(X6) DATE

If continuation sheet 1 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD **WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 000 INITIAL COMMENTS V291 V 000 A complaint survey was completed on September Quin's 4, 2020. The complaint was substantiated (intake # NC00167124). Deficiencies were cited. Implemented 8/31/2020 This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. V 291 27G .5603 Supervised Living - Operations V 291 only reside in 10A NCAC 27G .5603 **OPERATIONS** (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the ty may llakest qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices. needs and the treatment/habilitation plan. Activities shall be designed to foster community the resident inclusion. Choices may be limited when the court or legal system is involved or when health or 0 Mena Division of Health Service Regulation

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JM2611

TITLE

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATE FORM

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3706 CHERRY ROAD WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 | Continued From page 1 V 291 within the safety issues become a primary concern. 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: Review on 8/19/20 of the facility's license issued by the Division of Health Service Regulation was valid through 12/31/2020 revealed: - Capacity: 6. Review on 8/24/20 of the Client Census form completed by the Administrator revealed: - Six current clients resided at the facility. - One former client (FC) had been discharged over the last 6 months (FC #7). Interview on 8/26/20 client #4 stated: - She had resided with agency for approximately 18 months. - Six clients resided at the facility. - There were seven clients at the facility prior to former client (FC #7) being discharged "the other day." Interview on 8/26/20 and 8/28/20 client #6 stated: - She had resided with agency for approximately 5-6 years. - Six clients resided at the facility. - FC #7 had been living at facility until "this month." - There were 7 clients residing at the residence prior to FC #7's discharge. Interview on 8/26/20 staff #1 stated: Six clients resided at the facility.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD **WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 291 | Continued From page 2 V 291 - One FC (FC #&7) had been discharged over the last week. - There were 7 clients residing at the residence prior to FC #7's discharge. Interview on 8/26/20 staff #2 stated: - Six clients resided at the facility. - One FC (FC #&7) had been discharged over the last week. - There were 7 clients residing at the residence prior to FC #7's discharge. Interview on 8/27/20 the Qualified Professional (QP) stated: - One FC (FC #&7) had been discharged over the last two weeks. - She was uncertain how many clients resided at the residence. V364 y.S. 120C-62 itionals lights Interview on 8/28/20 the Administrator stated: - FC #7 resided at facility until the past month. - There were 7 residents residing at the facility while FC #7 was living there. Residential changes had been made to maintain safety and supervision with COVID 19 concerns. V 364 G.S. 122C- 62 Additional Rights in 24 Hour V 364 **Facilities**

Facilities.

§ 122C-62. Additional Rights in 24-Hour

24-hour facility keeps the right to:

assistance when necessary;

(a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a

(1) Send and receive sealed mail and have access to writing material, postage, and staff

(2) Contact and consult with, at his own expense

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3706 CHERRY ROAD WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 3 V 364 and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals: (4) Make visits outside the custody of the facility thacked is a cope unless: a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding: The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the

Public Safety: or

Division of Adult Correction of the Department of

c. The client is being held to determine capacity

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD **WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 4 V 364 to proceed pursuant to G.S. 15A-1002: A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed 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: (7) Participate in religious worship: (8) Keep and spend a reasonable sum of his own money; (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; (10) Have access to individual storage space for his private use. The apred (c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD **WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 364 Continued From page 5 V 364 Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to: (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; (2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary: (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies: (4) Receive special education and vocational training in accordance with federal and State law: (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular

basis in accordance with his needs:

(6) Except as prohibited by law, keep and use

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION (X3) DATE COM		TE SURVEY MPLETED
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	personal clothing ar appropriate supervisheld to determine car G.S. 15A-1002; (7) Participate in ref (8) Have access to the safekeeping of p (9) Have access to of his own money; a (10)Retain a driver's prohibited by Chapte (e) No right enumer of this section may be by the qualified profeformulation of the cliplan. A written stater client's record that in for the restriction. The reasonable and relat habilitation needs. A period not to exceed each restriction shall qualified professional at which time the reseach evaluation of a documented in the clights may be renewed statement entered by the client's record that renewal of the restriction of right by the client shall, up be notified of the restriction of right by the client, the legality be notified of each instance of a mit adult client, the legality be notified of each instance of each insta	and possessions under sion, unless the client is being apacity to proceed pursuant to digious worship; individual storage space for personal belongings; and spend a reasonable sum and license, unless otherwise er 20 of the General Statutes, ated in subsections (b) or (d) be limited or restricted except essional responsible for the ent's treatment or habilitation ment shall be placed in the dicates the detailed reason be restriction is effective for a 30 days. An evaluation of be conducted by the I at least every seven days, triction may be removed. restriction shall be ient's record. Restrictions on	V 364			

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: __ COMPLETED. B. WING MHL007-053 09/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **3706 CHERRY ROAD WOODED ACRES #1** WASHINGTON, NC 27889 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 364 Continued From page 7 V 364 reason for it. Notification of the designated individual or legally responsible person shall be documented in writing in the client's record. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the restriction of client access to personal property was documented and reviewed as required for two of three audited clients (#4 and #6). The findings are: Review on 8/28/20 of client #4's record revealed: - 47-year-old female. - Admission date of 6/17/20. - Diagnoses of Mild Intellectual Developmental Disability, Schizophrenia, Renal Insufficiency, Hypothyroidism, and Diabetes. - No required documentation of the restriction of client #4's personal cell phone during the evenings. Review on 8/28/18 of client #6's record revealed: - 48-year-old female. - Admission date of 8/10/16. - Diagnoses of Mild Intellectual Developmental Disability, Obesity, and Diabetes. - No required documentation of the restriction of

Division of Health Service Regulation

evening.

