	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	URVEY ETED
MHL036-342		B. WING			R 10/26/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA			
	NONDER OR OUT LIER					
LOSSON	I COMMUNITY SERVICE	ES, INC	NIA, NC 28054			
	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF ((VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE ⁻ DATE
{V 000}	INITIAL COMMENTS	3	{V 000}			
	A follow-up survey w Deficiencies were cit	as completed on 10-26-20. ed.				
		ed for the following service 27G .1700 Residential ure for Children or				
{V 109}	27G .0203 Privileging	g/Training Professionals	{V 109}	CEO has hired additional Qualified	Professionals All staff	
	QUALIFIED PROFES ASSOCIATE PROFE (a) There shall be no qualified professional (b) Qualified professional (b) Qualified professional (c) At such time as a employment system then qualified professional (c) At such time as a employment system then qualified profession (d) Competence shale exhibiting core skills (1) technical knowle (2) cultural awarene (3) analytical skills; (4) decision-making (5) interpersonal ski (6) communication sti (7) clinical skills. (e) Qualified profession NCAC 27G .0104 (18) met the requirements employment system MH/DD/SAS. (f) The governing bo	ESSIONALS o privileging requirements for ls or associate professionals. sionals and associate emonstrate knowledge, skills l by the population served. a competency-based is established by rulemaking, sionals and associate emonstrate competence. Il be demonstrated by including: edge; ess; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		has been trained on individualized p Consumers treatment plans have been to include one on one staffing while Qualified Professional will be super ensure that QP understands and can skills and abilities required by the po high stand abilities required by the poly of the poly of the poly of the poly of the	en reviewed and updated in the community. vised by the LP. LP will demonstrate knowledge,	

If continuation sheet 1 of 47

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
	MHL036-342		B. WING		10	R 10/26/2020	
		ADDRESS, CITY, STATE					
		1911 WI		., 211 0002			
BLOSSON	I COMMUNITY SERVICI	ES, INC GASTO	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES SY MUST BE PRECEDED BY FULL LSC 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 109}	Continued From pag	e 1	{V 109}				
	(g) The associate pro supervised by a qual population served fo	h associate professional. ofessional shall be lified professional with the r the period of time as 04 of this Subchapter.					
		view, observations and alified Professional(QP) e competency for the					
	revealed:	of the QP's personnel record					
	Professional; -documentation of re	with the job title of Qualified					
		ompleted training in Clinical ng Requirements dated					
	-the QP picked her u	0 with client #1revealed: p from work on 10/18/20; her up, they went to the up client #4.					
		0 with client #4 revealed she staff #1 on Sunday(10/18/20).					
		0 with staff #1 revealed she rch on Sunday(10/18/20).					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED R	
			A. DOILDING			
	MHL036-342		B. WING		10/26/2020	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE		
	I COMMUNITY SERVIC	1911 WI	LLIMAX AVENU	JE		
		GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE COMPLE THE APPROPRIATE DATE	
{V 109}	Continued From page	ge 2	{V 109}	In reference to Finding 2– CEO has clean the yard and clear all debris.		
	Interview on 10/19/2 staff took two clients	20 with staff #3 revealed one on outings.		to clean the yard weekly. If an incid property is damaged it will be fixed immediately.	lent should arise and	
	Interview on 10/19/20 with staff #4 revealed: -she took client #1 to work; -sometimes staff #3 took client #1 to work. Review on 10/19/20 of client #1, #2, #3 and #4's					
	treatment plans reve approved one to one	ealed no documentation of estaffing.				
	Interviews on 10/20/20 and 10/21/20 with the QP revealed: -started working at the facility in July 2020; -started in the Quality Assurance/Quality					
	Improvement role in -responsible for staff	August 2020; f schedules, staff trainings,				
		treatment team meetings; ompliance with staffing;				
	-always have 2-3 sta -"try our best to keep	aff per shift;				
	-she took one client	out with her to the store;				
	-one staff went to ge -she took client #1 to	et client #1 from work; o work;				
		t by and picked up client#1				
	from work on their w facility.	ay to work their shift at the				
		Refer to V296 for examples of failure to meet staffing requirements.				
	Finding #2: Review on 10/19/20 of client #2's and client #3's records revealed:					
		t psychiatric hospitalizations				
	for self-harm and su 7 months;	icidal ideation within the last				
		address self-harm behaviors.				
	Review on 10/20/20					

