corrected within 23 days. halty of \$2000.00 is imposed. corrected within 23 days, an tive penalty of \$500.00 per for each day the facility is out					
V 366	10A NCAC 27G .060 RESPONSE REQUIT CATEGORY A AND F (a) Category A and F implement written por response to level I, II shall require the prov (1) attending to of individuals involve (2) determining (3) developing measures according timeframes not to exe (4) developing to prevent similar inc specified timeframes	REMENTS FOR 3 PROVIDERS 3 providers shall develop and licies governing their or III incidents. The policies rider to respond by: the health and safety needs d in the incident; g the cause of the incident; and implementing corrective to provider specified	V 366				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED
		MHL026-964	B. WING		05	5/28/2020
NAME OF PRO	VIDER OR SUPPLIER		ADDRESS, CITY, STATE, 2	ZIP CODE		
COLLEGE L	AKES		ATROCK DRIVE EVILLE, NC 28311			
(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 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 366	Continued From page	e 8	V 366			
	set forth in G.S. 75, A 42 CFR Parts 2 and 3 164; and (7) maintaining Subparagraphs (a)(1) (b) In addition to the Paragraph (a) of this shall address inciden regulations in 42 CFF (c) In addition to the Paragraph (a) of this providers, excluding I develop and implement their response to a le while the provider is of the policies shall req by: (1) immediately (2) certifying th (3) making a p (4) obtaining the (5) certifying th (5) certifying th (6) making a p (7) certifying th (7) transferring review team; (2) convening a review team within 24 internal review team shall cor follows:	; confidentiality requirements article 2A, 10A NCAC 26B, 3 and 45 CFR Parts 160 and documentation regarding) through (a)(6) of this Rule. requirements set forth in Rule, ICF/MR providers ts as required by the federal R Part 483 Subpart I. requirements set forth in Rule, Category A and B ICF/MR providers, shall ent written policies governing vel III incident that occurs delivering a billable service on the provider's premises. uire the provider to respond y securing the client record e client record; hotocopy; ne copy's completeness; and the copy to an internal a meeting of an internal 4 hours of the incident. The shall consist of individuals d in the incident and who for the client's direct care or al oversight of the client's of the incident. The internal mplete all of the activities as				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL026-964	B. WING		05	/28/2020
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY 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 366	Continued From page	e 9	V 366			
	occurrence of future i (B) gather other (C) issue writter within five working da preliminary findings of LME in whose catcher located and to the LM if different; and (D) issue a fina owner within three m final report shall be s catchment area the p LME where the client final written report shall be s catchment area the p LME where the client final written report shall be s catchment area the p LME where the client final written report shall be s catchment area the p LME where the client final written report shall be s catchment area the p LME where the client final written report shall be incident, and shall ma minimizing the occurr all documents neede available within three LME may give the pro- three months to subm (3) immediately (A) the LME res area where the service Rule .0604; (B) the LME wall different; (C) the provider for maintaining and u treatment plan, if differ provider; (D) the Departm (E) the client's applicable; and	er information needed; en preliminary findings of fact ays of the incident. The of fact shall be sent to the ment area the provider is AE where the client resides, I written report signed by the onths of the incident. The ent to the LME in whose provider is located and to the t resides, if different. The all address the issues nal review team, shall uments pertinent to the ake recommendations for rence of future incidents. If d for the report are not e months of the incident, the ovider an extension of up to nit the final report; and y notifying the following: sponsible for the catchment ces are provided pursuant to here the client resides, if er agency with responsibility updating the client's erent from the reporting				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		SURVEY PLETED
		MHL026-964	B. WING		05	/28/2020
NAME OF PF	ROVIDER OR SUPPLIER	L	DDRESS, CITY, STATE	, ZIP CODE	1 **	
			ATROCK DRIVE			
COLLEGE	LAKES		EVILLE, NC 28311			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN O		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN) THE APPROPRIATE	COMPLET DATE
V 366	Continued From page	e 10	V 366			
		and record reviews the				
	incidents. The finding	nse to level I and level II gs are:				
	revealed: -28 year old male. -Admission date of 06 -Diagnoses of Autism	, Attention Deficit				
	Hyperactivity Disorde Compulsive Disorder and Limited					