Profile revealed:

8pm the next morning."

client #6's personal cell phone at 8pm every

- "[Client #6] will turn in her cell phone at 8pm each night to staff and staff will return phone by

Review on 8/28/20 of client #6's Person Centered

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND FEAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	PLETED
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Interview on 8/26// - She had resided - She used a pers - She had to turn is staff at approxima Interview on 8/26// - She had resided - She used a pers - She had to turn is staff at approxima evening She was required using her cell photo Interview on 8/26// - She had worked 6 months Client #4 and #6 personal cell phone - Cell phones were morning Client cell phone	Interview on 8/26/20 client #4 stated: - She had resided at the facility for 2-3 months She used a personal cell phone to make calls She had to turn her personal cell phone in to staff at approximately 7:30pm every evening. Interview on 8/26/20 and 8/28/20 client #6 stated: - She had resided at the facility for 5 or 6 years She used a personal cell phone to make calls She had to turn her personal cell phone in to staff at approximately 7:30pm - 8:00pm every evening She was required to sit in the living room when using her cell phone. Interview on 8/26/20 staff #1 stated: - She had worked at the facility for approximately 6 months Client #4 and #6 were required to turn in their personal cell phones at 8pm to avoid disruptions Cell phones were returned the following				
13 years.	at the facility for approximately ired to turn in their personal				
 Cell phones were morning. 	returned the following use was not restricted to any				
stated:	0 the Qualified Professional at the facility for approximately				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

NAME OF PROVIDER OR SUPPLIER MHL007-053 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 3708 C THERRY ROAD WASHINGTON, NC 27888 PROVIDERS #1 SUMMARY STATEMENT OF DEFICIENCES EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH DEFICIENCY OR USE DENTERING BY FORMATION) V 364 Continued From page 9 - Client swere required to turn in their personal cell phones at approximately 7:30pm each evening Client cell phone use was restricted in the evenings due to client #6 staying up all night on the phone Client #6's cell phone use was causing sleep disturbance and subsequently disrupting her daily activities She did not believe client cell phone use was restricted to any location in the house. Interview on 8/26/20 the Facility Administrator stated: - Client #6 would talk on the phone late at night, which made it difficult to wake her up the next morning The facility had client #6 turn her phone in every evening Client cell phone use was not restricted to any location in the house She would review requirements for restricting personal property of clients.	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3706 CHERRY ROAD WASHINGTON, NC 27889 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 9 - Client were required to turn in their personal cell phone use was restricted in the evenings due to client #6 staying up all night on the phone. - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient H6 staying up all night on the phone). - Client (Each Delicient Each Deli	AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:				
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SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) COMPLETE DEFICIENCY) V 364 Continued From page 9 V 364 - Clients were required to turn in their personal cell phones at approximately 7:30pm each evening. - Client cell phone use was restricted in the evenings due to client #6 staying up all night on the phone. - Client f6's cell phone use was causing sleep disturbance and subsequently disrupting her daily activities. - She did not believe client cell phone use was restricted to any location in the house. Interview on 8/26/20 the Facility Administrator stated: - Client #6 would talk on the phone late at night, which made it difficult to wake her up the next morning. - The facility had client #6 turn her phone in every evening. - Client cell phone use was not restricted to any location in the house. - She would review requirements for restricting	WOODE	D ACRES #1					
PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 9 - Clients were required to turn in their personal cell phones at approximately 7:30pm each evening. - Client cell phone use was restricted in the evenings due to client #6 staying up all night on the phone. - Client #6's cell phone use was causing sleep disturbance and subsequently disrupting her daily activities. - She did not believe client cell phone use was restricted to any location in the house. Interview on 8/26/20 the Facility Administrator stated: - Client #6 would talk on the phone late at night, which made it difficult to wake her up the next morning. - The facility had client #6 turn her phone in every evening. - Client cell phone use was not restricted to any location in the house. - She would review requirements for restricting				STON, NC 2	27889		
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Resident Forum

Date: 9/22/2020

Called to Order: 1pm

Location: Day program (QP) office

In Attendance: Russ Hass (QP), Four Residents:

Topic: Cell Phone use policy

Discussion: How can we as a group manage cell phone usage to ensure compliance with facility policy.

If you are hard getting up or have behaviors because of phone with guardian permission loss of phone for 3 days, each offense.

Talk to resident first offense, 2nd offense take phone for two weeks.

Guardian involvement first offense, take phone 3 days next offense with guardian consent.