E STATE FORM

If continuation sheet 3 of 47

Division of Hea	Ith Service Regulation
DIVISION OF FIELD	

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-342	B. WING		R 10/26/202	
NAME OF PROVIDER OR SUPPLIER STREET		DDRESS, CITY, STATE	E, ZIP CODE			
		1911 WI	LIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	S, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)		COMPLE ⁻ DATE
{V 109}	Continued From page	e 3	{V 109}			
	reports revealed:					
	•	ent busted the glass out of a				
	television placed in the	he facility's front yard by the				
	road for trash pick-up					
		ent used a large brickto				
	throw at the facility's glass.	windows and brokethe				
	Observation on 10/18 following:	5/20 at 1:53pm revealed the				
	Ū	of the facility: approximately				
	35 pieces of glass ra					
	approximately 1/2 inc					
		kyard: approximately 50				
		eximately 1/2 inch to 6 inches				
		ht side of the air conditioning				
	unit;	ne in top of a garage window				
	-	le garage, bottom pane,				
	-	ide of the glass pane;				
		eces of glass 1/2 inches to 4				
	inches by the top of t	he drive-way spread several				
	feet.					
	Interview on 10/15/20) with client #2 revealed:				
		n the yard for two months;				
	-"There's glass every					
	-	er fingernail in her arm while				
	at this facility;					
	-she was in a depres					
	-"I start cutting mysel	п.				
	Interview on 10/15/20) with client #3 revealed:				
	-have a history of sel					
	-used anything to cut					
	-did not cut on herse	lfanymore.				
	Interview on 10/19/20) with client #4 revealed:				
	-was admitted on 10/					
	-when she was admir	tted, the glass was in the				

STATE FORM

TK6L12

If continuation sheet 4 of 47

Division o	f Health Service Regu	lation			FORM APPROVED
STATEMEN	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED
			A. DOILDING.		
	MHL036-342		B. WING		R 10/26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE	
DI 0000		1911 WI	LIMAX AVENUE		
BLOSSON	I COMMUNITY SERVICE	GASTO	NIA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
{V 109}	Continued From page	e 4	{V 109}		
	yard.				
	Interview on 10/15/20 -been employed at th -since she started wo has been by the drive -on the third day she scratched herself with -she saw scratch ma Interview on 10/15/20 -worked at the facility -the glass by the driv since she was emplo -client #2 told her(sta forearm with her fing) Interview on 10/19/20 -worked at the facility -a former client buste windows; -after it happened, st glass in the drive-way -client #2 scratched h showed the scratche Additional interviews with the QP revealed	worked here, client #2 h her fingernail; rks on client #2's arm.) with staff #2 revealed: y 3-4 weeks; e-way had been here since yed at the facility; ff #2) she scratched her ernail.) with staff #3 revealed: y since the end of 8/2020; ed the glass out of the aff swept up the pieces of y and the garage; herself with her fingernail and s to staff. on 10/20/20 and 10/21/20 :			
	-a former client buste	safe with all consumers;" ed a lot of the facility's			
	windows with rocks a -four windows with se	nd bricks; everal panes of glass were			
	busted; -a television was out	by the road for trash pick-up;			
	-a former client found	a pole and busted the			
	television and window	ws; t to pick up the glass and did			
	not return to finish cle				
		ne and clean the yard up;			
	÷ -	self-injurious behaviors and			
Division of Hea	Ith Service Regulation	•			

