Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED				
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
		MUI 0444002	B. WING		05/3	4/2020
		MHL0411083			05/2	1/2020
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	•		
BLESSED	ALMS II LLC		S CREEK ROA ORO, NC 2740			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTIO	N	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey w The complaint was su #NC00165118). Defice					
		d for the following service 27G .1700 Residential re for Children or				
	sister facility will be id Staff and/or clients wi	tified in this report. The lentified as sister facility A. Il be identified using the d a numerical identifier.				
	7/28/2020 due to add during and after the ir 7/17/2020. Rule 10A from Harm, Abuse, N was identified as a Ty amended to rule 10A Competencies of Qua	iciencies was amended on itional information received informal conference of NCAC 27D .0304 Protection eglect or Exploitation (V512) ye A1 rule violation and is NCAC 27G .0203 alified Professionals and als (V109) as a Type A1 rule				
V 109	27G .0203 Privileging	/Training Professionals	V 109			
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professi professionals shall de and abilities required (c) At such time as a employment system i then qualified profess	SSIONALS privileging requirements for s or associate professionals. onals and associate emonstrate knowledge, skills by the population served. competency-based s established by rulemaking,				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0411083	B. WING		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DDRESS, CITY, STA	TE, ZIP CODE	
DIESSED	ALMS II LLC	3909 BEA	RS CREEK RO	AD	
BLESSED	ALIVIS II LLC	GREENS	BORO, NC 2740	06	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 109	V 109 Continued From page 1  (d) Competence shall be demonstrated by		V 109		
	exhibiting core skills i				
	(1) technical knowle	•			
	(2) cultural awarene				
	(3) analytical skills;	,			
	(4) decision-making;				
	(5) interpersonal skil	lls;			
	(6) communication s	kills; and			
	(7) clinical skills.				
		ionals as specified in 10A			
		(a) are deemed to have of the competency-based			
	employment system i				
	MH/DD/SAS.	The State Flam for			
		dy for each facility shall			
		ent policies and procedures			
		individualized supervision			
		associate professional.			
	(g) The associate pro				
		fied professional with the			
	specified in Rule .010	the period of time as			
	specified in Rule .010	4 of this Subchapter.			
	This Rule is not met	<u> </u>			
		ews and interviews, 3 of 7 ofessional #1/Licensee			
	,	ofessional/Licensee #2 (APL			
	#2) and staff #3) faile				
	, ,	population served. The			
	findings are:	population served. The			
	Review on 3/31/20 of interview revealed:	the QPL's record and			

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- Hire Date: 6/1/05

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DIVISION	n Health Service Negu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		
		MHL0411083	B. WING		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE. ZIP CODE	
			RS CREEK RO		
BLESSED	ALMS II LLC		BORO, NC 2740		
			J		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	\ - /
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	
IAG			IAG	DEFICIENCY)	
V 109	Continued From page	e 2	V 109		
	- Position: Qualified I	Professional/Licensee			
		ork history that qualifies him			
	as a Qualified Profess				
	- The QPL stated the	APL #2 was his wife.			
	Review on 3/31/20 of	the API #2's record			
	revealed:	110711 E 1120 100014			
	- Hire Date: 5/12/06				
	- Position: Associate	Professional/Licensee			
		ork history that qualifies her			
	as a Associate Profes				
	as a 7 issociate 1 Toles	solonar.			
	Review on 4/2/20 of s	staff #3's record revealed:			
	- Hire Date: 3/1/14				
	- Position: Paraprofes	ssional			
		ork history that qualifies her			
	as a Paraprofessiona				
	Review on 3/31/20 of	client #1's record revealed:			
	- Admission Date: 1/2				
	- Diagnoses: Attention				
		ive Mood Dysregulation			
	Disorder Disorder	.ve meed Byeregalatien			
	- Age: 15 years-old				
		ofile (PCP) updated 1/13/20			
		story of hospitalizations and			
		ne placement. She also has			
	a filstory of suicidal id	leation and harming herself."			
	Review on 5/7/20 of F	C #2's record revealed:			
	- Admission Date: 11/				
	- Discharge Date: 2/5				
	- Diagnoses: Major D				
		and Post-Traumatic Stress			
	Disorder	and i Ust-Haumatic Stiess			
	- Age: 16 years-old				
		on: It was noted that she			
	-	sed Alms II LLC but an			
	incluent occurred wh	ile at BNB (Sister Facility A)	1		

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on 2/3/2020."

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DIVISION	or riealth Service Negu	iauon				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
		MHL0411083	B. WING		05/	24/2020
		WIFIE0411063			05/2	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	ATE, ZIP CODE		
DI EGGED	AL MO II LLO	3909 BEA	RS CREEK RO	AD		
BLESSED	ALMS II LLC	GREENS	BORO, NC 2740	06		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPRIES.	PRIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	e 3	V 109			
		rofile (PCP) updated 1/28/20				
		ng history of receiving				
	services including Ou	, , ,				
	intensive In-Home se					
	· · ·	artment of Juvenile Justice).				
		ve been increasing, which				
	,	, making threats, highly				
		, fighting, stealing and				
	truancy issues."					
		y dated 2/5/20 revealed:				
	•	g to treatment by the group				
		C (Licensed Professional				
		des her therapy. She is				
		sition and defiance as well				
		nanipulation and complete				
		e group home setting. She				
	has failed to advance					
		vel system as she has not				
		arrival at the group home				
		points in the negative (with				
		his is due to a combination				
		the rules and structure and				
	continued involvemer	nt in non-compliant				
	behaviors."					
		. 50 //01				
		FC #3's record revealed:				
	- Admission Date: 10					
	- Discharge Date: 1/8					
	- Diagnoses: Unspeci					
	· ·	Mood Dysregulation Disorder				
	- Age: 15 years-old	51 (505)				
	- Person-Centered Pr	· , .				
	12/12/19 revealed: "S					
	[ · · · · · · · · · · · · · · · · · · ·	nt, refused to engage in				
		d complete non-compliance,				
	I	nd opposition. She has				
		and physical aggression,				
	with some threatening					
		cerns: "None reported."				
	- Review of FC #3's D	Discharge Summary dated				

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DIVISION	of Health Service Regu	liation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
			1	<del></del>		
			B. WING			
		MHL0411083	D. WING		05/21/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		3909 RFA	RS CREEK RO	ΔD		
BLESSED	ALMS II LLC		BORO, NC 2740			
			JOKO, NC 2740			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	( -/	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF		
IAG		,	IAG	DEFICIENCY)		
			+			
V 109	Continued From page	e 4	V 109			
	1/8/20 revealed: "[Clie	ent #31 is presently a				
		ed Alms II group homeShe				
		• .				
		reatment by the group home				
		provides her therapy. She is				
		sition and defiance and lying				
	•	e has been non-compliant in				
		ng. She has continuously				
		the behavior management				
	point/level system as	she has not made level				
	since her arrival at the	e group homeShe is over				
	40,000 points in the n	negative (with point/level				
	system). This is due t	to a combination of failure to				
	adhere to the rules ar	nd structure and continued				
	involvement in non-co	ompliant behaviors, refusing				
	to stay away during th					
	aggression when she	-				
	agg. 555.511 111.511 5115	, 10 411 411 611 641				
	Review on 4/2/20 of F	FC #4's record revealed:				
	- Admission Date: 11/					
	- Discharge Date: 1/8					
	- Diagnoses: Major D					
	Attention Deficit Hype					
		s Disorder; and Sexual				
	Abuse of a Child (Vic	······)				
	- Age: 14 years-old	u datad 1/9/20 rayaalad				
		y dated 1/8/20 revealed:				
		in the group home she was				
	•	vith her personal hygiene				
		e herself in her roomShe				
	_	arning her goals and rules				
		es with the point/level				
	•	rself in the negative (with the				
	,	ue to inappropriate sexual				
	communication at the	e day school."				
	Finding #1: Abuse of	FC #3 by the QPL				
	Interviews on 3/31/20	and 5/7/20 with FC #3				
	rovoolod:		1			

Division of Health Service Regulation

- She was admitted to Blessed Alms II LLC, but

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DIVISION	n nealth Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
			1	<del></del>		
			B. WING			
		MHL0411083	B. WING		05/2	1/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
		3909 RFA	RS CREEK RO	ΔD		
BLESSED	ALMS II LLC		ORO, NC 2740			
			1010, 110 2740			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG		LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
IAO		,	170	DEFICIENCY)		
V 109	Continued From page	<del>2</del> 5	V 109			
	indicated the incident	occurred at the sister facility				
	A.	•				
	- In December 2019.	before Christmas the QPL				
	pushed her down on t					
	•	2, staff #2 and staff #3 were				
	present.	_, c.a ,,_ aa c.a ,, ce.c				
	•	were there also at the				
	sister facility A.	Were there dies at the				
	-	client A6's bedroom alone at				
	the sister facility A.	shorte, to a boardon along at				
	•	ause she did not want to stay				
	in her bedroom.	adde one did not want to etay				
		the bedroom and "pushed				
		was turned sideways."				
		ight arm. She had fallen at a				
		vas already having problems				
	with her left ankle.	vas alicady having problems				
		was pushed down and said				
		u push me down? You hurt				
	my arm."	a pasitific down: Tou fluit				
		urting afterwards also."				
		umbled which was not true."				
	•	and [the QPL] and [QP #2]				
		rting. They (the QPL, the				
		lified Professional (QP) #2)				
		ch and I limped until that				
	evening."	laster about my aplila. It				
		loctor about my ankle. It y as the incident. The doctor				
	•					
		my ankle for the pain."				
		ds from her primary care				
	• •	ne was seen on 11/14/19 for				
	ankle pain.	to the deater obsert has				
		to the doctor about her				
		een by the doctor about her				
	arm.	N #0 #-1-1				
		L #2 told her she was going				
	to call the police beca	ause she was not listening to				

them.