After three days of having issues getting up, bad behaviors or undone task loss of cell phone for 24 hrs. Continued non-compliance at discretion of guardian.

After individual input, we discussed all the different ways to help prevent future problems with the policy and not impede resident rights, the following agreement was made;

- 1. Facility Policy would change in sect: XVII (f and g) to state;
- (f) staff cannot take any personal items from residents without management approval.
- (g) The people on the committee are the Qualified Professional (QP) and three dully elected residents.
- 2. Declaration of Resident's Rights would be changed as follows:

FROM; "Resident shall have access, at any reasonable hour, to a telephone where he/she may speak privately. House phone hours will be from 8 am-8pm. Residents will be allowed to have a personal cell phone, between the hours of 8am. & 8pm. All residents, will need to agree to let the staff secure the phone in a locked, and secured location, between the hours of 8pm. & 8am. If for any reason, the resident does not agree to these terms, the right will be revoked, and the client will not have the right to possess a cell phone on the premises of Wooded Acres"

TO; "Resident shall have access, at any reasonable hour, to a telephone where he/she may speak privately. House phone hours will be from 8 am-8pm. Residents will be allowed to have a personal cell phone, However, a forum comprised of four residents and The Qualified Professional have provided the following instruction in reference to cell phone usage; If resident has three days of behaviors associated with lack of sleep, hard to get up or refusing to complete tasks then their cell phone will be taken for twenty-four hours. 2nd offence, cell phone will be

taken for up to three days after consultation with guardian or responsible person. 3^{rd} offense loss of privilege to have cell phone during hours of sleep."

Meeting Adjourned: 2pm

	Date
	Date9/20/20
	Date
	- 9/22/2020
Russ Hass BS, CPSS, QP	Date

CORRECTIVE ACTION

Pursuant to corrective action V 364, G.S. 122 C-62 Additional Rights for 24- hour Facilities, dated 9/4/2020, the following corrections have been made.

- Facility policy has been changed in section XVII (f, g) to include (f) that no staff can restrict or take personal items from residents without management approval. (g) A clients rights committee will meet yearly or as necessary to discuss our policies and client rights issues. The people on this committee are the Qualified Professional (QP) and three dully elected residents.
- 2. Declaration of Resident's Rights, have been modified

0.00

FROM; "Resident shall have access, at any reasonable hour, to a telephone where he/she may speak privately. House phone hours will be from 8 am-8pm. Residents will be allowed to have a personal cell phone, between the hours of 8am. & 8pm. All residents, will need to agree to let the staff secure the phone in a locked, and secured location, between the hours of 8pm. & 8am. If for any reason, the resident does not agree to these terms, the right will be revoked, and the client will not have the right to possess a cell phone on the premises of Wooded Acres"

TO; "Resident shall have access, at any reasonable hour, to a telephone where he/she may speak privately. House phone hours will be from 8 am- 8pm. Residents will be allowed to have a personal cell phone, However, a forum comprised of four residents and The Qualified Professional have provided the following instruction in reference to cell phone usage; If resident has three days of behaviors associated with lack of sleep, hard to get up or refusing to complete tasks then their cell phone will be taken for twenty-four hours. 2nd offence, cell phone will be taken for up to three days after consultation with guardian or responsible person. 3rd offense loss of privilege to have cell phone during hours of sleep."



ROY COOPER . Governor

MANDY COHEN, MD, MPH · Secretary

MARK PAYNE · Director, Division of Health Service Regulation

September 17, 2020

Ms. Priscilla Hardison Ms. Wendy Jones Wooded Acres Guest Home, Inc. 3706 Cherry Road Washington, NC 27889

Re:

Complaint Survey completed September 4, 2020

Wooded Acres #1, 3706 Cherry Road, Washington, NC 27889

MHL# 007-053

E-mail Address: wjones@woodedacres.org

Intake #NC00167124

Dear Ms. Hardison and Ms. Jones:

Thank you for the cooperation and courtesy extended during the complaint survey completed September 4, 2020. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

Type of Deficiencies Found

Standard level deficiencies.

Time Frames for Compliance

Standard level deficiencies must be corrected within 60 days from the exit of the survey, which
is November 3, 2020.

What to include in the Plan of Correction

- Indicate what measures will be put in place to correct the deficient area of practice (i.e. changes
 in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH SERVICE REGULATION

LOCATION: 1800 Umstead Drive, Williams Building, Raleigh, NC 27603 MAILING ADDRESS: 2718 Mail Service Center, Raleigh, NC 27699-2718 www.ncdhhs.gov/dhsr • TEL: 919-855-3795 • FAX: 919-715-8078

September 17, 2020 Ms. Priscilla Hardison and Ms. Wendy Jones Wooded Acres Guest Home, Inc.

Send the <u>original</u> completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Gloria Locklear at 910-214-0350.

Sincerely,

Ryan Meredith

Facility Compliance Consultant I

Mental Health Licensure & Certification Section

Cc:

Leza Wainwright, Director, Trillium Health Resources LME/MCO

Fonda Gonzales, Interim Quality Management Director, Trillium Health Resources LME/MCO

Pam Pridgen, Administrative Assistant