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		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE S	
IND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMPLE	TED
MHL036-342		B. WING		R 10/26/2020		
IAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, S	TATE, ZIP CODE		
		1911 WI	LLIMAX AVENU			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID		FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		COMPLET DATE
{V 109}	Continued From page	e 5	{V 109}			
	self-harm "way befor	e we got them."				
		een at the facility, she had				
		ents engage in self-harm.				
		amples of failure to maintain				
		the facility and grounds in a safe, clean, attractive				
	and orderly manner.					
	This deficiency const	titutes a re-cited deficiency.				
	This deficiency is cro	ess referenced into 10 A				
	-	esidential Treatment Staff				
		or Adolescents V293 for a				
	Failure to Correct Ty	pe A1 rule violation.				
{V 110}	27G .0204 Training/S	Supervision	{V 110}	Paraprofessionals will be superv		
,	Paraprofessionals		(-)	the Associate Professional week		
		4 COMPETENCIES AND		ensure that they comprehend th knowledge, skill and abilities that		
		PARAPROFESSIONALS		required for the population serve		
		privileging requirements for		required for the population serve	<i>.</i>	
	paraprofessionals.					
	(b) Paraprofessional	ls shall be supervised by an				
	associate profession	, , , , , , , , , , , , , , , , , , ,				
		ified in Rule .0104 of this				
	Subchapter.	a shall domonstrate				
	(c) Paraprofessional	abilities required by the				
	population served.	a abilities required by the				
	(d) At such time as a	a competency-based				
	employment system i	is established by rulemaking,				
		sionals and associate				
	•	emonstrate competence.				
		Il be demonstrated by				
	exhibiting core skills (1) technical knowle	-				
	(1) technical knowle (2) cultural awarene					
	(3) analytical skills;	,				
	(,,					

STATE FORM

ND PLAN C	T OF DEFICIENCIES DF CORRECTION	Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
	MHL036-342		B. WING			R / 26/2020
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
{V 110}	Continued From page	e 6	{V 110}			
	(5) interpersonal ski	ills:				
	(6) communication s					
	(7) clinical skills.					
	(f) The governing boo	dy for each facility shall				
		ent policies and procedures				
		e individualized supervision				
	plan upon hiring each	h paraprofessional.				
	interviews, 1 of 1 Chi	view, observations and				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License	view, observations and ief Executive				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License	view, observations and ief Executive ee failed to demonstrate				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are:	view, observations and ief Executive ee failed to demonstrate				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP);	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations,				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/Licensee -8/25/20 Grievance of Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP;	view, observations and ief Executive ee failed to demonstrate population served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing;				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized QP addressing the for	view, observations and ief Executive ee failed to demonstrate population served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting pollowing topics:				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized QP addressing the for communication skills	view, observations and ief Executive ee failed to demonstrate bopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting pllowing topics: a, listen effectively, maintain				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/License -8/25/20 Grievance O Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized QP addressing the for communication skills professionalism, tech	view, observations and ief Executive ee failed to demonstrate oopulation served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting ollowing topics: a, listen effectively, maintain nnical knowledge, cultural				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/Licensee -8/25/20 Grievance of Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized QP addressing the for communication skills professionalism, tech awareness, analytica	view, observations and ief Executive ee failed to demonstrate population served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting pollowing topics: a, listen effectively, maintain nnical knowledge, cultural al skills, decision making,				
	Based on records rev interviews, 1 of 1 Chi Officer(CEO)/License competency for the p findings are: Review on 10/20/20 of supervisions from 8/2 by the CEO/Licensee -8/25/20 Grievance of Professional(QP); -9/1/20 group training Cognitive Behavioral Assurance/Quality Im by Licensed Professi QP; -9/1/20 Clinical Cove -9/1/20 individualized QP addressing the for communication skills professionalism, tech awareness, analytica interpersonal skills, o	view, observations and ief Executive ee failed to demonstrate population served. The of the following trainings and 26/20-10/20/20 completed e revealed: Concerns/Audit by Qualified g in Special Populations, Therapy Techniques, Quality nprovement and Compliance ional Counselor(LPC) and erage and Staffing; d supervision by Consulting pollowing topics: a, listen effectively, maintain nnical knowledge, cultural al skills, decision making,				

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STATEMENT	f Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL036-342		B. WING		R 10/26/2020	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
	I COMMUNITY SERVICE	1911 WI	LLIMAX AVENUE			
BLUSSON	I COMMONIT I SERVICE	GASTO	NIA, NC 28054			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR		(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)		COMPLET DATE
{V 110}	Continued From page	e 7	{V 110}			
()			(1.1.5)			
		mmunicating well, listen				
		professionalism, technical awareness, analytical skills,				
		erpersonal skills, clinical				
	skills;					
		I Development/Managerial				
	Training by Executive					
	Finding #1:					
	Review on 10/19/20 of client #2's and client #3's					
	records revealed:					
	-histories of inpatient	psychiatric hospitalizations				
		cidal ideation within the last				
	7 months;					
	-treatment goals to a	ddress self-harm behaviors.				
		of the facility's incident				
	reports revealed:					
		ent busted the glass out of a				
	road for trash pick-up	he facility's front yard bythe				
		, ent used a large brickto				
		windows and brokethe				
	glass.					
	Observation on 10/15	5/20 at 1:53pm revealed the				
	following:					
	-in the left side yard o	of the facility: approximately				
	35 pieces of glass ra					
	approximately 1/2 inc					
		kyard: approximately 50				
	.	eximately 1/2 inch to 6 inches				
	<u> </u>	ht side of the air conditioning				
	unit; -a broken window pa	ne in top of a garage window				
		e garage, bottom pane,				
	jagged hole in right s	<u> </u>				
		eces of glass 1/2 inches to 4				
		he drive-way spread several				
	feet.					