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Division	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			5		
		MHL0411083	B. WING	<del></del>	05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE	
TWANE OF T	TOVIDER OR OUT FIELD		, ,	•	
BLESSED	ALMS II LLC		ARS CREEK RO		
		GREENS	BORO, NC 274	06	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	IAIE DAIE
				52.18.2.16.17	
V 109	Continued From page	e 6	V 109		
	1 3				
	Interviews on 3/26/20	and 5/7/20 with FC #2			
	revealed:				
	- She was admitted to	Blessed Alms II LLC, but			
	indicated the incident	occurred at the sister facility			
	A.				
	- She, FC #3 and clie	nt A5 were having down			
	time at sister facility A				
		e for stopping up the toilet at			
		e. The APL #2 had put FC #3			
		n for stopping up the toilet.			
		out of client A6's bedroom			
	so the QPL went into				
		FC #3] on the floor from her			
		sed what occurred as she			
	stood in the hallway of bedroom.	outside of client Ab's			
	- "She got up crying a	and holding her foot."			
	- "[The QPL] said if sh	ne did not get up, he was			
	going to call the police	e and she would go to jail. I			
	wanted to tell her she	did not do anything wrong			
	but I did not want to g				
	- Staff #2 was in clien	t A6's bedroom when it			
	occurred.				
	- Staff #3 came in after	er the incident occurred.			
	Interview on 4/20/20	with staff #2 revealed:			
	- She denied seeing t				
	•	ow FC #3 hurt her foot.			
		P #2 taking FC #3 to the			
	doctor due to a foot in	•			
	accioi dac lo a loot il	ıj⇔ı y.			
	Interview on 4/21/20	with OP #2 revealed:			
		how FC #3 hurt her foot.			
		ot Lord Jesus child I don't			
	-				
		it happened. She liked to			
	•	hill that's probably how she			
	did it."				
	<ul> <li>Recalled taking FC</li> </ul>	#3 to the doctor but could			

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not recall the reason FC #3 was taken to the

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411083	B. WING		05/2	1/2020
BLESSED ALMS II LLC 3909 BEAI			RESS, CITY, STA RS CREEK RO ORO, NC 2740	AD	,	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	talk about something Interview on 4/22/20 or He did not know for foot in December 201 Denied he pushed F "[FC #3] was running Blessed Alms [FC # placement]. [FC #3] s at Blessed Alms" "We didn't do an inc she slipped on the ste Review on 4/27/20 of from her primary care Date: 11/14/19 "Here for f/up (follow (Complaining of) right month after falling in t still present - exam ur minimal tenderness - Date: 11/21/19 "Patient is brought in accidentally fell at hor injuries on her right lo noted. Aggressive injucaregiver and patient cleansing of wounds of antibiotic dressing chi- No documentation of injury that may have of Finding 2: Abuse of F APL #2	with the QPL revealed: sure how FC #3 hurt her 9. IC #3 g up and down the hill at 3] hurt her foot at [prior aid she slipped on the stairs ident report. [FC #3] said eps that was all."  FC #3's medical record physician revealed:  I-up) and review today. C/O e ankle pain ongoing for a the shower, improving but aremarkable except for supportive pain control."  In today because she me and has some abrasive wer legs. No active bleeding uries are clean and advised on hygienic with prescription of triple	V 109			

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- She was admitted to Blessed Alms II LLC, but

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MHL0411083	B. WING		05/21/2020
NAME OF D	ROVIDER OR SUPPLIER	STREET AND	RESS, CITY, STA	TE ZIR CODE	
NAME OF T	NOVIDEN ON SOIT LIEN				
BLESSED	ALMS II LLC		RS CREEK RO		
		GREENSB	ORO, NC 2740	06	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	
V 109	Continued From page		V 109		
V 103	Continued From page	5 0	V 105		
	the incident occurred	at the sister facility A.			
		group home from a home			
	visit on Sunday (2/2/2	·			
		4 4 were present when she			
	returned to the group	•			
		A6 were also present.			
		•			
		r home visit, she asked the			
		take her dirty clothes home			
		#2 instructed her to leave			
	her dirty clothes at the	- ·			
		e came back to the group			
		ff #4 if she could wash her			
	<u> </u>	use she did not have any			
	clean undergarments	. She also asked staff #4 if			
	she could wash her n	ew pants.			
	- She knew that "was	h day was Wednesday. Only			
	[the APL #2] could give	e permission to allow you to			
	wash clothes on Sund	day."			
		ıld wash my clothes and [the			
		not wash my clothes. [The			
	QPL] said [the APL #2				
	- There continued to I				
		QPL about washing her			
	clothes.	a a.cata.cgc.			
		pants in the bathroom sink			
	_	ed the door open. [The			
		e not washing your clothes. I			
		use the bathroom and [the			
		•			
	<u>-</u>	ising the bathroom. He			
		ne bathroom. I finished			
		nile he stood there in the			
		left the group home and I			
		t the pants in the dryer and			
	she did. Then I went t	to bed."			
		with FC #2 on 3/25/20 and			
	3/26/20 revealed:				
	- She had asked staff	#4 the night before to be			
		shower because she did not			

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want to be last because the water would be cold.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	, , ,	SURVEY PLETED
		A. BUILDING: _			
	MHL0411083	B. WING		05	5/21/2020
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
DI ECCED ALMO ILLI C	RS CREEK ROA	AD			
BLESSED ALMS II LLC	GREENSI	BORO, NC 2740	06		
PREFIX (EACH DEFICIENCY N	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 109 Continued From page 9	V 109 Continued From page 9				
-When she woke up the was already in the show to sleep.  - When she woke back which is the time she is school but she went ah The APL #2 arrived at section - "I got out of the show APL #2] knock on the deget out of the bathroom - "I just stepped out of towel on. [The APL #2] me' but I was not yelling to come out of here nate the door open and I had [the QPL] was standing #2]. I looked in the mirror then I looked at him and QPL]. [The QPL] walke not supposed be there.  - "I was mad and I curst door closed and [the AF body against the door to grabbed my towel and put crying and I was scream Guardian (LG)]."  - "I kept crying and screen 'I am going to call [LG], I said 'my [LG] will hear the phone and put it in and [the QPL] went into the door, '[LG], [the API and I didn't have any clowas standing right there - "I guess [LG] could he put her on speaker and My [LG] told me to go get the standing right there - "I guess [LG] could he put her on speaker and My [LG] told me to go get the standing right there - "I guess [LG] could he put her on speaker and My [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and My [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG] told me to go get and the standing right there - "I guess [LG]	e next morning, client #1 wer so she just went back  up, it was close to 7am supposed to be ready for ead and got in the shower. sister facility A. er at 6:57 am. I heard [the loor and say, 'you need to now. I was like ok.' the shower and had no said, 'are you yelling at gI said, 'do you want me ked?' [The APL #2] pushed d nothing on. I looked and g right beside of [the APL or and I see [the QPL] and d locked eyes with [the d away and said he was  ed at himI pulled the PL #2] was pushing her o keep it open so I put it around me. I started ming call my [Legal  eaming. [The APL #2] said but you can't talk to [LG].' me.' [The APL #2] dialed her pocket. [The APL #2] o another room and closed e. I was screaming outside L #2] had the door open othes on and [the QPL] e.'" ear me and my [LG] said to	V 109			

Division of Health Service Regulation

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Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			-			
			B. WING			
		MHL0411083	B. WING		05/	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE		
		3909 BE	ARS CREEK RO	AD		
BLESSED	ALMS II LLC	GREENS	BORO, NC 274	06		
(VA) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ı.	PROVIDER'S PLAN OF CORRE		(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SH		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APP	PROPRIATE	DATE
				DEFICIENCY)		
V 109	Continued From page	e 10	V 109			
	- She then attempted	to finish getting ready.				
		oomI was brushing my				
		n my hand [the APL #2]				
		nd then turned the light off.				
		vant you sitting in the living				
		e other girls. I said I am				
		won't let me talk to my [LG]				
	-					
		dy. [The APL #2] then went eaker and all the lights went				
		led my [LG] again. [The APL				
		lld not stay in her group				
		he was going to do some				
	type of paperwork."	1 4b 15				
	- "[The APL #2] called	•				
		house. She talked like a				
		clapping her hands and				
		d saying, 'I am not scared, I				
		I tried to put my wash rag				
		dry room. She put her arms				
	_	o block me from getting into				
		aid to [the APL #2] 'can you				
	•	ly ducked under her arms				
		aundry room and [the APL				
	#2] said that is assau	It that I pushed her. She				
	1 0	n and said she had a '16				
	-	put her hands on me.' "				
	- When the police arri	ived, they asked, "[the APL				
	#2] why she was yelli	ng and asked why it was				
	dark in the house?"					
	- "The police said to [	the APL #2], 'you are				
	preventing this child f	rom getting ready for				
	school.' [The APL #2]	said to the police, she could				
	not tell her what to do	in her group home."				
	- FC #2 finished getting	ng ready while the police				
	were present and the					
		rith Client A6 revealed:				
		ister facility A where the				
	incident involving FC	#2 occurred.				