	report dated 02/07/20 "-Director of Services (QP)] received a phor February 7, 2020 stat	[Qualified Professional ne call from staff on ting that individual (client #1)				
	store next to the office over to get a staff from individual. Once staff	npany van and went to the e. Store manager came n the office to go get f went over individual was e. During this time, [FS #6]				
	had already left the or individual was not in situation that has new	ffice not realizing that van. Due to this being a er occurred, staff didn't think eck before driving off. Staff				
	at office contacted [F missing anyone, he s noticing that individua	S #6] asking him was he tated no and turned around al was not in the van. He				
	the office to pick up in	ack around and went back to ndividual. w up- After speaking with				

NAME OF PROVIDER OR SUPPLIER COLLEGE LAKES (X4) ID PREFIX (EACH DEFICIENCY MUST PECIUMATOPY OF LSC IDE FECUMATOPY OF LSC ID FECUMATOPY OF LSC	5104 FL FAYETT	A. BUILDING: B. WING ADDRESS, CITY, STATE ATROCK DRIVE EVILLE, NC 28311		05/28/2020
COLLEGE LAKES (X4) ID PREFIX (EACH DEFICIENCY MUST	STREET / 5104 FL FAYETT IT OF DEFICIENCIES BE PRECEDED BY FULL	ADDRESS, CITY, STATE ATROCK DRIVE EVILLE, NC 28311 ID PREFIX	, ZIP CODE	05/28/2020
COLLEGE LAKES (X4) ID PREFIX (EACH DEFICIENCY MUST	5104 FL FAYETT IT OF DEFICIENCIES BE PRECEDED BY FULL	ATROCK DRIVE EVILLE, NC 28311		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST	FAYETT IT OF DEFICIENCIES BE PRECEDED BY FULL	EVILLE, NC 28311	PROVIDER'S PLAN OF CORRECT	
PREFIX (EACH DEFICIENCY MUST	BE PRECEDED BY FULL	PREFIX	PROVIDER'S PLAN OF CORRECT	
TAG REGULATORY OR LSC IDE		TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLE
V 366 Continued From page 11		V 366		
 [FS #6] about his incident maintoin that he needed to take bad judgment he made. It was the individual to assist with which means the individual the office with him. I also s was never communicated the allowed in the office. It was individual begins to become the office, staff would have to the high number of proper already occurred by [Client our office staff to focus, two banging on items, stomping - No documentation of correst measures according to provise timeframes. She did not complete a Let after the incident. -FS #6 was asked to go the moving furniture. -FS #6 had client #1 and client the office. -FS #6 did not take the client him and left them in the var with the door open. -Client #1 got out of the var station next to the office. -Client #1 ate some cakes a recognized him as a client for the staff from the office cathim he had left without clier -FS #6 came back to the office cathim he had left without clier -FS #6 came back to the office cathim he had left without clier -FS #6 came back to the office cathim he had left without clier -FS #6 was terminated due 	responsibility for the was stated for him and moving a bookshelf, should have been in tated to him, that it he individual was not is stated that if e destructive while at to escort him out due erty damage that had #1] and its hard for o in particular, if he is phis feet, and yelling." ective or preventive vider specified wel II incident report e office to assist in ent #2 went he arrived hts in the office with n outside the office and went to the gas and the store clerk from our office. Ter moving the it check to see if both in he left the office. Iled FS #6 and told ht #1. fice to get client #1.			

Division of Health Service Regulation STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-964			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL026-964	B. WING		05/28/2020		
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
		5104 FL	ATROCK DRIVE				
COLLEGE	LAKES	FAYETT	EVILLE, NC 28311				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF	(,(0)		
PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (E.		(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		COMPLE		
V 366	Continued From page	e 12	V 366				
	added to his plan.						
V 367	27G .0604 Incident R	Reporting Requirements	V 367				
	10A NCAC 27G .060	4 INCIDENT					
	REPORTING REQUIREMENTS FOR						
	CATEGORY A AND E						
		B providers shall report all					
	level II incidents, except deaths, that occur during the provision of billable services or while the						
		roviders premises or level III					
	-	deaths involving the clients					
		rendered any service within					
	90 days prior to the in						
	responsible for the ca						
	services are provided	d within 72 hours of					
	becoming aware of the	ne incident. The report shall					
	be submitted on a for						
		rt may be submitted via mail,					
		or encrypted electronic					
	•	hall include the following					
	information:						
		rovider contact and					
	identification information (2) client identi	fication information;					
	(3) type of incid						
	(4) description						
		e effort to determine the					
	cause of the incident						
	(6) other individ	duals or authorities notified					
	or responding.						