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: R B WING 10/26/2020 MHL036-342 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1911 WILLIMAX AVENUE BLOSSOM COMMUNITY SERVICES, INC** GASTONIA, NC 28054 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (FACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) {V 110} Continued From page 8 {V 110} Interview on 10/15/20 with client #2 revealed: -the glass in the yard had been there for two months; -"There's glass everywhere." Interview on 10/19/20 with client #4 revealed: -was admitted on 10/14/20; -when she was admitted, the glass was in the vard. Interview on 10/15/20 with staff #1 revealed: -been employed at the facility for three weeks; -when she first started working here, the glass was in the facility yard by the street. Interview on 10/15/20 with staff #2 revealed: -worked at the facility 3-4 weeks; -since she started working at the facility, the glass has been by the drive-way. Interview on 10/19/20 with staff #3 revealed: -worked at the facility since the end of 8/2020; -a former client busted the glass out of the facility windows; -after it happened, staff swept up the pieces of glass in the drive-way and the garage. Interview on 10/15/20 with the CEO/Licensee revealed: -fixed all the broken windows; -stated she "didn't know how it got like this" in response to all the glass in the yard; -she stated she will get someone to clean the glass up. Refer to V736 for examples of failure to maintain the facility and grounds in a safe, clean, attractive and orderly manner.

Division of Health Service Regulation STATE FORM

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STATEMEN	If Health Service Regult TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPL	
MHL036-342		B. WING		F 10/2	2 6/2020	
	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	STATE, ZIP CODE		
		1911 WI				
LOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF C	ORRECTION	(X5)
PRÉFIX TAG	(Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLE DATE
{V 110}	revealed the followin -staff #1 was hired or Direct Care Paraprof completed training in Interventions) Plus d present in the record -staff #2 was hired or Direct Care Paraprof documentation of cor present in the record -staff #4 was hired or Direct Care Paraprof completed training for the record. One certi One certificate was or first name written in t -FAP(Former Associa hired on 10/7/20 with Professional). A certi in NCI Plus dated 10 record.	of staff personnel records g: n 9/29/20 with the job title of essional. A certificate for NCI(North Carolina ated 9/29/20 for staff #1 was ; n 9/28/20 with the job title of essional. There was no mpleted training in NCI Plus ; n 10/2/20 with the job title of essional. Two certificates for or NCI Plus were present in ficate was dated 10/2/20. dated 10/3/20 with staff #4's the certificate; ate Professional)#2 was n the job title of AP(Associate ficate for completed training /6/20 was present in the	{V 110}	CEO contracted with NCI trainer to j staff. NCI Trainer will ensure that sta and demonstrates competency in alte interventions and physical restraints. Trainings are documented and will c documented on the trainers' sign in s the log at the end of each training ses	aff completes training ernatives to restrictive ontinue to be heet. Trainer will sign	
	revealed: -not had her training -she has been asking -the CEO/Licensee to	g for it; old her that				
	-the CEO/Licensee h training; -she did not know wh	"has someone coming;" ad not provided her with NCI no the NCI instructor was; I instructor on the NCI				
	certificate did not trai -the CEO/Licensee h she had experience i	n her in NCI; ad her sign a paper to say n NCI;				
	-she had NCI training -she stated the NCI of not take it."	g at another facility; certificate was "not true, did				

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Division	of Health Ser	vice Regulation