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- FC #2 came back from a home visit on a

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Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411083	B. WING		05/2	1/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		S CREEK RO			
	OUN MAN DV OT		ORO, NC 2740			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Continued From page	<del>:</del> 11	V 109			
	Sunday and told staff undergarments to we. A7 were present alon - Sunday was not "wa - The QPL told FC #2 clothes "It was Sunday and clothes on a Sunday! wash our clothes for s - The following day (N 10 minutes in the batt school "[FC #2] still had to I hair. We only get 10 You have to be in the [The APL #2] got upsoneeded to be in the cold her she lost 1500 off the main breaker in cops were called." - "The female officer to the breaker so that [Fready for school. [The is my house and she and not go over 10 m - "I was in my room at it sounded like [the Alfofficer."  Interview on 4/1/20 w - She was in her bedrathroom.	she had no clean ar. She, client A5, and client g with the QPL and staff #3. Ish day." she could not wash her  they didn't want us to wash Even though we don't do think we should be able to school on Sunday." Monday) FC #2 spent over nroom getting ready for  orush her teeth and do her minutes in the bathroom. common area at 7 am. let, she told [FC #2] she formon area at 7 am and let, she told if points. The APL #2 shut in the house and then the  old [the APL #2] to turn on C #2] could finish getting let APL #2] told the officer this lis going to follow my rules inutes in the bathroom." It the end of the hallway and PL #2] was yelling at the  ith Client #1 revealed: loom when the QPL opened d FC#2 was in the  Inding beside of the QPL				
	•	ee inside the bathroom but				

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Interview on 4/22/20 with the QPL revealed:

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
ANDILANC	O CONNECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COMI ELTED
		MHL0411083	B. WING		05/21/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
			RS CREEK RO		
BLESSED	ALMS II LLC		ORO, NC 2740		
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	09 Continued From page 12		V 109		
	- He worked the even	ing of 2/2/20			
		om a home visit on 2/2/20			
		wanted to wash a pair of			
	pants.	•			
	- He and staff #3 were	e on duty. He could not			
	recall the other clients	•			
	•	taff #3) told [FC #2] no you			
		/e went back and forth about			
	that one pair of pants and I finally said go ahead and wash the pants.				
	Interview on 4/22/20	with the APL #2 revealed:			
	- She worked the mor				
		is late getting ready for			
	school.	0 0 1			
		get up on time and took too			
	much time in the bath				
	- FC #2 had been in t	he bathroom for "20			
	minutes."	he in the common room by 7			
	am for group time.	be in the common room by 7			
	• .	ld get [FC #2] out of the			
		off the lights so I turned off			
		e others to go to their rooms.			
	•	sing. That's when I told her I			
	was going to call the	police because this is getting			
	way out of hand this i				
		dy came, [FC #2] rushed to			
		and I were talking at the			
		lady told me to be quiet.			
		and the police lady told me Id said don't you want her to			
	•	ice lady's priority was getting			
		aid she is not compliant with			
		was not her being ready for			
	, ,	she was not compliant with			
		and she was verbally and			
		. Our directives were to get			
	her out of the bathroo				
	compliant with everyo	one else. [FC #2] made a big			

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Division of Health Service Regulation

Division of	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			-			
			D 14//NO			
		MHL0411083	B. WING		05/2	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	ATE, ZIP CODE		
			RS CREEK RO			
BLESSED	ALMS II LLC					
		GREENSI	BORO, NC 274	U6		1
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	MAIL	D/IIE
V 109	Continued From page	e 13	V 109			
	issue out of all of this	п				
	issue out of all of this					
	Interview on 4/22/20	with a local Police Officer				
	revealed:	with a local i olice officei				
		call from the group home				
	on 2/3/20.	can nom and group nome				
		cally [the APL #2] on scene				
		nded up apologizing to me."				
	117	and FC #2] were yelling at				
		nildren yelling at each other.				
		to stop yelling. I talked to				
		was going on. [The QPL]				
	=	have so many minutes to				
	• (	•				
		hen they go over that time,				
	_	ty off on the clients. [FC #2's]				
		said, 'isn't it better for the				
		ready for school than to				
	argue and let her be t					
	-	ed the APL #2 and the QPL				
	•	he APL #2 then got upset				
	with her.					
	- "I asked [FC #2] to g	get ready for school and she				
	finished getting ready	<b>/</b> ."				
	- She asked if the AP	L #2 and the QPL had been				
	trained and the QPL	said they were both trained				
	in counseling.					
	- "I asked (if they wer	e trained) because they [the				
		were bantering back and				
		elt [the APL #2 and the QPL]				
		pushing her buttons and				
		for being disorderly. They				
	0	eeping the power turned off.				
		a heated argument and				
		•				
		ue, she was completely				
	compliant."					
	Paview on 3/27/20 of	Incident Response				
	Review on 3/27/20 of					
	Improvement System					
	- Date of Incident: 2/3					
	<ul> <li>Date last submitted:</li> </ul>	: 2/5/20				

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
			A. BUILDING:			
		MHL0411083	B. WING		05/2	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE. ZIP CODE		
	3909 BE					
BLESSED ALMS II LLC			BORO, NC 274			
(V4) ID	SLIMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE	COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
				BETTOLENOTY		
V 109	Continued From page	e 14	V 109			
	- Name and Title of p	erson completing this form:				
	[The QPL], Director, (	. •				
	- "The consumer star	ted her non-compliance on				
	Sunday night when sl	he came back from a home				
	_	ne came in angry and first				
		h the procedure to inventory				
	,	ht into the group home. She				
		ngry when told she had to				
	bring the new items fi					
	_	p home did not know why				
		e suspected that she just did k to the group home. She				
	had acted like this be					
		down, and became verbally				
		reme profanity and refused				
		in treatment at all. bedtime				
		sed to go to bed and set in				
	the common room un	til 10:00 before we were				
finally able to get her to go to bed. This behavior						
	carried over into the r	next morning. She refused to				
	get out of bed as she	was the first to be				
		ed to get up and eat or take				
	her medication. The r	rule is that all consumers				
	have their morning ro	utine completed, be dressed				

Division of Health Service Regulation

and sitting in the common room by 7:00. This consumer was at this location because she got back late and a decision was made to allow her to spend the night. However she was aware the the rules are the same at both of the group home. She did not get up to shower until 7:15, she did this deliberately and it caused disruption in the scheduling. When confronted by the on coming shift, she became verbally aggressive and called staff very profane name you could think of. She was totally non-compliant and refused to process or engage in her treatment. She demanded to talk to her guardian. The oncoming staff had the overnight staff speak with the guardian to let her know what was going on. the consumer became extremely aggressive, to the point of pushing her

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Bivision of ricalin oct vice regu	diation		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL0411083	B. WING	05/21/2020
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE	
	2022 5545	O ODEEK DOAD	

