STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL079-73	B. WING		C 10/21/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
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(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
	(Intake ID # NC001 and complaint Intak substantiated). A d	was completed on 10/21/20. 70302 was unsubstantiated te ID# NC00170690 was eficiency was cited.				
	category: 10A NCA	ed for the following service C 27G .1700 Residential cure for Children and				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be a paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter. (c) Paraprofession knowledge, skills ar population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence st exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin	edge; ess; ; g;				

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION		
F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	MHL079-73	B. WING		C 10/21/2020	
ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
	1115 ROS	SEMONT DRIV	/E		
USE	REIDSVI	LLE, NC 2732	0		
SUMMARY STATEMENT OF DEFICIENCIES		ID			(X5)
		TAG			COMPLET DATE
			DEFICIENC	Y)	
Continued From pa	ge 1	V 110			
	-				
plan upon mining ca					
This Rule, is not met as evidenced by:					
served for 1 of 8 staff (Former Staff (FS) #6). The					
findings are:					
) of Former Client (FC)#3's				
	/17/20				
	11720				
	sitional Defiant Disorder. Post				
· · · ·	0/12/20 - last revised				
	antiques to struggle in the				
committed to [area	mental health unit] due to				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa for the initiation of the blan upon hiring each for the initia	Revide OR SUPPLIER STREET AL USE 1115 RO: REIDSVI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES Continued From page 1 For the initiation of the individualized supervision oban upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on observation, interviews and records review the facility staff failed to demonstrate the knowledge, skills and ability for the population served for 1 of 8 staff (Former Staff (FS) #6). The findings are: Review on 10/13/20 of Former Client (FC)#3's revealed: Admission date: 9/17/20 Admission date: 9/17/20 Age: 17 Diagnoses: Oppositional Defiant Disorder, Post Traumatic Stress Syndrome (PTSD) Review on 10-13-20 of FC#3's Person Centered Plan (PCP) dated 10/12/20 - last revised revealed: '9/15/20 - [FC#3] continues to struggle in the nome and community setting. [FC#3] lacks a stable environment (home area environment) engage in treatment, enroll in school and to build rusting relationships. [FC#3] was involuntarily committed to [area mental health unit] due to aggressiveness towards staff and property destruction. She (FC#3) is medically and psychiatrically ready for discharged as of 9/15/20.	Construction Street ADDRESS, CITY, S USE 1115 ROSEMONT DRIV REIDSVILLE, NC 2732 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX TAG Continued From page 1 V 110 for the initiation of the individualized supervision plan upon hiring each paraprofessional. V 110 This Rule is not met as evidenced by: Based on observation, interviews and records review the facility staff failed to demonstrate the knowledge, skills and ability for the population served for 1 of 8 staff (Former Staff (FS) #6). The indings are: Review on 10/13/20 of Former Client (FC)#3's revealed: Admission date: 9/17/20 Age: 17 Diagnoses: Oppositional Defiant Disorder, Post Traumatic Stress Syndrome (PTSD) Review on 10-13-20 of FC#3's Person Centered Plan (PCP) dated 10/12/20 - last revised revealed: '9/15/20 - [FC#3] continues to struggle in the nome and community setting. 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[FC#3]'s family association continues	Initial by 573 Import Icovider on Supplier STREET ADDRESS, CITY, STATE, ZIP CODE USE 1115 ROSEMONT DRIVE REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG Continued From page 1 V 110 V 110 for the initiation of the individualized supervision lan upon hiring each paraprofessional. V 110 This Rule is not met as evidenced by: Based on observation, interviews and records eview the facility staff failed to demonstrate the snowledge, skills and ability for the population served for 1 of 8 staff (Former Staff (FS) #6). 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WING 10/ IOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE USE 1115 ROSEMONT DRIVE REIDSVILLE, NC 27320 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREINX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREINX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST (EACH DEFICIENCY WIST (EACH DEFICIENCY WIST REGULATORY OR LSC IDENTIFYING INFORMATION) ID PREINX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY WIST (EACH DEFICIENCY (EACH DEFICIENCIENCE (EACH DEFICIENCY (EA