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-342	B. WING		R 10/26/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
			LIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	IS, INC	NIA, NC 28054			
		ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COF	PRECTION	0(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLET DATE
{V 110}	Continued From page	e 10	{V 110}			
	revealed: -had prior experience 3 group homes in Vir -she did not get her tr -she had not been tra -she went over the N read up on NCI in a p -the CEO/Licensee g pamphlet to her; -the CEO/Licensee s people, she would had to do training. Interview on 10/21/20 -worked at the facility 10/7/20-10/14/20;	Taining at this facility; ained in NCI; CI test part, took the test and bamphlet; ave the NCI test and NCI aid once she got enough ave the NCI instructor come 0 with FAP#2 revealed: of or one week from CI Plus training on 10/6/20;				
	-she was there every never saw a man the -she overheard the C staff they got paid mi their trainings;	single day for a week and				
	revealed: -have the NCI bookle -the NCI Instructor go with staff;) with the CEO/Licensee it; bes over it(the NCI booklet) instructor did the restraint part				
	with the staff; -she planned to get the out and do the training with staff;	ne NCI Instructor to come g/retraining on restraints ave a response when the				

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(X3) DATE SURVEY

COMPLETED

		MHL036-342	B. WING		R 10/26/2020
	ROVIDER OR SUPPLIER	S, INC	DRESS, CITY, STA Imax avenue A, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
{V 110} {V 293}	questioned. Refer to V536 and V5 ensure staff complete competency in alterna interventions and phy This deficiency consti This deficiency is cro NCAC 27G .1701 Re Secure for Children of Failure to Correct Typ	337 for examples of failure to ad training and demonstrated atives to restrictive sical restraints. tutes a re-cited deficiency. ss referenced into 10 A sidential Treatment Staff r Adolescents V293 for a	{V 110} {V 293}		
	children or adolescent free-standing residen intensive, active thera interventions within a shall not be the prima who is not a client of (b) Staff secure mea awake during client sl shall be continuous a this Section. (c) The population se adolescents who hav mental illness, emotio substance-related dis co-occurring disorder disabilities. These chi not meet criteria for in (d) The children or a require the following: (1) removal from	ment staff secure facility for ts is one that is a tial facility that provides apeutic treatment and system of care approach. It ry residence of an individual the facility. Ins staff are required to be eep hours and supervision s set forth in Rule .1704 of erved shall be children or e a primary diagnosis of			

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

Division of Health Service Regulation

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

STATE FORM

Division of	of Health Service Regu	lation			
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL036-342	B. WING		R 10/26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE		
			LIMAX AVENUE	_, 0021	
BLOSSON	I COMMUNITY SERVICE	IS, INC	NIA, NC 28054		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
{V 293}	facilitate treatment; a (2) treatment in (e) Services shall be (1) include indi structure of daily livin (2) minimize the related to functional of (3) ensure safe control behaviors incom management with or (4) assist the c acquisition of adaptive communication, social (5) support the gaining the skills nee intensive treatment s (f) The residential tre shall coordinate with agencies within the c of care.	nd n a staff secure setting. designed to: vidualized supervision and g; e occurrence of behaviors deficits; ety and deescalate out of luding frequent crisis without physical restraint; hild or adolescent in the e functioning in self-control, al and recreational skills; and child or adolescent in ded to step-down to a less etting. atment staff secure facility other individuals and hild or adolescent's system	{V 293}		
	including frequent cri	e out of control behaviors sis management with or aint affecting 4 of 4 current). The findings are:			

