	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			-			
		MHL007-032	B. WING		11/0	05/2020
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	ATE, ZIP CODE		
COUNTR	Y LIVING GUEST HO	ME	RKET STREET GTON, NC 278			
(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	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	ſS	V 000			
	5, 2020. The comp	was completed on November plaint was substantiated 057). Deficiencies were cited.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disabilities.				
V 105	27G .0201 (A) (1-7	) Governing Body Policies	V 105			
	facility or service sh written policies for t (1) delegation of ma operation of the fac (2) criteria for admi (3) criteria for disch (4) admission asse (A) who will perform (B) time frames for	anagement authority for the sility and services; ssion; large; ssments, including: n the assessment; and completing assessment. anagement, including: zed to document;				
	defacement or use (D) assurance of re authorized users at (E) assurance of co (6) screenings, whi (A) an assessment problem or need;	onfidentiality of records. ch shall include: of the individual's presenting				
	can provide service needs; and (C) the disposition, recommendations;	of whether or not the facility es to address the individual's including referrals and ce and quality improvement				

ND PLAN OF CORRE	CIENCIES ECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
		MHL007-032		B. WING		11/05/2020	
AME OF PROVIDER	OR SUPPLIER		ADDRESS, CITY, S			05/2020	
		3094 M	ARKET STREET				
	GUESTHO	ME WASHI	NGTON, NC 27	889			
	CH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE	
V 105 Continu	ied From pa	ge 1	V 105				
<ul> <li>(A) con assurat</li> <li>(B) writ improve</li> <li>(C) mei quality includir utilizatio</li> <li>(D) proi a requir professisshall be that are</li> <li>(E) stration</li> <li>(F) revideterm treatment</li> <li>(G) revideterm</li> <li>(G) revideterm</li> <li>(H) ado and proi applica</li> <li>purposisi</li> <li>means</li> <li>referen</li> <li>method</li> </ul>	nce and quality as ement plan; shods for mo and appropri- ing delineation on of service fessional or rement that s ionals and p e supervised a of service tegies for im ew of staff q ination made ent/habilitation ew of all fata ing served i tial program ption of star grammatic p ble standard e, "applicable a level of co ce to the pre- ls, and the d	d activities of a quality lity improvement committee; ssurance and quality politoring and evaluating the iateness of client care, n of client outcomes and es; clinical supervision, including staff who are not qualified provide direct client services by a qualified professional ir ; uproving client care; ualifications and a	d				
This Ru	ile is not me	et as evidenced by:					

	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE	E SURVEY	
ND PLAN	OF CORRECTION	DENTIFICATION NUMBER:				PLETED	
		MHL007-032	B. WING		11/	11/05/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	·		
	Y LIVING GUEST HC	IMF					
		WASHIN	GTON, NC 27	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 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE	
V 105	Continued From pa	age 2	V 105				
	standards that assu practice amidst the	lity failed to implement written ure applicable standards of COVID-19 ase-2019) pandemic. The					
	Pandemic/COVID- revealed: - "All visitors should checked before en -"Signage denying posted at the main	entry to visitors should be					
	approximately 10:0 -No COVID-19 pos the facility. -Staff #2 had her fa did not make an ef prior to the surveyo -Staff #3 had her fa and did not make a - Neither staff #1 no during the surveyor	fessional wore a face mask					
	-He wore a mask if	a mask all the time.					
		/20 Client #4 stated: ff with a mask all the time.					