3909 BEARS CREEK ROAD

CREENSORO, No. 27466    SUMMARY STATEMENT OF DEFICIENCIES   PROVIDER'S PLAN OF CORRECTION   PRETIX   PROVIDER'S PLAN OF CORRECTION   PRECOLATORY OR LSO IDENTIFYING INFORMATION    PRETIX   PROVIDER'S PLAN OF CORRECTION   COMPLETE   PROVIDER'S PLAN OF CORRECTION SHOULD BE   CROSS-REPRENCED TO THE OWNER	BLESSED	BLESSED ALMS II LLC		CREEK ROA	ND .	
V 109  Continued From page 15  way into the office and trying to take the phone. The staff had to go to a locked wash room to speak to the guardian, this was after the phone was put on speaker for the guardian to speak to the consumer When the staff tried to go the locked wash room to speak to the guardian. This was after the phone was put on speaker for the guardian to speak to the consumer being so verbally aggressive. The consumer being so verbally aggressive. The consumer physically put her hands on the morning staff and pushed her. At that point the police were called. The police arrived and the consumer first to push her way out the door. Staff intervened and walted for the police to come in. The female officer stood between staff and the consumer first. She then attempted to tell the group home staff how she thought they should handle the situation. A police supervisor came to the scene, and told his officer that she should have not intervened that way. That the group home has rules and she should have not suggested them not following their rules. The officer apologized to the group home. She had never handled a call to the group home. She had never handled a call to the group home. She had never handled a call to the group home hat down, she told the staff to suck her d"K, that all the staff were m***, intervened hat way. That the group home shut down, she told the staff to suck her d"K, that all the staff was able to get her calmed down to go to school. The director check the group home website for referral, and found that someone had actually went the site, pretended to make a referral and had used all the exact same profane words the consumer used in the group home down. The next morning the consumer started the same behavior with	DLLOOLD	ALMO II LEG	GREENSBO	RO, NC 2740	6	
way into the office and trying to take the phone. The staff had to go to a locked wash room to speak to the guardian, this was after the phone was put on speaker for the guardian to speak to the consumer. When the staff tried to go the locked wash room to speak to the guardian due to the consumer being so verbally aggressive. The consumer physically put her hands on the morning staff and pushed her. At that point the police were called. The police arrived and the consumer tied to push her way out the door. Staff intervened and waited for the police to come in. The female officer slood between staff and the consumer as the consumer had put her hand up in staff's face. The officer heard the consumer first. She then attempted to let lith be group home staff how she thought they should handle the situation. A police supervisor came to the scene, and told his officer that she should have not intervened that way. That the group home has rules and she should have not intervened that way. That the group home has rules and she should have not usggested them not following their rules. The officer apologized to the group home. This empowered the consumer as she began to make threats as she had the night before that she was going to get them all, she was shutting to get the group home shut down, she told the staff to suck her d*K, that all the staff were m****! F*******, b*********** and many other curse words, and she was going to get them all, she was shutting the group home down, it took some time, but staff was able to get her calmed down to go to school. The director check the group home website for referral, and found that someone had actually went the site, pretended to make a referral and had used all the exact same profane words the consumer used in the group home. They had also threatened to shut the group home come. The next morning the consumer staff the same behavior with	PREFIX	(EACH DEFICIENCY MUST BE PRECEDE	D BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
The staff had to go to a locked wash room to speak to the guardian. this was after the phone was put on speaker for the guardian to speak to the consumer. When the staff tried to go the locked wash room to speak to the guardian due to the consumer being so verbally aggressive. The consumer physically put her hands on the morning staff and pushed her. At that point the police were called. The police arrived and the consumer tried to push her way out the door. Staff intervened and walted for the police to come in. The female officer stood between staff and the consumer as the consumer had put her hand up in staff's face. The officer heard the consumer first. She then attempted to tell the group home staff how she thought they should handle the situation. A police supervisor came to the scene, and told his officer that she should have not intervened that way. That the group home has rules and she should have not suggested them not following their rules. The officer apologized to the group home. This empowered the consumer as she began to make threats as she had the night before that she was going to get the group home shat fi were the staff to suck her d"K, that all the staff were m****" ********** sand many other curse words, and she was going to get them all, she was shutting the group home down. It took some time, but staff was able to get her calmed down to go to school. The director check the group home website for referral, and found that someone had actually went the site, pretended to make a referral and had used all the exact same profane words the consumer used in the group home. They had also threatened to shut the group home. They had also threatened to shut the group home. They had also threatened to shut the group home. They had also threatened to shut the group home. They had also threatened to shut the group home. They had also threatened to shut the group home. They had also threatened to shut the group home when they must morning the consumer used in	V 109	Continued From page 15		V 109		
		way into the office and trying to take the The staff had to go to a locked wash rospeak to the guardian. this was after the was put on speaker for the guardian to the consumer. When the staff tried to glocked wash room to speak to the guardian to the consumer being so verbally agg. The consumer physically put her hand morning staff and pushed her. At that police were called. The police arrived a consumer tried to push her way out the Staff intervened and waited for the polin. The female officer stood between sconsumer as the consumer had put he in staff's face. The officer heard the confirst. She then attempted to tell the grostaff how she thought they should have situation. A police supervisor came to and told his officer that she should have intervened that way. That the group hor rules and she should have not suggest not following their rules. The officer apthe group home. She had never handle the group home. This empowered the as she began to make threats as she hight before that she was going to get home shut down, she told the staff to set of them all, she was shutting the group them all, she was shutting the group down. It took some time, but staff was her calmed down to go to school. The check the group home website for reference found that someone had actually went pretended to make a referral and had exact same profane words the consum the group home. They had also threate shut the group home down. The next reconsumer started the same behavior words.	com to the phone to speak to go the rdian due ressive. s on the point the and the the door. ice to come taff and the ter hand up insumer tup home dide the the scene, ive not tome has ted them tologized to the da call to consumer had the the group suck her the, stene the group suck her the group suck her the, stene the group suck her the gr			

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STATE FORM 6899 If continuation sheet 16 of 47 3DTH11

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		BUIL 0444000	B WING		0.5/0.4/0.00	
		MHL0411083	D. WING		05/21/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		RS CREEK RO			
		GREENSI	BORO, NC 2740	06		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 109	Continued From page	e 16	V 109			
		get her to school. There is a scheduled for 02/05/20 at his case."				
	Finding #3: Neglect o	f FC #2 by the QPL				
	Interview on 3/24/20	with FC #2's LG revealed:				
	- She was admitted to	Blessed Alms II LLC, but				
		at the sister facility A.				
		received a text from the				
		ictures of FC #2's forearm.				
		ngraved word "Die" and st of inside area of FC #2's				
	- It was reported to he	er that FC #2 did this				
	because "no one liste					
		if he had taken FC #2 to the				
		ded: "by the time, we saw it, eeded to go to the doctor."				
		mbols were still visible on				
	3/24/20.					
	- FC #2 was admitted was moved to the sist	with the QPL revealed: I to Blessed Alms II LLC but ter facility A due to having				
	"issues."					
		rovide a date for when FC #2 admitted to the sister facility				
	Review on 3/25/20 of Pictures Provided by FC #2's LG revealed:					
		oted by FC #2's LG as taken LG.				
		oted by FC #2's LG as				
	- One picture was of a fully with cut symbols	a forearm covered almost and the word "Die."				

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STATE FORM 8899 3DTH11 If continuation sheet 17 of 47

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, 2P CODE  3989 BEARS CREEK ROAD GREENSOPO, NO. 27406  PRECIPIED  SUMMARY STATEMENT OF DEFICIENCIES PRECIPIED  PRECIPIED  SUMMARY STATEMENT OF DEFICIENCIES PRECIPIED  PRECIPIED  SUMMARY STATEMENT OF DEFICIENCIES PRECIPIED  PRECIPIED  PRECIPIED  SUMMARY STATEMENT OF DEFICIENCIES PRECIPIED	Division of	Division of Health Service Regulation					
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January 2020.  - She contacted the QPL and sent him pictures of FC #2's arm.		other symbols on FC	#2's arm sometime in				
- She contacted the QPL and sent him pictures of FC #2's arm.		•					
FC #2's arm.			QPL and sent him pictures of				
			complained her armed hurt				
She contacted the APL #2 and asked if she							

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should put peroxide on the FC #2's arm. The APL

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED
		MHL0411083	B. WING			05/21/2020
		070557.11		TE 7/2 000E		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA			
BLESSED	ALMS II LLC		ARS CREEK RO			
		GREENS	BORO, NC 2740	)6		
(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) COMPLETE DATE
V 109	Continued From page	÷ 18	V 109			
	#2 told her she could "It was ugly looking. had that fresh look, it - "It didn't look bad er am not a doctor."  Interview on 4/22/20 or He did not know who "Die" and other symborand other symborand of the symbols on her arm or Peroxide was put or "because [FC #2] was - FC #2 was not seen the wound "It was discovered. never complained aborance of the wound of the incident occurred of the incident occurred of the incident occurred of the sleep over at the sisten clients were in Blesse of Sometime in March the QPL had been argher foot in the front dopresent.	It had not scabbed up yet. It was red." hough to go to hospital but I with the QPL revealed: en FC #2 engraved the word ols on her arm. word "Die" and other while at school. he the wound by staff #3 is picking at it." by a medical provider for It had healed over. She out pain."  client #1 by the QPL  with client #1 revealed: by Blessed Alms II LLC, but at the sister facility A. e sister facility A "a lot of essed Alms II LLC would be facility A when only 2 is and and the QPL slammed our. Client A6 was also				
	kept trying to close the he kept slamming my - "My foot was hurting had crocs on."	ne front door and [the QPL] ne door. I would not move so of foot in there (the door)." g a little afterwards because I with client A6 revealed:				

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- Sometime in March 2020, client #1 stood at the

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		TE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		CO	MPLETED
		MHL0411083	B. WING		(	05/21/2020
NAME OF D	ROVIDER OR SUPPLIER	QTDEET AI	DDRESS, CITY, STA	TE ZID CODE		
NAME OF T	TOVIDER OR SOLT LIER		ARS CREEK RO			
BLESSED	ALMS II LLC		BORO, NC 2740			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO	THE APPROPRIATE	DATE
				DEFICIENC	CY)	
V 109	Continued From page	e 19	V 109			
	front door and the QF toes.	PL slammed the door on her				
		she was going to call the				
		and she was going to press				
	charges. The cops we	ere called."				
	Interview on 4/22/20	with the QPL revealed:				
	- Sometime in March	2020, client #1 stood next to				
	the front door.					
		t "we could not stand here				
	and let all the heat ou	· <del>- ·</del>				
	stuck her foot in the	3 or 4 times when client #1				
	- He called the police					
		close the door [client #1]				
	•	the door. She stuck her				
	foot in the door becau	use she was mad about				
	something. I was just	trying to close the door. She				
	had on crocs. "					
	<ul> <li>"She never complain hurt."</li> </ul>	ned about her foot being				
	- An incident report w	as not completed.				
	Interview on 4/22/20	with the APL #2 revealed:				
		room when the QPL closed				
	the door on client #1's	s foot.				
	- The police were call	ed and she heard client #1				
		L closed the door on her				
	foot.					
		QPL] tell [client #1] to get out				
		at he could shut it because				
	out. She was upset a	Client #1] wanted to walk				
	outside."	na sne wanteu to go				
	Finding #5: Abuse of the APL #2	FC #2, FC #3, and FC #4 by				
	Interview on 4/2/20 w	rith FC #4 revealed:				

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- The APL #2 told client A7 that she "was going to

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411083	B. WING		05/2	1/2020
	ROVIDER OR SUPPLIER		RESS, CITY, STA	•	-	
BLESSED	ALMS II LLC	GREENSB	ORO, NC 2740	06		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 109	Continued From page	20	V 109			
V 109	physically fight [client - The APL #2 would co A7 would cuss at the - The APL #2 would so me, I have the right to - The APL #2 called a every single day and Interview on 4/16/20 v - The APL #2 often cu - "Yes, [the APL #2] co Christian woman she would get in our face and this is her d**n grown her what the h**I to do Interview on 4/17/20 v - The APL #2 cussed - "[The APL #2] would they tell. [The APL #2] if she put her hands co back."  Interview on 4/17/20 v - She had heard the Actients more than onco Interview on 4/22/20 v - The APL #2 got in them.  - The APL #2 repeate	uss at client A7 and client APL #2. tate to client A7, "if you hit to hit you back." If the clients "dumb almost call us s***s."  with FC #2 revealed: ussed at the clients. ussed all the time. To be a cussed all the time. She and say: 'We got her f'd up roup home and we can't tell to in here.' "  with FC #3 revealed: at her and the other clients. I say I don't give a D who by would threaten [Client A7] on her first, she would hit her  with FS #7 revealed: APL #2 cuss in front of the	V 109			
	clients stated "[The APL #2] does get into the kids face and yells at them. I know she did do it with [FC #2] and with [client A5]. I know she provokes them. The staff has said on shifts that I didn't work that [the APL #2] caused the incidents with the kids. The staff would say she would argue with clients. When you scream and holler at the kids it escalates things."					