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPLE	
		MHL036-342	B. WING		R 10/2	6/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
		1911 WIL	LIMAX AVENU	JE		
BLOSSO	I COMMUNITY SERVICE	ES, INC GASTON	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE
{V 293}	review, observations Qualified Professional competency for the p Cross Reference: 10. COMPETENCIES AN PARAPROFESSION review, observations Executive Officer(CE demonstrate compete served. Cross Reference: 10. REQUIREMENTS FC PROFESSIONALS V review and interviews there was at least on who meets or exceed Associate Profession Cross Reference: 10. MINIMUM STAFFING Based on records revi interviews, the facility requirements affectin #4). Cross Reference: 10. TRAINING ON ALTE RESTRICTIVE INTER on records review an failed to ensure prior successfully complete	A NCAC 27G .0203 F QUALIFIED ND ASSOCIATE (109 Based on records and interviews, 1 of 1 al(QP) failed to demonstrate opulation served. A NCAC 27G .0204 ND SUPERVISION OF ALS V110 Based on records and interviews, 1 of 1 Chief O)/Licensee failed to ency for the population A NCAC 27G .1703 DR ASSOCIATE (295 Based on records s, the facility failed to ensure e full-time direct care staff ds the requirements of an al(AP). A NCAC 27G .1704 B REQUIREMENTS V296 view, observations and v failed to ensure staffing g 4 of 4 clients(#1, #2, #3, A NCAC 27E .0107 RNATIVES TO RVENTIONS V536 Based d interviews, the facility to providing services, staff ed training in alternatives to ns for 3 of 4 staff (#1, #2, #4) isociate	{V 293}	CEO is in the process of hiring one full time Professional and one part time Associate Pro Associate Professionals will receive all traini immediately upon hire prior to working with We will ensure the QP and AP are supervised our Licensed Professional. Licensed professi weekly with paraprofessionals to ensure com discussed, comprehended and acknowledged Associate Professional will ensure that all tra completed prior to their start date. Sign-in sheets will be provided for each train will be retrained or will receive initial NCI to through will be done on exterior of group ho of all staff. A checklist will be completed to consumers. LP will work individually with C and ensure compliance with state licensing ro will be assessed to receive 1 on 1 in communi information will be included in client's treatment.	fessional. ngs the consumers. d and trained by onal will meet petencies are	

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STATEMEN	f Health Service Regu	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	· · /	SURVEY PLETED
		MHL036-342	B. WING		10	R /26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
		1911 WIL	LIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	S, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CC	RRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLET
{V 293}	Continued From page	e 14	{V 293}			
	Based on records rev interviews, the facility completed training in	JSION, PHYSICAL OLATION TIME-OUT V537 view, observations and v failed to ensure staff restrictive interventions for 3 and 1 of 2 Former Associate				
	V736 Based on recor	TERIOR REQUIREMENTS rds review, observations and r was not maintained in a				
	10/15/20 completed by glass in the facility's y documented: -"What immediate acc ensure the safety of t We have called our p yard to come out by y -"Describe your plans happens: I called the	s to make sure the above lawn services to come and Il keep the kids in the home				
	Protection dated 10/2 completed by the Lice CEO revealed the fol -"What immediate ac ensure the safety of t We will ensure the Q and trained by the lice professional will mee paraprofessionals to	ensed Professional(LP)and lowing documented: tion will the facility take to he consumers in your care? P and AP are supervised ense professional. License				

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
		MHL036-342	B. WING		10	R 10/26/2020	
	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATI				
	NOVIDER OK SOLT EIEK						
BLOSSON	I COMMUNITY SERVICI	ES, INC	NIA, NC 28054				
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE	
{V 293}	Continued From pag	e 15	{V 293}				
	interventions, seclus isolation time-out. Up a walk-through of the clients;" -"Describe your plan happens: Training 10 Monthly staff meeting consultants will comp Sing-in sheets will be All staff will be retrain training. A walk-throu group home upon ar will be completed to individually with CEC compliance with stat be assessed to recei information will be in plan. Date of correct doing a check for sat shift. Direct care staf completing the walk safety form-QP, CEC paraprofessionals-we them sign supervisio supervise weekly an The documentation to forms with goals ider CEO would like to we supervised." Client #2 had the dia Disorder, Attention E and Generalized Any suicidal ideation and diagnoses of Reactiv Oppositional Defiant Traumatic Stress Dis	d it started on 10/23/2020. that we have is supervision htifying what the QP and ork on while being agnoses of Major Depressive Deficit Hyperactivity Disorder kiety Disorder with a history of self-harm. Client #3 had the ve Attachment Disorder, Disorder, ADHD, Post sorder and Schizoaffective					
		ry of self-harm behaviors, Il ideation, multiple instances					
	high levels of suicida	al ideation, multiple instances					