		s on and 7 days off at the					
sion of He TE FORM	ealth Service Regulation		6899 IN	YDZ11		tion sheet 3	

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED	
мн		MHL007-032	B. WING		11/	11/05/2020	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE	•		
COUNTR	Y LIVING GUEST HO	ME	RKET STREET GTON, NC 278	FEXTENSION 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 DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 105	because she would -She wore a mask community. -She had not been working. -Staff had been trai anyone entering the -"It had slipped her temperature." Interview on 10/15/ -She worked 8:00a -She had not wore during her shift. -She worked 8:00a -She had not wore during her shift. -She worked 8:00a -She had not wore during her shift. -She wore the mass -Visitors are not let Interview on 10/30/ -She had worked 7 -Staff wore mask in they checked temp -Visitors had to wea -She had not wore working. -They had not been day. -She had not seen	a mask during her shift I be there for 7 days. to transport a client or in the told to wear a mask while ined to take temperatures of e facility. mind to take surveyor 20 Staff #3 stated: m -4:30pm Monday-Friday. a mask inside the facility hask in the community with the k if a visitor came to the home. inside the home. 20 Staff # 1 stated: days on and 7 days off. f the facility had visitors and erature of visitors. ar mask. the mask all day while h instructed to wear mask all a posting at the entrance of	V 105				
	the facility regardin -Facility had provid Attempted interview unsuccessful on 11	ed staff with mask. v with Qualified Professional					
	-She had told staff	0 the Facility Director stated: to have visitors stay outside. notified of "no visitor" policy					

	of Health Service Re					
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL007-032	B. WING		11/	05/2020
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
COUNT	RY LIVING GUEST HO	3094 MA	RKET STREET	<b>FEXTENSION</b>		
COUNT		WASHING	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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
V 105	Continued From pa	ige 4	V 105			
	no one has been al -Signage notifying v facilities after this o -They had not had -She had not instru at work due to staff off since the staff liv -Staff wore mask if with clients or go gr -Some staff wore m administration. -She had not updat staff wearing mask	to take temperatures because lowed inside the facility. visitors were put up at all the onsite visit. any COVID 19 cases. cted staff to wear mask while working 7 days on and 7 days. they if they went to the store rocery shopping. mask during medication				
V 364	G.S. 122C- 62 Add Facilities	ditional Rights in 24 Hour	V 364			
	Facilities. (a) In addition to the 122C-51 through G who is receiving tree 24-hour facility kee (1) Send and recein access to writing massistance when ne (2) Contact and co and at no cost to the physicians, and privi- developmental disar professionals of his (3) Contact and co there is a client adv The rights specified	ive sealed mail and have aterial, postage, and staff ecessary; onsult with, at his own expense e facility, legal counsel, private vate mental health, abilities, or substance abuse s choice; and onsult with a client advocate if				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL007-032	B. WING		11/	05/2020
AME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, ST	ATE. ZIP CODE		00/2020
	LIVING GUEST HO	3094 MA	RKET STREET			
	LIVING GUEST HO	WE WASHIN	GTON, 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 ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	ge 5	V 364			
	exercise these right (b) Except as provious of this section, each treatment or habilitat times keeps the right (1) Make and receive (2) Make and receive (2) Receive visitors a.m. and 9:00 p.m. hours daily, two hour p.m.; however visiti over therapies; (3) Communicate a supervision with indu- upon the consent of (4) Make visits outs unless: a. Commitment pri- the result of the clieve violent crime, include assault with a dead respondent was four insanity or incapable b. The client was four insanity or incapable b. The client was four insanity or incapable	ts at all reasonable times. ided in subsections (e) and (h) n adult client who is receiving ation in a 24-hour facility at all ht to: ive confidential telephone ince calls shall be paid for by e of making the call or made ing party; s between the hours of 8:00 for a period of at least six urs of which shall be after 6:00 ng shall not take precedence and meet under appropriate lividuals of his own choice f the individuals; side the custody of the facility roceedings were initiated as ent's being charged with a ding a crime involving an ly weapon, and the und not guilty by reason of e of proceeding; voluntarily admitted or cility while under order of prectional facility of the prection of the Department of ing held to determine capacity t to G.S. 15A-1002; expressly authorize visits d by the existence of the ed by this subdivision; a daily and have access to nent for physical exercise				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
		MHL007-032	B. WING		11/05/2020	
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, S	TATE, ZIP CODE		
COUNTE	RY LIVING GUEST HO	ME	RKET STREE GTON, NC 27			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET