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Division (	of Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		E SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COM	PLETED
			_			
		MIII 0444000	B. WING			10410000
		MHL0411083	B. WING		05	5/21/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
	_	3909 BE	ARS CREEK ROA	ND.		
BLESSED	ALMS II LLC		BORO, NC 2740			
WALID	SUMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF (	CORRECTION	(VE)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTI		(X5) COMPLETE
TAG	`	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE		DATE
				DEFICIENC	Y)	
V 109	Continued From page	======================================	V 109			
		epeat back what the kids will				
		, 'I don't give a f**k and she				
		int, you hear that [staff #4]				
	she doesn't give a f**	K."				
	Interview on 4/22/20	with the APL #2 revealed:				
		eatened to physically fight				
	client A7.	atelied to physically light				
		sed at clients but repeated				
	cuss words clients mi	•				
		she said she doesn't give a				
	f**k. I repeat what the	•				
		y say.				
	Finding #6: Abuse of	FC #3 by the QPL and the				
	APL #2	. • "• ", "				
	Interview on 3/31/20 v	with FC #3 revealed:				
	- She was admitted to	Blessed Alms II LLC, but				
	the incident occurred	at the sister facility A.				
	- The APL #2 would to	ake the mattress off the bed				
	she slept in at sister f	acility A because she slept				
	too much.					
		e and gave up on that place				
	•	They were not helping me				
	there."					
		with alique A.Z. variable de				
		with client A7 revealed:				
	•	Blessed Alms II LLC and the				
	sister facility A FC #3 "had accident	to in her had "				
		ook FC #3's mattress and				
	put it in the hallway.	JOK FC #3 S Mattless and				
		me into the group home and				
		y talked to [FC #3] about				
		." The APL #2 took FC #3's				
	, ,	a building behind the sister				
	facility A.	a ballaring berillia the sister				
		re a mattress to sleep on,				
		. [FC #3] slept on the floor				

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for about 3 weeks."

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	1 ' '	(X3) DATE SURVEY COMPLETED	
		MHL0411083	B. WING		05/2	1/2020	
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA				
BLESSED	ALMS II LLC		S CREEK ROA DRO, NC 2740				
(Y4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	COMPLETE DATE	
V 109	Continued From page	22	V 109				
	"because she kept we - "[FC #3] would sleep thing, she would lay of and pillow or in a chair but I would walk past she would sleep like to the she would sleep like to the she would sleep like to the she would was not be second bed was not be a Denied that FC #3 her.  - FC #3 placed the unmattress and urinated to "We told [FC #3] coumattress (her original)	PL #2 took FC #3's mattress etting the bed." o on the wooden dresser on the wood with her covers ir. We did not share a room [FC #3's] room and see that his." with the APL #2 revealed: bed at night. m with two single beds. The being used. ad her mattress taken from sused mattress on top of her did not the unused mattress.					
	- FC #3 was in a bedr and no one was sleep - FC #3 was sleeping to her nocturnal enure - "She was sleeping of would not pee in her of	on the other mattress due esis problem. on the other mattress so she					
	Finding #7: Abuse of	FC #3 by the APL #2					
	incident occurred at b and the sister facility	Blessed Alms II LLC. The oth Blessed Alms II LLC					

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Division of	<u>of Health Service Regu</u>	ılation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED
			P WING			
		MHL0411083	B. WING		05/2	1/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
			RS CREEK RO	,		
BLESSED	ALMS II LLC					
		GREENSE	BORO, NC 2740	J6		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
IAG		EGG IDENTIF TING IN GRANATION,	TAG	DEFICIENCY)	WAI E	
			+			
V 109	Continued From page	e 23	V 109			
		N. 110				
	could have by the AP					
	·	oour the water for her. The				
	•	alf cup of water/liquid at a				
	time.					
	- There were times w	hen she was thirsty and she				
	would drink water out	t of her bathroom sink.				
	I					
	Interview on 4/22/20	with the APL #2 revealed:				
		ted, FC #3 took medication				
	for nocturnal enuresis					
		dmitted, she called FC #3's				
		he medication for nocturnal				
	enuresis was never s					
	- She and other treatr					
		3's intake of water/liquids				
		id not allow FC #3 to drink				
	liquids after 7:30 pm.					
	•	staff who took FC #3 to the				
		the doctor about FC #3's				
	nocturnal enuresis.					
	Interview on 4/27/20	with the QPL revealed:				
	- He had no treatmen	nt team meeting notes with				
	regards to decreasing	g FC #3's liquids during the				
	day and stopping liqu	ıids at 7:30 pm.				
	Interview on 4/23/20	with the Collateral Contact at				
	FC #3's current place					
	· ·	ed with FC #3 in a mental				
	health facility.					
		current facility on Lithium				
		while she lived at Blessed				
		sister facility A. Lithium				
	caused her to drink a					
	- When FC #3 was ac					
	•	the bathroom 5-6 times at				
	night.					
		chiatrist took her off Lithium.				
	Since that time FC #	3 went to the hathroom	_ I			

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sometimes 1 time a night.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL0411083	B. WING		05	5/21/2020
	ROVIDER OR SUPPLIER	3909 BE	DDRESS, CITY, STATE ARS CREEK ROAL BORO, 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 OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 109	Continued From page	24	V 109			
	staff #3 Interview on 4/16/20 v	use of FC #2 and FC #4 by with FC #2 revealed: b Blessed Alms II LLC. The				
	and the sister facility and the sister facility and staff #3 threatened - "[Staff #3] said if sor	to hit clients. ne child puts their hands on to hit them back.' She said				
	Interview on 4/2/20 with FC #4 revealed: - She was admitted to Blessed Alms II LLC. The incident occurred at both Blessed Alms II LLC and the sister facility A Staff #3 threatened to hit clients "[Staff #3] said she was not afraid to get in trouble for getting into a physical fight with any of us. She said if any of us hit her she was not afraid to hit us back." - Denied staff #3 ever hit a client.					
	- Denied that she thre	with staff #3 revealed: eatened to hit clients. I to be asked because it is a				
		the Plan of Protection dated Licensed Professional				
	above rule violations from further risk or ad Initial provision of the that all staff involved will immediately ceas	iately do to correct the in order to protect clients ditional harm? plan of protection will be in the above sited violation e to work in the facility until on has been completed and				

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	i Health Service Regu		T		т —	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	=1ED
		MHL0411083	B. WING		05/2	1/2020
			1		1 03/2	1/2020
NAME OF PR	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BLESSED	ALMS II LLC		RS CREEK RO			
<u> </u>	712.110 11 220	GREENSE	BORO, NC 2740	06		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	NAIE	<i>5</i> /(12
V 109	9 Continued From page 25		V 109			
	an investigation by the	e Health Care Registry has				
	been completed. In a	ddition:				
		cy will push, or physically				
	engage any client whi	ile they are in bed, or for any				
	other reason.					
		never be used to address a				
		ere to getting dressed in the				
	scheduled time allowed					
	-No staff will approach a bathroom door when a					
		et ready and exit in a timely				
	manner.					
	-	/ seek medical attention for				
		hat may be considered				
	minor medical issues.					
		in a non-designated area,				
	issue with the point/le	e client, but address this				
		e closing of a door with her				
		ain open until therapeutic				
		client can get her calmed				
	down and out of the d	•				
		in all bedrooms of the				
		place and never be removed				
	•	t in the bed, or for any				
	reason by staff.	•				
	-During Child and Far	mily Team meetings,				
	medical providers will	be considered to address				
		ies, i.e. enuresis, before				
	implementing subseq					
		iicate with a client in a				
	_	or any reason at any time.				
	This includes the use					
	•	o make sure the above				
	happens.					
	•	sed Clinical Mental Health				
	•	r) will immediately meet with				
		aff of this protection plan. He				
		ents the acting manager of				
	the plan and her resp	onsibility to hold the staff				

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working with the clients responsible for adhering

