		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		MHL007-053	B. WING		09/	04/2020
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
NOODEI	D ACRES #1		RRY ROAD TON, NC 278	389		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	S	V 000			
	4, 2020. The comp # NC00167124). D This facility is licens category: 10A NCA	was completed on September laint was substantiated (intake eficiencies were cited. sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 291	27G .5603 Supervis	sed Living - Operations	V 291			
	six clients when the developmental disa on June 15, 2001, a than six clients at th provide services at licensed capacity. (b) Service Coordin maintained between qualified profession treatment/habilitatio (c) Participation of Responsible Person provided the opport relationship with he means as visits to t the facility. Reports annually to the pare legally responsible Reports may be in conference and sha progress toward me (d) Program Activit activity opportunitie needs and the treat Activities shall be d inclusion. Choices	O3 OPERATIONS sility shall serve no more than a clients have mental illness or bilities. Any facility licensed and providing services to more nat time, may continue to no more than the facility's nation. Coordination shall be in the facility operator and the als who are responsible for on or case management. the Family or Legally in. Each client shall be unity to maintain an ongoing r or his family through such he facility and visits outside is shall be submitted at least ent of a minor resident, or the person of an adult resident. writing or take the form of a all focus on the client's eeting individual goals. ies. Each client shall have is based on her/his choices, ment/habilitation plan. esigned to foster community may be limited when the court wolved or when health or				

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL007-053	B. WING		09/	04/2020
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
VOODE	D ACRES #1		ERRY ROAD GTON, NC 27	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 291	Continued From pa	age 1	V 291			
	safety issues becor	me a primary concern.				
	Based on record re facility failed to ens clients than the nur is licensed to provio	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure it would serve no more clients than the number and capacity for which it is licensed to provide. The findings are:				
		of the facility's license issued lealth Service Regulation was /2020 revealed:				
	completed by the A - Six current clients	of the Client Census form dministrator revealed: resided at the facility. (FC) had been discharged ths (FC #7).				
	18 months. - Six clients resideo - There were sever	with agency for approximately				
	<ul> <li>She had resided v</li> <li>5-6 years.</li> <li>Six clients resided</li> <li>FC #7 had been limonth."</li> </ul>	iving at facility until "this nts residing at the residence				
	Interview on 8/26/2 - Six clients resided ealth Service Regulation					

STATE FORM

Division	of Health Service Re	egulation			1 ONW	APPROVED
	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL007-053	B. WING		09/	04/2020
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WOODE	D ACRES #1		ERRY ROAD GTON, NC 278	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 291	Continued From pa	200 2	V 291	DEFICIENC	Y)	
V 291	- One FC(FC #&7 the last week.	) had been discharged over nts residing at the residence	V 291			
	the last week.	d at the facility. ) had been discharged over nts residing at the residence				
	(QP) stated: - One FC (FC #&7 the last two weeks.	0 the Qualified Professional ) had been discharged over n how many clients resided at				
	- FC #7 resided at t - There were 7 resi while FC #7 was liv - Residential chang	0 the Administrator stated: facility until the past month. idents residing at the facility ving there. ges had been made to maintair sion with COVID 19 concerns.	n			
V 364	G.S. 122C- 62 Add Facilities	ditional Rights in 24 Hour	V 364			
	Facilities. (a) In addition to th 122C-51 through G who is receiving tre 24-hour facility kee (1) Send and received access to writing massistance when ne	ive sealed mail and have naterial, postage, and staff				