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation			FURM	APPROVE
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	·····	COM	PLETED
	MHL079-73		B. WING		C 10/21/2020	
						21/2020
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, S			
FAITH H	OUSE		SEMONT DRIV LLE, NC 2732			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
V 110	Continued From pa	ige 2	V 110			
	9/23/20 - "Departm	ent of Social Services (DSS)				
		FC#3] came to group home to				
		3's] initial medication				
		intment with [Primary				
] told PCP that she was not				
		going to comply with her medication change and				
	was not going to take her new medication (Lamictal).					
	[FC#3] communicated with her Social Worker					
	that she is being disrespected and does not like					
	her current placement at Youth Haven Services Faith Home."					
	10/12/20 - FC#3 and another Faith House peer					
	stole a Faith House members car and drove to					
	near by city. FC#3 was arrested and transported					
		nty department of Juvenile				
	Justice and is awai					
		C#3] be linked and				
		ychiatric Residential				
		PRTF) per Youth Haven				
		herapist Licensed Clinical Social Worker."				
		disruptive behaviors 4 out of 7	, 			
		t the group home and school uild a therapeutic relationship				
		client will try to implement				
		entions throughout the week				
		and communicate with the team about progress.				
		e communication as				
	evidenced by identi	fying thoughts and feelings				
		elings, FC#3 will share their				
		gs and emotions honestly and				
		he team, Staff will provide				
		idential services with rules,				
		re. 3. FC#3 will increase				
	0	n as evidences by a decrease ggression, Outpatient therapy				
		cation management a				
		month. 4. DSS Guardian will				
		th FC#3's family as evidence				
		lients communication with				
vision of H	ealth Service Regulation		μ			1

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ECONSTRUCTION		E SURVEY PLETED	
			A. BUILDING:	A. BUILDING:			
		MHL079-73	MHL079-73 B. WING			C 10/21/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
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	000E	REIDSVI	LLE, NC 2732	20			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE	
V 110	Continued From pa	age 3	V 110				
		evelop a approved contact list to identify healthy supports.					
	Review on 1/14/20 record revealed: Date of Hire: 5/8/18	of Former Staff (FS) #3's 3					
	dated: Crisis Prevention Ir 2/19/20	ntervention (Cpi) training date:					
	Review on 1/14/20 (AP) record reveale Hire Date 7/14/17	of the Associate Professionals ed:					
	Job Description da Training in mh/sa/d Cpi training date: 1	d dated: 5/4/18					
	surveillance dated - 3:30 pm verbal co	0 of the facility's video 10/1/20 from revealed: omments go back and forth					
	and 'nobody wants - 4:02 pm of video	FS#6. (FC#3) headed for destruction' to smell your diseased cat.' reveals FS#6 telephoned r stating that "this girl (FC#3) is					
	unbelievable." - 4:45 pm through { threatening back a	5:02 pm reveals verbally nd forth between FC#3 and	,				
	FC#3 telephoned h	o damage FS#6's car and ler [family member] and places hit (asking a family member to					
	take care of this pro						
	- 5:02 pm FS#6 is s	seen in the footage leaving the front door where FC#3 is					