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) DATE SU COMPLET				
,		.52.11	A. BUILDING:		30 22.25	
		MHL0411083	B. WING		05/21/2020	0
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E. ZIP CODE		
			RS CREEK ROA			
BLESSED	ALMS II LLC		BORO, NC 2740			
	CLIMMA DV CT				NI	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMF	X5) PLETE ATE
V 109	Continued From page	26	V 109			
	immediately. It will be that all provisions of the monitored daily by the that they were adhered protection plan will be and in the daily log for	posted in each staff's box				
	clients (1 current clier ages 14, 15, and 16, limited to: Attention D	nt, and 3 former clients) with various diagnoses not eficit Hyperactivity Disorder;				
	Disruptive Mood Dysregulation Disorder; Post-Traumatic Stress Disorder; Sexual Abuse of a Child (Victim); Unspecified impulse control Disorder; and Major Depressive Disorder; Adjustment Disorder. Treatment plans and discharge summaries revealed clients struggled					
	stealing, making threa defiance. There were	alized behaviors, fighting, ats, truancy issues, and at 7 different incidents of and 1 incident of neglect that				
	occurred at the sister incidents and neglect not allow a client to w	facility A. Five of the abuse by the QPL included: he did ash her clothes; pushed r to a client who was not				
	getting ready; did not a client who engraved	ient was taking too long obtain medical attention for I the word "die" on her arm; ot in the door who would not				
	nocturnal enuresis wh on the floor. The APL wife was involved with Abuse by the	attress of a client due to nich resulted in her sleeping #2, who is the Licensee's a 4 of the abuse incidents.				
	on the group home to bathroom; she stood	get a client out of the beside the QPL when he brown door on a client who				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION ( A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MIII 0444000	B. WING		05/04/0000
		MHL0411083		<del></del>	05/21/2020
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	•	
BLESSED	ALMS II LLC		RS CREEK ROA ORO, NC 2740		
	CLIMMADY CT		1		N
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 109	Continued From page	27	V 109		
	was not dressed and bathroom; cussed at a fight a client; took the nocturnal enuresis whon the floor; and decrivation without control without control was taking Lithiu medication without control was staff #3 was involved Abuse by staff #3 inclicitents.	was taking too long in the clients and threatened to mattress of FC #3 due to nich resulted in her sleeping eased the liquids of FC #3 m and drank a lot due to the insulting a medical provider. with 1 abuse allegations. uded: threatened to hit			
	be corrected within 23 penalty of \$2,000.00 i not corrected within 2	buse and neglect and must B days. An administrative s imposed. If the violation is days, an additional of \$500.00 per day will be the facility is out of			
V 115	27G .0208 Client Serv	vices	V 115		
	assure that: (1) space and supervithe safety and welfare (2) activities are suital and treatment/habilital served; and (3) clients participate activities. (h) Facilities or progration these Rules as "24 available 24 hours a cunless otherwise specific) Facilities that served ients shall ensure the	ide activities for clients shall sion is provided to ensure e of the clients; ble for the ages, interests, tion needs of the clients in planning or determining ams designated or described -hour" shall make services day, every day in the year.			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0411083	B. WING		05/21/2020
	ROVIDER OR SUPPLIER	3909 BEAF	RESS, CITY, STARS CREEK ROA	AD	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 115	with secure adaptive (e) When two or more require special assist in a vehicle are transp	rehicle shall be equipped equipment. The preschool children who ance with boarding or riding ported in the same vehicle, alt, other than the driver, to	V 115		
	facility failed to serve that were nutritious. That were nutritious. The serve of t	and record reviews, the or prepare meals for clients the findings are:  with FC #2 revealed: ed enough food when she he. allowed to have snacks. In she lived at the group  bunds when she was d 127 when she was with FC #3 revealed: en she ate meals at the te not allowed to have . ble juice but they never ack food from in the garage, the garage. We did this			

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STATE FORM 8899 3DTH11 If continuation sheet 29 of 47

Division of	<u>of Health Service Regu</u>	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
				<del></del>	
		MHL0411083	B. WING		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE ZIP CODE	
TVAIVIL OF T	NOVIDER OR GOLT EIER		, ,	,	
BLESSED	ALMS II LLC		ARS CREEK RO		
		GREENS	BORO, NC 274	06	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	(*)
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	
TAG	REGULATORT OR I	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	TIALE
				,	
V 115	Continued From page	e 29	V 115		
		50 //4			
	Interview on 4/2/20 w				
		ed enough food when she			
	was living in the grou	p home.			
	- Only one staff allow	ed the clients to have			
	seconds at meal time	).			
	- She and the other c	lients were not allowed to			
	have snacks.				
	- She lost 40 pounds	while she lived at the group			
	home due to the lack				
		ks. If I brought something			
		or if my mom sent back			
	_	would not let me eat it."			
	lood, they (the stair) t	would not let me eat it.			
	Interview on 4/17/20	with former staff (FS) #7			
	revealed:				
	- Clients were not fed	l enough food.			
	- Clients who had bro	ought snacks from home,			
	could eat a snack.				
	- "There were times w	ve were told they could eat			
		ner times we were told they			
		s. It was up and down (the			
	rules about getting se				
		#2] was usually the one who			
	told us to not give sec	-			
		come in lost weight. I was			
	, ,	ost too much weight because			
		ht. I was concerned I think			
		od. I think they needed a			
		pecially due to the amount of			
	medicine they took."				
	Intensions on 4/24/20	with staff #4 revealed:			
		for seconds, they are not			
	allowed to have secon				
		nornings but has heard			
	clients no longer rece				
	,	2) doesn't allow extra food			
	(seconds)."				

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Interview on 4/22/20 with the QPL revealed:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S COMPLE	
	ı					
		MHL0411083	B. WING		05/2	1/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		RS CREEK ROA			
	CUMMARY OT		ORO, NC 2740			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 115	Continued From page	⇒ 30	V 115			
	<ul> <li>Clients were provided "seconds and thirds" at meal time.</li> <li>Clients were provided fruit for snack.</li> <li>The clients who lost weight did so because they wanted to lose weight.</li> </ul>					
	- Clients are provided - Clients are not provi - Client A5 lost weight wanted to lose weight - "I cut out snacks yea by a state representat give them snacks. The	at and did so because she at. Client A5 purged her food. ars ago because I was told ative that we do not have to ative the clients were stealing food ative box of snacks and I				
V 298	27G .1706 Residentia Operations	al Tx. Child/Adol -	V 298			
	of 12 children and add (b) Family members of persons shall be invol- in order to assure a si- restrictive setting. (c) The residential tre- shall coordinate with to to ensure that the child met as identified in the the treatment plan. Mable to attend school; coordinate services a alternative learning prijob placement. (d) Psychiatric consu- needed for each child	I serve no more than a total colescents. or other legally responsible colved in development of plans smooth transition to a less reatment staff secure facility the local education agency cold's educational needs are not child's education plan and color of the children will be gross settings such as rograms, day treatment, or a cultation shall be available as				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL0411083	B. WING		05/2	1/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		S CREEK RO DRO, NC 2740			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 298	for six months or until year, whichever is lor (f) Each child or adol age-appropriate perso entitlement is counter plan. (g) Each facility shall	the facility, he may remain the end of the state fiscal	V 298			
	facility failed to opera week, each day of the current client (#1), an (FC #2, FC #3, and F Interview on 4/1/20 w - She was admitted to slept over at the siste - The clients from Ble sleep over at the siste clients were in Blesse Interview on 3/27/20 v guardian revealed: - Her daughter was an	and record reviews the te 24 hours a day, 7 days a e year effecting 1 of 1 d 3 of 3 former clients (FC) C #4). The findings are:  ith client #1 revealed: b Blessed Alms II LLC but r facility A "a lot of times." ssed Alms II LLC would er facility A when only 2 ed Alms II LLC.  with client #1's legal				
	- "I never know when group home (sister fa Review on 5/7/20 of c - She had been admit	er at the sister facility A. she will be over at the other cility A)."  client #1's record revealed: tted to Blessed Alms II LLC. ssion assessment for the				

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STATEMENT	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED
		MHL0411083	B. WING		05/21/2020
					05/21/2020
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
BLESSED	ALMS II LLC		RS CREEK RO		
	I	GREENSE	BORO, NC 2740	06	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFINED DEFICIENCY)	D BE COMPLETE
V 298	Continued From page	e 32	V 298		
	- In December 2019, Alms II LLC. - In January 2020, sh sister facility A because Blessed Alms II LLC. Interview on 3/25/20	ed to the sister facility A. she was moved to Blessed e was moved back to the se she was the only client at			
	revealed: - FC #2 was admitted to the sister facility A Then FC #2 was moved to Blessed Alms II LLC (date unknown) A week after she was moved to Blessed Alms II LLC she was moved back to the sister facility A.  Review on 5/7/20 of FC #2's record revealed: - She had been admitted to Blessed Alms II LLC There was no admission assessment for the sister facility A Review of FC #2's Admission Assessment: It was noted that she was admitted to Blessed Alms II LLC but an "incident occurred while at [sister facility A] on 2/3/2020."				
Review on 3/27/20 of Incident Response Improvement System (IRIS) revealed:  - Date of Incident: 2/3/20  - "The consumer started her non-compliance on Sunday night when she came back from a home visit to get clothes. She came in angry and first refused to comply with the procedure to inventory any new items brought into the group home. She became even more angry when told she had to bring the new items from her room to be inventoried. The group home did not know why she was angry, but we suspected that she just did not want to come back to the group home. She had acted like this before after a visit. She					