			(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
ND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
MF		MHL007-053	B. WING		09/	04/2020
IAME OF I	OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
	D ACRES #1	3706 CHI	ERRY ROAD			
VOODE	DACKES #1	WASHIN	GTON, NC 27	889		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLET
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	DATE
V 364	Continued From pa	ge 3	V 364			
	and at no cost to th	- e facility, legal counsel, private				
	physicians, and priv					
		bilities, or substance abuse				
	professionals of his					
		nsult with a client advocate if				
	there is a client adv					
		l in this subsection may not be sility and each adult client may				
		is at all reasonable times.				
	(b) Except as provided in subsections (e) and (h)					
	of this section, each adult client who is receiving					
		ation in a 24-hour facility at all				
	times keeps the rig					
		ive confidential telephone nce calls shall be paid for by				
		e of making the call or made				
	collect to the receiv					
	(2) Receive visitors	between the hours of 8:00				
		for a period of at least six				
		urs of which shall be after 6:00				
	over therapies;	ng shall not take precedence				
	•	and meet under appropriate				
		lividuals of his own choice				
	upon the consent o					
		side the custody of the facility				
	unless:					
		roceedings were initiated as ent's being charged with a				
		ling a crime involving an				
	assault with a dead					
		ind not guilty by reason of				
	insanity or incapabl	e of proceeding;				
		voluntarily admitted or				
		cility while under order of				
		prrectional facility of the prection of the Department of				
	Public Safety; or					
		ing held to determine capacity				
			1			

	of Health Service Re			CONSTRUCTION		
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
MHL00		MHL007-053	B. WING	B. WING		04/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
NOODEI	D ACRES #1		ERRY ROAD GTON, NC 278	389		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENCY	YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 364	Continued From pa	ge 4	V 364			
	to proceed pursuan	t to G.S. 15A-1002:				
		expressly authorize visits				
		d by the existence of the				
		ed by this subdivision;				
	(5) Be out of doors	daily and have access to				
	facilities and equipment for physical exercise					
	several times a week;					
	(6) Except as prohibited by law, keep and use					
	personal clothing and possessions, unless the					
	client is being held to determine capacity to					
	proceed pursuant to G.S. 15A-1002;					
	<ul> <li>(7) Participate in religious worship;</li> <li>(8) Keep and spend a reasonable sum of his</li> </ul>					
	(8) Keep and spend a reasonable sum of his					
	own money; (9)  Retain a driver's license, unless otherwise					
		ter 20 of the General Statutes;				
	and	,				
	(10)Have access to	individual storage space for				
	his private use.					
		e rights enumerated in G.S.				
		.S. 122C-57 and G.S.				
		.S. 122C-61, each minor clien	t			
		atment or habilitation in a				
		the right to have access to ision and guidance. In				
	· · ·	ninor's status as a developing				
	individual, the mino					
		able him to mature physically,				
	emotionally, intelled					
		v of the physical, emotional,				
		naturity of the minor, the				
		l provide appropriate				
		on and control consistent with				
		he minor pursuant to this Part.				
		o, where practical, make				
		o ensure that each minor				
		ment apart and separate from				
		the treatment needs of the				
	minor client dictate	othonwico				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL007-053	B. WING		09/	04/2020
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		•
VOODE	D ACRES #1		ERRY ROAD GTON, NC 278	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 364	Continued From pa	-	V 364			
	<ul> <li>habilitation from a 2</li> <li>(1) Communicate a guardian or the age custody of him;</li> <li>(2) Contact and co or that of his legally cost to the facility, I physicians, private disabilities, or subs his or his legally res (3) Contact and co there is a client adv The rights specified restricted by the fac may exercise these (d) Except as prov of this section, each treatment or habilitat the right to:</li> <li>(1) Make and rece distance calls shall time of making the receiving party;</li> <li>(2) Send and receiving materials, p when necessary;</li> <li>(3) Under appropriation visitors between the p.m. for a period of hours of which shavisiting shall not tak therapies;</li> <li>(4) Receive special training in accordance</li> </ul>	d in this subsection may not be cility and each minor client e rights at all reasonable times, ided in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has ive telephone calls. All long be paid for by the client at the call or made collect to the ive mail and have access to ostage, and staff assistance ate supervision, receive e hours of 8:00 a.m. and 9:00 at least six hours daily, two Il be after 6:00 p.m.; however ate precedence over school or al education and vocational nee with federal and State law; a daily and participate in play, isical exercise on a regular				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVE COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL007-053	B. WING		09/	04/2020
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST			
VOODE	D ACRES #1					
			GTON, NC 278		0000000000	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 364	Continued From pa	ge 6	V 364			
	personal clothing ar	nd possessions under				
		sion, unless the client is being				
		apacity to proceed pursuant to	)			
	G.S. 15A-1002;					
	(7) Participate in re	individual storage space for				
		personal belongings;				
		and spend a reasonable sum				
	of his own money; a	f his own money; and				
		(10)Retain a driver's license, unless otherwise				
	prohibited by Chapter 20 of the General Statutes. (e) No right enumerated in subsections (b) or (d)					
		this section may be limited or restricted except				
		fessional responsible for the				
	formulation of the c	lient's treatment or habilitation				
		ment shall be placed in the				
		ndicates the detailed reason he restriction shall be				
		ated to the client's treatment of	-			
		A restriction is effective for a				
		d 30 days. An evaluation of				
		II be conducted by the				
		al at least every seven days,				
		striction may be removed. a restriction shall be				
		client's record. Restrictions on				
		ved only by a written				
		by the qualified professional in				
		nat states the reason for the				
		iction. In the case of an adult				
		been adjudicated incompetent, an initial restriction or renewal				
		phts, an individual designated				
	by the client shall, u	ipon the consent of the client,				
		striction and of the reason for				
		ninor client or an incompetent				
		ally responsible person shall instance of an initial restriction				