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL036-342	B. WING		10	R / /26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
BLOSSO	M COMMUNITY SERVIC	ES, INC	LLIMAX AVENUE			
	1	GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
{V 293}	Continued From pag	le 16	{V 293}			
	required physical hol towards staff and pe- diagnoses of Depress Disorder, was on pro- deadly weapon and interactions with pee and homicidal ideation approximately 160 p from 1/2 inch to 6 inco the facility yard. The for at least 3 weeks. Professional(QP) an Officer(CEO)/License significant safety issue allowed the glass to to client #2 and client had not been trained interventions and ph 10/18/20, staff #1 an appropriate technique involving client #3 and #3 and client #4 eng altercation. Staff #1 or restraint on client #3 Client #4 was injured altercation and requi laceration above her aware staff #1 and s alternatives to restrice physical restraints by Carolina Intervention to work with clients v aggression. Clients v in the community wit the treatment plans, facility with clients or	ieces of glass ranging in size thes were located throughout glass had been in the yard The Qualified d the Chief Executive ee did not recognize the ue regarding the glass and remain in the yard accessible it #3. Staff #1 and staff #4 I in alternatives to restrictive ysical restraints. On id staff #4 did not use les to de-escalate a situation ind client #4. As a result, client aged in a physical conducted an inappropriate face down on the couch. d during the physical red six stitches for a reye. The CEO/Licensee was taff #4 not been trained in ctive interventions and y a certified NCI(North is) Instructor yet allowed staff who had histories of were transported by one staff hout documented approval in and only one staff was at the in more than one occasion. ave a current Associate				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SI COMPLE	
			B. WING		R	
		MHL036-342			10/2	6/2020
AME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, S LIMAX AVENU			
LOSSON	I COMMUNITY SERVICE	ES, INC	NIA, NC 28054	L		
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	1	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)		COMPLE DATE
{V 293}	Continued From pag	e 17	{V 293}			
	grounds, the face do required staffing and a Failure to Correct t originally cited for se harm. An administrat	ety issues of the facility wn restraint, the lack of the lack of an AP constitutes he Type A1 rule violation rious neglect and serious tive penalty of \$500.00 per illure to correct within 23				
V 295	27G .1703 Residenti P	al Tx. Child/Adol - Req. for A	V 295	CEO has hired one full time Associate Professio the process of hiring one part time Associate Pro Associate Professionals will receive all trainings	fessional.	
	specified in Rule .176 facility shall have at le staff who meets or ex an associate profess NCAC 27G .0104(1). (b) The governing be facility shall develop policies that specify to associate profession policies shall address (1) management day-to-day operation (2) supervision regarding responsibili implementation of ea treatment plan; and	ESSIONALS qualified professional 02 of this Section, each east one full-time direct care xceeds the requirements of ional as set forth in 10 A ody responsible for each and implement written the responsibilities of its al(s). At a minimum these s the following: ent of the day to day s of the facility; of paraprofessionals		immediately upon hire prior to working with the We will ensure the QP and AP are supervised an our Licensed Professional. Licensed professional weekly with paraprofessionals to ensure compete discussed, comprehended and acknowledged.	consumers. d trained by l will meet	
	This Rule is not met	as evidenced by:				

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TATEMEN	of Health Service Regu T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION		SURVEY PLETED
		MHL036-342	B. WING		R 10/26/2020	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
		1911 WIL	LIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTON	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SE CROSS-REFERENCED TO THE AP DEFICIENCY)		COMPLE ⁻ DATE
V 295	Continued From page	e 18	V 295			
	Based on records rev	view and interviews, the				
		e there was at least one				
		taff who meets or exceeds				
	the requirements of a					
	Professional(AP). Th	e findings are:				
	Review on 10/15/20	of the facility staff roster				
	revealed there was no staff name listed for the AP					
	role.					
	Interview on 10/20/20) with Former Associate				
	Professional(FAP)#1					
	-no longer worked at					
	-the last day she wor	-				
	-she was there for th	ree months.				
	Interview on 10/21/20) with FAP#2 revealed:				
	-started work at the fa	-				
	the AP;	e was hired for the role of				
	-she was told she wa					
	Qualified Professiona	al(QP) Supervisor; ould share the role with the				
	other QP;	buid share the role with the				
	-worked at the facility	, for one week:				
	•	CEO(Chief Executive				
		npliant with the state;				
	-CEO/Licensee provi					
	description;					
	-she saw it read AP/I					
	hired for;	hat was not what she was				
		h the CEO/Licensee back				
	and forth about this;					
	-been in the field for	•				
	 -last day she worked 10/14/20; 	at the facility was on				
		nsee tell the clients, "you				
	know how this stuff g	oes, they come and go, they				
	come and go."					