V 364	Continued From pa	ige 6	V 364			
	client is being held proceed pursuant to (7) Participate in re (8) Keep and spen own money; (9) Retain a driver prohibited by Chap- and (10)Have access to his private use. (c) In addition to th 122C-51 through G vho is receiving tre 24-hour facility has proper adult supervise recognition of the n individual, the mino- opportunities to ena- emotionally, intelled vocationally. In view and intellectual imn 24-hour facility shall structure, supervisi the rights given to to The facility shall also reasonable efforts client receives treat adult clients unlesss minor client dictate Each minor client w habilitation from a 2 (1) Communicate a guardian or the age custody of him; (2) Contact and co- or that of his legally	eligious worship; id a reasonable sum of his 's license, unless otherwise ter 20 of the General Statutes; o individual storage space for the rights enumerated in G.S. 6.S. 122C-57 and G.S. 6.S. 122C-61, each minor clien eatment or habilitation in a the right to have access to vision and guidance. In ninor's status as a developing or shall be provided able him to mature physically, ctually, socially, and w of the physical, emotional, naturity of the minor, the Il provide appropriate on and control consistent with the minor pursuant to this Part so, where practical, make to ensure that each minor tment apart and separate from the treatment needs of the	t			

	ME 3094 MAI	A. BUILDING:	CONSTRUCTION	COM	E SURVEY PLETED
ROVIDER OR SUPPLIER <b>1 LIVING GUEST HO</b> SUMMARY STA	MHL007-032 STREET AL 3094 MAI	B. WING			
<b>1 LIVING GUEST HO</b> SUMMARY STA	STREET AL 3094 MAI				
<b>1 LIVING GUEST HO</b> SUMMARY STA	ME 3094 MAI	DRESS CITY ST		11/05/2020	
SUMMARY STA	ME	DIVE00, 0111, 01	ATE, ZIP CODE		
SUMMARY STA		RKET STREET	EXTENSION		
	WASHING	GTON, NC 278	389		
		ID	PROVIDER'S PLAN OF C		(X5) COMPLETE
	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	IE APPROPRIATE	DATE
			DEFICIENCY	<i>(</i> )	
Continued From pa	ige 7	V 364			
physicians, private	mental health, developmental				
the right to:	,				
-	call or made collect to the				
	ostage, and stan assistance				
	ate supervision receive				
visiting shall not tak	ke precedence over school or				
therapies;					
0					
G.S. 15A-1002;					
(9) Have access to	and spend a reasonable sum				
Foldt rr(ott(otr())) Filvt(rl() Filv())	physicians, private disabilities, or subs his or his legally res (3) Contact and co there is a client adv The rights specified may exercise these (d) Except as prov of this section, each treatment or habilita- the right to: (1) Make and rece distance calls shall time of making the receiving party; (2) Send and receiv writing materials, p when necessary; (3) Under appropri- visitors between the p.m. for a period of hours of which sha visiting shall not tak therapies; (4) Receive specia training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as proh personal clothing a appropriate superv held to determine of G.S. 15A-1002; (7) Participate in re (8) Have access to the safekeeping of	<ul> <li>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.</li> <li>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.</li> <li>(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:</li> <li>(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;</li> <li>(2) Send and receive mail and have access to writing materials, postage, and staff assistance when necessary;</li> <li>(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;</li> <li>(4) Receive special education and vocational training in accordance with federal and State law;</li> <li>(5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;</li> <li>(6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;</li> <li>(7) Participate in religious worship;</li> <li>(8) Have access to and spend a reasonable sum</li> </ul>	<ul> <li>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.</li> <li>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.</li> <li>(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:</li> <li>(1) Make and receive telephone calls. 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PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM	STATEMEN	of Health Service Realth Service Realth Service Realth Service Realth of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,			E SURVEY PLETED
ANA E OF PROVIDER OR SUPPLIER STREET ADDRESS, CITV, STATE, ZIP CODE 3094 MARKET STREET EXTENSION WASHINGTON, NC 27889 PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL CACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL CACH DEFICIENCY IN UST BE PRECEDED BY FULL (EACH DEFICIENCY IN UST BE PRECEDED BY FULL CACH DEFICIENCY IN UST BE PRECEDED BY FULL (EACH DEFICIENCY IN UST BE PRECEDED BY FULL (EACH DEFICIENCY IN UST BE PRECEDED BY FULL (EACH DEFICIENCY) OR LSC DENTIFYING INFORMATION) V 364 Continued From page 8 of 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) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement is all be placed in the reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional a least every seven days, at which time the restriction my be remeved. Each evaluation of a restriction shall be documented in the client's treatment, in each instance of an individed professional in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's record. Restrictions or renewal of a restriction of rights, an individual designated by the client's theorad individual designated by the client's head an initial restriction or renewal of the restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be be notified of a cent instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual o			MHL007-032	B. WING		11/05/2020	