		3 providers shall explain any					
	•	e information. The provider					
	•	ted report to all required					
		ne end of the next business					
	day whenever:	r has reason to baliave that					
	(1) the provide information provided	r has reason to believe that in the report may be					
	-	g or otherwise unreliable; or					
	enoneous, misieaum	g of otherwise differable, of					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL026-964			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
				04	05/28/2020		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		,20,2020	
			ATROCK DRIVE				
COLLEGE	LAKES	FAYETT	EVILLE, NC 28311				
(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	ACTION SHOULD BE COMPL TO THE APPROPRIATE DAT		
V 367	Continued From page 13		V 367				
	 (2) the provider required on the incider unavailable. (c) Category A and B upon request by the L obtained regarding the (1) hospital recipient of the provider of the provid	r obtains information ent form that was previously a providers shall submit, LME, other information e incident, including: ords including confidential other authorities; and ther authorities; and there within 72 hours of the incident. In cases of wen days of use of seclusion der shall report the death red by 10A NCAC 26C there are provided as the LME responsible for the there services are provided. there are provided and the areas and shall treation as follows: therventions that do not meet the or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III incident; therventions that do not meet al II or level III and level III					

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL026-964	B. WING		05/28/2020	
ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE	, ZIP CODE		
	5104 FL	ATROCK DRIVE			
LARES	FAYETT	EVILLE, NC 28311			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO	ACTION SHOULD BE COMP TO THE APPROPRIATE DAT	
Continued From page 14 been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.		V 367			
Based on interviews facility failed to repor LME responsible for services are provided	and record reviews the t all level II incidents to the the catchment area where d within 72 hours of				
revealed: -28 year old male. -Admission date of 0 -Diagnoses of Autism Hyperactivity Disorde Compulsive	6/26/06. n, Attention Deficit er and Obsessive				
Incident Response In	nprovement System (IRIS)				
report dated 02/07/20 "-Director of Services (QP)] received a pho February 7, 2020 sta	D20 revealed: Qualified Professional ne call from staff on ting that individual (client #1)				
	ROVIDER OR SUPPLIER SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From pag been no reportable ir incidents have occur meet any of the criter (a) and (d) of this Ru through (4) of this Pa This Rule is not met Based on interviews facility failed to repor LME responsible for services are provided becoming aware of thare: Review on 04/21/202 revealed: -28 year old male. -Admission date of 0 -Diagnoses of Autism Hyperactivity Disorder Compulsive Disorder and Limited Review on 04/21/202 revealed no IRIS rep Review on 04/21/202 revealed no IRIS rep Review on 04/21/202 revealed no IRIS rep Review on 04/21/202 revealed no IRIS rep	DF CORRECTION IDENTIFICATION NUMBER: MHL026-964 ROVIDER OR SUPPLIER STREET A SLAKES 5104 FL FAYETT SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to report all level II incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 04/21/2020 of client #1's record revealed: -28 year old male. -Admission date of 06/26/06. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder and Obsessive	IDENTIFICATION NUMBER: A. BUILDING: MHL026-964 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE SUMMARY STATEMENT OF DEFICIENCES 5104 FLATROCK DRIVE FAYETTEVILLE, NC 28311 Image: Ceach Deficiences SUMMARY STATEMENT OF DEFICIENCES Image: Ceach Deficiences Image: Ceach Deficiences Image: Ceach Deficiences SUMMARY STATEMENT OF DEFICIENCES Image: Ceach Deficiences Image: Ceach Deficences Image: Ceach Deficiences I	OF CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL026-964 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SUMMARY STATEMENT OF DEFICIENCIES (RACH DEFICIENCY WINT BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRECK TAG PROVIDER'S PLAN OI (RACH CORRECTIVE AC CROSS-REFERENCE TO DEFICIENCY WINT BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PRECK TAG PROVIDER'S PLAN OI (RACH CORRECTIVE AC CROSS-REFERENCE TO DEFICIENC (RACH CORRECTIVE AC CROSS-REFERENCE TO DEFICIENC Continued From page 14 V 367 V 367 Deen no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. V 367 This Rule is not met as evidenced by: Based on interviews and record reviews the facility failed to report all level II incidents to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The findings are: Review on 04/21/2020 of client #1's record revealed: -28 year old male. -Admission date of 00/26/06. -Diagnoses of Autism, Attention Deficit Hyperactivity Disorder and Obsessive Compulsive Disorder and Limited Communication. Review on 04/21/2020 of the North Carolina Incident Response Improvement System (IRIS) revealed no IRIS report for the following incident. Review on 04/21/2020 of the facility's incident report dated 02/07/2020 of the facility's incident report dated 02/07/2020 of the facility's incident report dated 02/07/2020 of th	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: MHL026-964			(X2) MULTIPLE CC		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		05/28/2020		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
OLLEGE	LAKES		ATROCK DRIVE EVILLE, NC 28311			
	SUMMARY STATEMENT OF DEFICIENCIES			PROVIDER'S PLAN OF	CORRECTION (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	E ACTION SHOULD BE CO D TO THE APPROPRIATE	
V 367	Continued From page 15		V 367			
	brought back to office had already left the o individual was not in situation that has new to turn around and ch at office contacted [F missing anyone, he s noticing that individua immediately turned b the office to pick up in -Incident report Follow [FS #6] about his inci- him that he needed to bad judgment he mad the individual to assis which means the indi- the office with him. I was never communic allowed in the office. individual begins to b the office, staff would to the high number of already occurred by [our office staff to focu- banging on items, stor During interview on 0 the QP revealed:	w up- After speaking with dent report, [QP] stated to b take responsibility for the de. It was stated for him and st with moving a bookshelf, vidual should have been in also stated to him, that it cated the individual was not				