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED
		MHL007-053	B. WING		09/	04/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WOODE	D ACRES #1		ERRY ROAD GTON, NC 278	889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ige 7	V 364			
	individual or legally	cation of the designated responsible person shall be ing in the client's record.				
	facility failed to ens access to personal	views and interviews, the ure the restriction of client property was documented and of for two of three audited				
	<ul> <li>47-year-old female</li> <li>Admission date of</li> <li>Diagnoses of Mild</li> <li>Disability, Schizoph</li> <li>Hypothyroidism, an</li> <li>No required docur</li> </ul>	f 6/17/20. I Intellectual Developmental Irenia, Renal Insufficiency,				
	<ul> <li>48-year-old female</li> <li>Admission date of</li> <li>Diagnoses of Mild</li> <li>Disability, Obesity,</li> <li>No required docur</li> </ul>	f 8/10/16. I Intellectual Developmental				
	Profile revealed: - "[Client #6] will tur	of client #6's Person Centered n in her cell phone at 8pm and staff will return phone by ing."				

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL007-053	B. WING		09/	04/2020
	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		0 1/2020
	D ACRES #1	3706 CH	ERRY ROAD			
NOODL	DACKES #1	WASHIN	GTON, NC 278	89		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ge 8	V 364			
	<ul> <li>She used a perso</li> <li>She had to turn he staff at approximate</li> <li>Interview on 8/26/20</li> <li>She had resided a</li> <li>She used a perso</li> <li>She had to turn he staff at approximate evening.</li> </ul>	at the facility for 2-3 months. nal cell phone to make calls. er personal cell phone in to ely 7:30pm every evening. O and 8/28/20 client #6 stated: at the facility for 5 or 6 years. nal cell phone to make calls. er personal cell phone in to ely 7:30pm - 8:00pm every to sit in the living room when				
	6 months. - Client #4 and #6 v personal cell phone - Cell phones were morning.	It the facility for approximately were required to turn in their as at 8pm to avoid disruptions. returned the following use was not restricted to any				
	13 years. - Clients were requi cell phones at 8pm - Cell phones were morning.	t the facility for approximately red to turn in their personal as a house rule. returned the following use was not restricted to any				
	stated:	0 the Qualified Professional t the facility for approximately				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL007-053	B. WING		09/	04/2020
AME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE, ZIP CODE		
VOODE	D ACRES #1		ERRY ROAD GTON, NC 278	89		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	<ul> <li>Clients were required in the phones at apprevening.</li> <li>Client cell phone user in the phone.</li> <li>Client #6's cell phone user in the phone.</li> <li>Client #6's cell phone user in the phone.</li> <li>Client #6's cell phone user in the phone.</li> <li>She did not believer in the second second</li></ul>	red to turn in their personal oximately 7:30pm each use was restricted in the ent #6 staying up all night on one use was causing sleep bsequently disrupting her daily e client cell phone use was cation in the house. 0 the Facility Administrator lk on the phone late at night, ult to wake her up the next ent #6 turn her phone in every use was not restricted to any e. requirements for restricting				