STATE FORM

		(X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		E SURVEY PLETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL079-73 B. WING		B. WING		C 21/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
		1115 ROS		E		
AITH HO	JUSE	REIDSVIL	LE, NC 2732	D		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	age 4	V 110			
	standing.					
		ige does not show FC#6				
	re-entering group h					
		∕3 'stupid ass b***h'.				
	Interview on 10/13/	20 with ES #6 revealed:				
	Interview on 10/13/20 with FS #6 revealed: - "I had been out from work for a couple of months and returned on September thirty (9/30/20) I believe. I had a chance to review her PCP and medications and then I met her (FC#3)					
	that day (9/30/20). I remember telling [FC#3] that					
	I will be fair and ask that house rules and					
	structure is followed by everyone. And that I					
	would be available if she should need to talk or					
		She (FC#3) seemed calm				
		self and it seemed just fine. (10/1/20) I came in for a few				
		aggressive towards staff and				
		en trying to turn staff against				
	each other.					
	- I left and then retu	urned around three o'clock				
	(3:00 pm) for the ne	ext shift (10/1/20). The day				
		ssociate Professional (AP)) on				
		ke. [FC#3] had been trying				
		e. I also learned that [FC#3]				
		away from the group home and				
		ically was admitted. AP] that she is afraid of me.				
	[FC#3] said I tried t	o fight her this morning				
	(10/1/20).	da analas da da atra da				
		ving room, trying to keep some				
	distance from [FC#3] but she is relentless in coming at me with threats, telling me she is not going to listen to me. She calls a family member					
		member to take care of me.				
		ed like a threat to my life.				
		e is going to damage my car.				
	This just kept going	g on and on.				
		working with me and he had				
	started texting the I	Residential Director] what				1

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL079-73	B. WING		C 10/21/2020	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	OUSE					
			LLE, NC 2732			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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) COMPLE ⁻ DATE
V 110	Continued From pa	ige 5	V 110			
	 I don't feel proud a ashamed but I had did say something a other things. I'm su No matter what sh should have just re I went out of the gra left the grounds und It was the next mor my job." 	ning that I was dismissed from				
	-"[FC#6] kept threa going to kick my a* So, I went back and threaten me. She (FS#6) left the anything. But when kicked me in the ba calves area. There I wasn't gonna liste listen to anyone tha I actually can do wh the group home, I w Observation on 10/	d forth with her. No one gonna first time and didn't do she left the second time she ack of the legs, around the was a red mark. n to her (FS#6). I don't have to				
	reveal any marks o Interview on 10/14/ - "I came into work updated by the othe throughout the day. -[FC#3] had been h listening and not be pretty much did wh her to come out of wouldn't. [FC#3] wo	r healing bruises. 20 with the AP revealed: that day (10/1/20) and was er staff on what was going on				

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL079-73 B. WING			— C 10/21	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From pa	ige 6	V 110			
	said, 'I don't feel sa said [FS#6] tried to tried to fight her. - I could see she (F something. - I continually tried to (FC#3) about reaso this (start an alterca - The verbal back a [FS#6] and [FC#3]. [FC#3] was near th entrance door. [FS# room. - I had texted [the F was going on. I didu use the house phor [Staff #1] came in to deescalate what wa I'm not sure why [F a verbal altercation	I was between them both. e kitchen door and front #6] was sitting in the living Residential Director] with what n't want to leave the area to ne. Then around five thirty o relieve [FS#6] and as going on. S#6] continued with [FC#3] in				
	revealed: - FC#3 has been a - It was appropriate difficult to help her i managing her emot - FC#3 would test e be able to form a re FC#3 didn't have an	20 with the Facility Director difficult client to manage to admit her but then it was find ways to help herself in tion and behaviors each staff. FC#3 didn't seem to elationship with anyone. my respect or concern for the ure, rules, other house peers or				
Division of H	others property - "[FS#6] has been and was a good sta through some healt to work (9/30/20) and	with us for a couple of years aff. She had been going th issues. When she returned nd interacted with [FC#3] it [FC#3] was able to push her				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND PLAN	I OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _			
		MHL079-73	B. WING		– C 10/21/202	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pa	age 7	V 110		,	
	have. All the staff k verbal altercations - After we learned t altercation betweer [FS#6] kicking [FC# footage and discov touch [FC#3], [FS# however, say some inappropriate and s	n't not respond as she should now not to be dragged into with any of the clients. here had been verbal in the two and a allegation of #3] we reviewed the video ered [FS#6] did not physically 6] did e things to [FC#3] that was should have never been said. d immediately (10/1/20)."				