394 MARKET STREET EXTENSION WASHINGTON, N.C. 27889           OWNERTY LIVING GUEST HOME         SUMMARY STATEMENT OF DEFICIENCES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PROVIDER'S FLAN OF CORRECTIVE (EACH ORDERCTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         O           V 344         Continued From page 8         V 364         V 364         Image: Construction of the Construction (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) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction shall be documented in the client's treatment or habilitation needs. A restriction shall be documented in the client's treatment or habilitation needs. A restriction shall be documented in the client's treatment or habilitation needs of a restriction or any be removed. Each evaluation of a restriction or any be removed. Each evaluation of a restriction or neewal of a restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of the restriction and in the restriction or rienwal of a restriction of the client, be notified of the restriction and in the restriction or rienwal of a restriction of the client or it. In the case of an initial restriction or renewal of a restriction of the designated by the client shall, upon the consent of the client, be notified of a restriction of the designated individual o	AME OF I	PROVIDER OR SUPPLIER					
Washington, NC 2789           Own D PREFIX TAG         SUMMARY STATEMENT OF DEFICENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         PREFIX TAG         PROVIDER'S FLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)         C           V 364         Continued From page 8         V         V         V         V         S64           (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) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction shall be documented in the client's record. Restrictions on rights may be renewed and the restriction may be removed. Each evaluation of a restriction of the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of the restriction of the restriction or renewal of a restriction of the restriction or renewal of a restriction of the restriction or renewal of a restriction of the restriction or renewal of a restriction of the designated by the client shall, upon the consent of the client who has not been instance of an initial restriction or renewal of a restriction of the designated by the client shall, upon the consent of the client who has not been instance of an initia			3094 MA				
EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFIX TAG       (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)       Continued From page 8       V         V 364       Continued From page 8       V       V       S64       V       S64         of 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) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be armiten statement entered by the qualified professional in the client's record. Restrictions on rights may be renewed only by a written statement entered by the qualified professional in the client's necord of an initial restriction or renewal of a restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction of rights, an individual designated by the client shall, upon the consent of the client, be notified of the restriction or an incompetent adult client, the legally responsible person shall be notified of restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be	OUNTR	CT LIVING GUEST HO	WASHIN	GTON, NC 27	889		
of 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) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be reasonable and related to the client's treatment or habilitation needs. A restriction is effective for a period not to exceed 30 days. An evaluation of each restriction shall be conducted by the qualified professional at least every seven days, at which time the restriction may be removed. Each evaluation of a restriction shall be documented in the client's record. Restrictions on rights may be renewed only by a written statemet entered by the qualified professional in the client's record that states the reason for the renewal of the restriction. In the case of an adult client who has not been adjudicated incompetent, in each instance of an initial restriction or renewal of a restriction and of the reason for it. In the case of a minor client or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction or an incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction or ran incompetent adult client, the legally responsible person shall be notified of each instance of an initial restriction or renewal of a restriction of rights and of the reason for it. Notification of the designated individual or legally responsible person shall be	PRÉFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLE <sup>-</sup> DATE