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S	
			A. BUILDING: _			
		MHL0411083	B. WING		05/2	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		RS CREEK RO			
-			ORO, NC 2740			
(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) COMPLETE DATE
V 298	Continued From page	e 33	V 298			
	however did not calmaggressive using extraction to comply or engage was at 8:00, she refusion the common room unfinally able to get her carried over into their get out of bed as she prompted. She refuse her medication. Their have their morning roand sitting in the commonsumer was at this back late and a decis spend the night.	a down, and became verbally reme profanity and refused in treatment at all. bedtime sed to go to bed and set in util 10:00 before we were to go to bed. This behavior next morning. She refused to was the first to be ed to get up and eat or take rule is that all consumers outine completed, be dressed amon room by 7:00. This is location because she got sion was made to allow her to				
	Interview on 3/31/20 with FC #3 revealed: - She was admitted to Blessed New Alms II LLC but slept over at sister facility A She slept over at sister facility A when the rest of the clients at Blessed Alms II LLC were away on overnights.					
	- She was only admit	FC #3's record revealed: ted to Blessed Alms II LLC. ssion assessment for the				
		•				
	- She was only admit - There was no admis sister facility A.	FC #4's record revealed: ted to Blessed Alms II LLC. ssion assessment for the				
	Interview on 4/22/20 Professional #1/Licer					

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	TED
		MHL0411083	B. WING		05/21	1/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE		
BI ESSED	ALMS II LLC	3909 BEA	RS CREEK RO	AD.		
		GREENSE	ORO, NC 2740	06		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 298	Continued From page 34		V 298			
	other group home he - "When we have no e holidays and the kids them together with the	from one group home to the owns. electricity or during the are left we have gotten e other kids (at the other to the guardians or parents				
V 364	V 364 G.S. 122C- 62 Additional Rights in 24 Hour Facilities		V 364			
	122C-51 through G.S who is receiving treat 24-hour facility keeps (1) Send and receive access to writing mate assistance when need (2) Contact and consand at no cost to the physicians, and private developmental disability professionals of his constant and constant advoction there is a client advoction. The rights specified in restricted by the facility exercise these rights (b) Except as provided of this section, each attreatment or habilitating times keeps the right (1) Make and received calls. All long distance the client at the time of collect to the receiving	rights enumerated in G.S.  1. 122C-61, each adult client ment or habilitation in a the right to: e sealed mail and have erial, postage, and staff essary; sult with, at his own expense facility, legal counsel, private te mental health, lities, or substance abuse hoice; and sult with a client advocate if cate. In this subsection may not be ty and each adult client may at all reasonable times. I ed in subsections (e) and (h) adult client who is receiving on in a 24-hour facility at all to: I e confidential telephone e calls shall be paid for by of making the call or made				

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DIVISION	of Health Service Regu	lation			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B WINC		
		MHL0411083	B. WING		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, STA	TE. ZIP CODE	
			RS CREEK RO		
BLESSED	ALMS II LLC				
		GREENS	BORO, NC 274	J6	
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	
TAG	REGOLATORT OR E	100 IDENTIF TINO IN CINIMATION	TAG	DEFICIENCY)	IAIL
			+		
V 364	Continued From page	e 35	V 364		
	am and 0.00 nm fa	r a pariod of at least six			
	a.m. and 9:00 p.m. for a period of at least six				
	•	s of which shall be after 6:00			
	•	shall not take precedence			
	over therapies;				
		nd meet under appropriate			
	•	iduals of his own choice			
	upon the consent of the				
	(4) Make visits outsi	de the custody of the facility			
	unless:				
	-	ceedings were initiated as			
	the result of the client	's being charged with a			
	violent crime, includin	ig a crime involving an			
	assault with a deadly	weapon, and the			
	respondent was found	d not guilty by reason of			
	insanity or incapable	of proceeding;			
	b. The client was vo	oluntarily admitted or			
	committed to the facil	ity while under order of			
	commitment to a corr	-			
		ection of the Department of			
	Public Safety; or	·			
		g held to determine capacity			
	to proceed pursuant t				
	• •	oressly authorize visits			
		by the existence of the			
	conditions prescribed	-			
		daily and have access to			
		ent for physical exercise			
	several times a week				
		ited by law, keep and use			
		possessions, unless the			
		determine capacity to			
	proceed pursuant to (				
	(7) Participate in reli				
		a reasonable sum of his			
	, ,	a reasonable sunt of this			
	own money;	licanca unloss otherwise			
		license, unless otherwise			
		<sup>-</sup> 20 of the General Statutes;			
	and				
	(10) Have access to i	ndividual storage space for			

Division of Health Service Regulation

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DIVISION	i Health Service Negu	iation i			1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLI	ETED
		MHL0411083	B. WING		05/2	1/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
		3909 BFA	RS CREEK RO	ΔD		
BLESSED	ALMS II LLC		ORO, NC 2740			
			T T T T T T T T T T T T T T T T T T T			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	,	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 364	Continued From page	36	V 364			
		2 00				
	his private use.					
		rights enumerated in G.S.				
	122C-51 through G.S					
	•	. 122C-61, each minor client				
		ment or habilitation in a				
		e right to have access to				
	proper adult supervisi	_				
		or's status as a developing				
	individual, the minor s					
		le him to mature physically,				
	emotionally, intellectu					
	_	of the physical, emotional,				
		turity of the minor, the				
	24-hour facility shall p					
	·	and control consistent with				
		minor pursuant to this Part.				
	-	where practical, make				
		ensure that each minor				
		ent apart and separate from ne treatment needs of the				
	minor client dictate of					
		o is receiving treatment or				
		-hour facility has the right to:				
		nd consult with his parents or				
	` '	cy or individual having legal				
	custody of him;	oy or individual having logal				
		sult with, at his own expense				
	• •	esponsible person and at no				
	cost to the facility, leg					
		ental health, developmental				
	· ·	nce abuse professionals, of				
		onsible person's choice; and				
		sult with a client advocate, if				
	there is a client advoc					
		n this subsection may not be				
		ty and each minor client				
	<u>-</u>	ghts at all reasonable times.				
		ed in subsections (e) and (h)				
	• • •	ningr client who is receiving				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLE	
	MHL0411083	B. WING		05/2	1/2020
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLESSED ALMS II LLC	3909 BEAR	S CREEK ROA	AD		
BLESSED ALMS II LLC	GREENSB(	ORO, NC 2740	06		
PREFIX (EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364 Continued From page	37	V 364			
treatment or habilitation the right to:  (1) Make and received distance calls shall be time of making the call receiving party; (2) Send and received writing materials, post when necessary; (3) Under appropriativisitors between the high p.m. for a period of at hours of which shall be visiting shall not take therapies; (4) Receive special extraining in accordance (5) Be out of doors direcreation, and physicibasis in accordance (6) Except as prohibit personal clothing and appropriate supervision held to determine cap G.S. 15A-1002; (7) Participate in religing (8) Have access to in the safekeeping of personal clothing and appropriate supervision held to determine cap G.S. 15A-1002; (7) Participate in religing (8) Have access to an of his own money; and (10) Retain a driver's in prohibited by Chapter (e) No right enumeration of the clied plan. A written statem	e telephone calls. All long paid for by the client at the lor made collect to the mail and have access to tage, and staff assistance e supervision, receive ours of 8:00 a.m. and 9:00 least six hours daily, two e after 6:00 p.m.; however precedence over school or education and vocational with federal and State law; aily and participate in play, cal exercise on a regular vith his needs; ted by law, keep and use possessions under on, unless the client is being acity to proceed pursuant to gious worship; ndividual storage space for resonal belongings; nd spend a reasonable sum	V 304			

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DIVISION	of Health Service Regu	lation	•			
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SU	IRVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			_			
		MHL0411083	B. WING		05/21	/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREETAD	DRESS, CITY, STA	ITE, ZIP CODE		
BI ESSED	ALMS II LLC	3909 BEA	RS CREEK RO	AD		
BLESSED	ALIVIS II LLC	GREENSI	BORO, NC 2740	06		
0/10/15	SLIMMADV ST	ATEMENT OF DEFICIENCIES	15	PROVIDER'S PLAN OF CORRECTION	N	0(5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
V 364	Continued From page	e 38	V 364			
		ed to the client's treatment or				
		restriction is effective for a				
		30 days. An evaluation of				
	each restriction shall	be conducted by the				
	qualified professional	at least every seven days,				
	at which time the rest	riction may be removed.				
	Each evaluation of a	restriction shall be				
	documented in the cli	ent's record. Restrictions on				
	rights may be renewe					
	•	the qualified professional in				
	_	t states the reason for the				
		tion. In the case of an adult				
		en adjudicated incompetent,				
		n initial restriction or renewal				
	~	ts, an individual designated				
	by the client shall, upo	on the consent of the client,				
	be notified of the restr	riction and of the reason for				
	it. In the case of a mir	nor client or an incompetent				
		y responsible person shall				
		stance of an initial restriction				
		ction of rights and of the				
	reason for it. Notificat	•				
		S .				
		esponsible person shall be				
	documented in writing	g in the client's record.				
	This Rule is not met	as evidenced by:				
		and record review the facility				
		cy during telephone calls;				
	•	inicate and consult with				
	•	and made clients attend				
		cting 1 of 1 current client				
	,	former clients (FC) (FC #2,				
	FC #3, and FC #4). T	The findings are:				
			1	1		

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Review on 3/31/20 of client #1 record revealed:

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
			_			
			B. WING			
		MHL0411083	D. WING		05/2	21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
			ARS CREEK ROA	•		
BLESSED	ALMS II LLC					
			BORO, NC 2740			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		COMPLETE DATE
IAG		200 102	IAG	DEFICIENCY)	W	
			+			
V 364	Continued From page	∍ 39	V 364			
	- Admission Date: 1/2	24/20				
	_	n Deficit Hyperactivity				
		tive Mood Dysregulation				
	Disorder					
	- Age: 15 years-old					
		s Person-Centered Profile				
	, , ,	20 revealed: "has a history				
		d a previous group home				
		has a history of suicidal				
	ideation and harming	herself."				
	-No documentation of	f the need to limit phone				
		alls needed to be monitored.				
	Review on 5/7/20 of F	FC #2's record revealed:				
	- Admission Date: 11/	/13/19				
	- Discharge Date: 2/5	5/20				
	- Diagnoses: Major D	epressive Disorder;				
		and Post-Traumatic Stress				
	Disorder					
	- Age: 16 years-old					
		Person-Centered Profile				
		20 revealed: "has a long				
	, , , ,	ervices including Outpatient				
		e In-Home services. Client is				
		(Department of Juvenile				
		aviors have been increasing,				
		g away, making threats,				
	_					
		ehavior, fighting, stealing and				
	truancy issues."	f the need to limit phone				
		•				
	calls or that phone ca	alls needed to be monitored.				
	Daview en 2/24/20 ef	5 F.C. #315 massed massed adv				
		f FC #3's record revealed:				
	- Admission Date: 10/					
	- Discharge Date: 1/8					
	- Diagnoses: Unspeci					
	I	Mood Dysregulation Disorder				
	- Age: 15 years-old					
	- Review of FC #3's F	Person-Centered Profile				

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(PCP) updated 12/12/19 revealed: "She has

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STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			-		
			B. WING		0.5/0.4/0.000
		MHL0411083	B. W		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		3909 BE	ARS CREEK RO	AD	
BLESSED	ALMS II LLC	GREENS	BORO, NC 274	06	
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	V (X5)
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	( - /
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE DATE
				DEFICIENCY)	
V 364	Continued From page	e 40	V 364		
	refused to participate in treatment, refused to				
		emonstrated complete			
	non-compliance, with				
		demonstrated verbal and			
		with some threatening			
	behaviors."	•			
	- Medical/Dental Con-	cerns: "None reported."			
	-No documentation of	f the need to limit phone			
	calls or that phone ca	Ills needed to be monitored.			
		FC #4's record revealed:			
	- Admission Date: 11/				
	- Discharge Date: 1/8				
	- Diagnoses: Major D				
	Attention Deficit Hype				
		s Disorder; and Sexual			
	Abuse of a Child (Vic	tim)			
	- Age: 14 years-old				
		f the need to limit phone			
		Ills needed to be monitored.			
	Finding #1:				
	Interview on 4/2/20 w	rith client #1 revealed:			
	- Phone calls can be				
	Wednesday and Frida	• •			
	- Her phone calls are	•			
		d to make private phone			
	calls.				
	- She was not allowed	d to talk to her legal guardian			
	privately.				
	Interview 3/31/20 and	I 4/16/20 with FC #3			
	revealed:				
		ne group home, her phone			
		and limited to 5 minutes.			
		elephone calls on the			
	weekends.				
		el (Psychiatric Residential			
		nd they (staff) give us more			
	time here (to make ca	alls) than they did there."			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL0411083	B. WING		05/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
DIECCED	ALMS II LLC	3909 BEA	RS CREEK RO	AD	
DLESSED	ALIVIS II LLC	GREENSI	BORO, NC 2740	06	
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 364	Continued From page	e 41	V 364		
	had to be made in the - She could not make bedroom She was allowed to call, two times during Interview on 4/22/20 or Professional #1/Licer - Telephone calls are - The clients do not he goals/strategies that is be monitored New clients can mal Monday, Wednesday - Clients who have be 10-minute calls Monday - Clients who have in get an additional 5 mi	ne group home, phone calls exitchen or den. a telephone call in her make a 5-minute telephone the week. with the Qualified asee (QPL) revealed: monitored by staff. ave treatment indicate phone calls should ke 5-minute phone calls on and Friday. een on level 1 can make lay-Friday. creased in the level system			
	Finding #2				
	Interview on 4/16/20 v - The clients were ma - "If [the APL #2] said church, we were goin	nde to attend church. we were going to go to			
	(APL #2) and the QPI was atheist and force				

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- The clients attended church. There was one

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			D. WING			
		MHL0411083	B. WING		05/2	1/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
BLESSED	ALMS II LLC		RS CREEK RO			
			ORO, NC 2740		1	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	Continued From page 42		V 364			
	had to attend.  - "The rules changed depending on how material depending on the rules of the same of the	hose to go to church they we going to church?' n out to eat. If they don't they have the option to sit in if the church."  with the QPL revealed: same church he and the ced to attend church. to go and for those who ch we have a staff stay here with them. We have them sit or we have a section in the //e always take them out to				
V 367	27G .0604 Incident R	eporting Requirements	V 367			
	level II incidents, excethe provision of billab consumer is on the princidents and level II to whom the provider 90 days prior to the ir responsible for the caservices are provided	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within acident to the LME tchment area where				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0411083	B. WING		05/2	1/2020
	ROVIDER OR SUPPLIER	3909 BEAR	RESS, CITY, STA S CREEK ROA DRO, NC 2740	AD		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	in person, facsimile of means. The report shiftermation:  (1) reporting projection information:  (2) client identification information:  (3) type of incidentification information:  (4) description of the cause of the incident;  (6) other individence or responding.  (b) Category A and B missing or incomplete shall submit an update report recipients by the day whenever:  (1) the provider information provided information provided information provided information provided information incident unavailable.  (c) Category A and B upon request by the Lobtained regarding the conformation;  (2) reports by of all level III incident Mental Health, Development of the providers shall send as information and the providers shall send as information and the providers shall send as information and the providers shall send as information;	m provided by the t may be submitted via mail, or encrypted electronic hall include the following covider contact and ion; circation information; lent; of incident; effort to determine the and duals or authorities notified a providers shall explain any enformation. The provider ed report to all required he end of the next business or has reason to believe that in the report may be go or otherwise unreliable; or obtains information ent form that was previously providers shall submit, and, other information he incident, including: ords including confidential of the rauthorities; and of the services within 72 hours of he incident. Category A	V 367			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,		CONSTRUCTION	(X3) DATE S COMPLE	
		MHL0411083	B. WING		05/2	1/2020
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA			
BLESSED	ALMS II LLC		ORO, NC 2740			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 367	becoming aware of the client death within several or restraint, the provide immediately, as requisioned and 10A NCAC (e) Category A and Be report quarterly to the catchment area where The report shall be subly the Secretary via expectation include summary information of a level II (2) restrictive in the definition of a level (3) searches of (4) seizures of the possession of a control of the possessio	ation within 72 hours of the incident. In cases of wen days of use of seclusion ther shall report the death red by 10A NCAC 26C to 27E .0104(e)(18). To providers shall send a to LME responsible for the the services are provided. The improvided on a form provided the electronic means and shall rmation as follows: the errors that do not meet the tor level III incident; the reventions that do not meet the III or level III incident; the client or his living area; client property or property in the indicating that there have cidents whenever no the double of the death the indicating the quarter that the as set forth in Paragraphs to the responsible of the death the indicating the quarter that the as set forth in Paragraphs the and Subparagraphs (1)	V 367			
	failed to report all Lev during the provision of	as evidenced by:  nd record review, the facility  rel II incidents that occurred  if billable services to the  nent Entity) within 72 hours				

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Division o	of Health Service Regu	lation	_			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SI	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			_			
			B WING			
		MHL0411083	B. WING		05/2	1/2020
NAME OF D	ROVIDER OR SUPPLIER	STDEET AF	DRESS, CITY, STA	TE ZID CODE		
NAME OF FI	NOVIDER OR SUFFLIER		, ,	,		
BI ESSED	ALMS II LLC	3909 BEA	RS CREEK RO	AD		
5220025	7.1 II 220	GREENS	BORO, NC 2740	06		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
				DEFICIENCY)		
V 367	Continued From page	. 45	V 367			
	Continued From page	2 -10	* 557			
	of becoming aware of	f the incident. The findings				
	are:	•				
	Finding #1					
	Interview on 4/22/20	with the QPL revealed:				
		sure how FC #3 hurt her				
	foot in December 201					
	= =					
	- Denied he pushed F					
		g up and down the hill at				
		#3] hurt her foot at [prior				
		aid she slipped on the stairs				
	at [the sister facility]."					
	- "We didn't do an inc	ident report. [FC #3] said				
	she slipped on the ste	eps that was all."				
	Finding #2					
	Interview on 4/22/20	with the QPL revealed:				
	- He did not know wh	en FC #2 cut the word "Die"				
	and other symbols or					
		word "Die" and other				
	symbols on her arm v					
	-	n the wound by staff #3				
	•	-				
	"because [FC #2] was					
		by a medical provider for				
	the wound.					
		It had healed over. She				
	never complained abo					
	- An incident report w	as not completed.				
	Finding #3					
	Interview on 4/22/20	with the QPL revealed:				
		2020, client #1 stood next to				
		ZUZU, CIIEHT # I STOOD HEXT TO				
	the front door.					
		t "we could not stand here				
	and let all the heat ou	ıt."				

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- He closed the door 3 or 4 times when client #1

"stuck her foot in the door."

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION  A. BUILDING:  A. BUILDING:			(X3) DATE SURVEY COMPLETED			
		MHL0411083	B. WING		05	/21/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STAT	E, ZIP CODE		
BLESSED	ALMS II LLC		ARS CREEK ROA BORO, NC 2740			
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 367	- He called the police - "Every time I tried to would stick her foot ir foot in the door becau something. I was just had on crocks."	close the door [client #1] in the door. She stuck her use she was mad about trying to close the door. She ned about her foot being led.	V 367			

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