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sion of Health Service Regulation		(10)Retain a driver prohibited by Chap (e) No right enume of this section may by the qualified pro formulation of the or plan. A written state client's record that for the restriction. The reasonable and relishabilitation needs. period not to exceed each restriction shat qualified profession at which time the reference Each evaluation of documented in the rights may be rener statement entered the client's record the renewal of the restriction of rights by the client shall, the be notified of each or renewal of a restriction of rights be notified of each or renewal of a restriction of rights be notified of each or renewal of a restriction of rights be notified of each or renewal of a restriction of rights be notified of each or renewal of a restriction of a restriction of a restriction of a restriction of a restriction of rights the leghts be notified of each or renewal of a restriction of a res	Is license, unless otherwise ter 20 of the General Statutes. Prated in subsections (b) or (d) be limited or restricted except fessional responsible for the client's treatment or habilitation ement shall be placed in the indicates the detailed reason The restriction shall be ated to the client's treatment or A restriction is effective for a ed 30 days. An evaluation of all be conducted by the hal at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in hat states the reason for the riction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, estriction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction triction of rights and of the cation of the designated responsible person shall be				

	IT OF DEFICIENCIES OF CORRECTION	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL007-032	B. WING		11/05/2020	
	PROVIDER OR SUPPLIER		DRESS, CITY, ST	ATE, ZIP CODE		
COUNTR	RY LIVING GUEST HO	ME	RKET STREET GTON, NC 278			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 364	Continued From pa	age 9	V 364			
	Based on observation interviews, the facil 3 audited clients (# their access to food Observation on 10/ 10:25am revealed: -The refrigerator has fixture. -The lock required	15/20 at approximately ad been locked using a metal				
	-46-year-old male a -Diagnoses includir Developmental Dis Disorder-Depresse Disorder-Mild-in a o Cannabis use Diso environment. -Client #2's treatmenot identify treatme					
	revealed: -57 year old male a -Diagnoses includir Developmental Dis Hyperactivity Disab -No statement abou fridge. -Client #4's treatme not identify treatme	ng Mild Intellectual ability, Attention Deficit				

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		MHL007-032	B. WING		11/05/2020	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
COUNTR	RY LIVING GUEST HO		RKET STREET			
(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 DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 364	Continued From pa	age 10	V 364			
	revealed: -46 year old male a -Diagnoses includin Development Disal Schizophrenia-Com -No statement about fridge. -Client #5's treatment not identify treatment restrict access to for restrict access to for restriction. Interview on 10/15/ -The refrigerator ha -He had not known locked. -Staff had got what refrigerator. -He had been ok w locked. Interview on 10/15/ -He ate several tim -Staff #2 had the ker refrigerator. -The refrigerator has Interview on 10/15/	ng Moderate Intellectual bility, itinuous ut restricted access to the ent plan dated 5/20/20 that did ent or habilitation needs to bod or an evaluation of the 20 Client #1 stated: ad always been locked. why the refrigerator was the needed from the ith the refrigerator being 20 Client #4 stated:				
	cause they might g -If he had wanted s he had to wait until -He was ok with the Interview on 10/30/	et the wrong stuff out." comething in the refrigerator, staff gave it to him. e refrigerator locked. 20 Staff #1 stated:				
		ned on client rights. e refrigerator if she went to the	9			

	NT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED	
		MHL007-032	B. WING	3. WING		11/05/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE			
OUNT	RY LIVING GUEST HO	IMF	RKET STREET GTON, NC 27				
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V 364	Continued From pa	age 11	V 364				
	refrigerator being lo -Clients had told he refrigerator and sho -The refrigerator ha who would spit in th Interview on 10/15/ stated: -The refrigerator ha -She had forgot to she went to the day -She had locked th bathroom or helped -Clients had taken refrigerator and can behaviors. -Client #3 would so fingernails while in -Client #4 would no before goin in the r Interview on 11/4/2 -The refrigerator wa -She had locked th outside or did the la Interview on 11/4/2 -She had not know -She had previousl could not be locked -She understood it the fridge locked. -She would review	er what they wanted from the e would get it. ad been locked due to a client he refrigerator. 20 and 10/27/20 Staff #2 ad not been locked all day. unlock the refrigerator when y program. e refrigerator if she went to the d another client. other clients items from the used arguments and ometimes have feces under his the refrigerator. ot wash his hands properly efrigerator. 0 Staff #3 stated: as usually not locked. e refrigerator if she went aundry. 0 the Facility Director stated: n the refrigerator was locked. y told staff the refrigerator					