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	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S COMPL	
	OF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING			
		MHL036-342	B. WING		R 10/26/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	FATE, ZIP CODE		
		1911 WI	LIMAX AVENU	E		
103301	M COMMUNITY SERVICE	GASTO	NIA, NC 28054			
(X4) ID			ID			(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLE [®] DATE
V 295	Continued From page	e 19	V 295			
	revealed: -in the process of loo -she let FAP#1 go; -FAP#2 quit; -did not currently hav role of the AP; -in the process of inte new staff. This deficiency is cro NCAC 27G .1701 Re	re a staff who qualified for the erviewing some potential ss referenced into 10 A sidential Treatment Staff or Adolescents V293 for a				
{V 296}	telephone or page. A able to reach the faci times. (b) The minimum nu required when childre present and awake is (1) two direct c one, two, three or fou (2) three direct for five, six, seven or adolescents; and (3) four direct c nine, ten, eleven or the adolescents. (c) The minimum num	4 MINIMUM STAFFING sional shall be available by direct care staff shall be lity within 30 minutes at all mber of direct carestaff en or adolescents are as follows: are staff shall be present for ir children or adolescents; care staff shall be present eight children or care staff shall be present for	{V 296}	CEO has hired additional staff ensure that the ratio is met. QP ensuring that each shift is cove scheduled.	/AP is	

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DIVISION C	of Health Service Regu	liation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	. BUILDING:		ETED
					R	2
		MHL036-342	B. WING			6/2020
			DDRESS, CITY, STA			
NAME OF P	ROVIDER OR SUPPLIER		LIMAX AVENUE	IE, ZIP CODE		
BLOSSO	I COMMUNITY SERVICE	ES. INC				
			IIA, NC 28054			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG		LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
{V 296}	Continued From page	e 20	{V 296}			
. ,			. ,			
		are staff shall bepresent				
		ake for one through four				
	children or adolescer	care staff shall bepresent				
		ake for five through eight				
	children or adolescer					
		care staff shall be present				
		awake and the third may be				
		eleven or twelve children or				
	adolescents.					
		minimum number of direct				
		Paragraphs (a)-(c) of this				
		e staff shall be required in				
	_	the child or adolescent's				
		pecified in the treatment				
	plan.	l be responsible for ensuring				
		en or adolescents when they				
	-	cility in accordance with the				
	-	individual strengths and				
	needs as specified in	-				
	This Pulo is not mat	as avidanced by:				
	This Rule is not met a	as evidenced by: view, observations and				
		/ failed to ensure staffing				
		ig 4 of 4 clients(#1, #2, #3,				
	#4). The findings are	5				
	,					
	Observation on 10/15	5/20 at approximately				
	12:00pm revealed:	· · · · ·				
		lrive-way of the facility;				
		Utility Vehicle) pulled into the				
	drive-way a few seco					
	-a female(later identit	fied as staff #2) got out of				
Division of Hea	Ith Service Regulation					

Division of Health Service Regulation

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Division	of Hoolth	Sonioo	Dogulation
Division	or Health	Service	Regulation

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		· · /	E SURVEY PLETED
		MHL036-342	B. WING		R 10/26/20	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			LIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLET DATE
{V 296}	Continued From pag	e 21	{V 296}			
	the white SUV;					
	-staff #2 proceeded t	o enter the facility.				
	Interview on 10/15/20	0 with staff #2 in the				
		entered the facility revealed:				
	-there were clients at	-				
		ink, we can't have drinks in				
	front of kids."					
		5/20 at approximately				
	12:08pm revealed:					
	-entered the facility;	and in the such its OLD/				
	-the female who arrividentified herself as s					
		entified herself as staff #1;				
		t the facility(client #2, client				
	#3 and client #4);					
	-no other staff were of	on site.				
	Interview on 10/19/20	0 with client #1 revealed:				
	-been at the facility s	ince 6/2020;				
	-worked at a local fas					
	-staff take her back a					
	-was at work yesterd					
	from work;	sional(QP) picked her up				
	•	her up, they went to the				
	hospital and picked u					
		d the QP were in the car;				
		one staff goes with them;				
	-other staff stays at t	he facility with two clients.				
		0 with client #3 revealed:				
	-came to the facility of					
	-	in the mornings, there are				
	one to two staff at the					
	-when she goes to be are at the facility;	ed at night, one to two staff				
		ot remember what day, one				
		ty with her and client #2;				
	Ith Service Regulation	$\pi_{\mathcal{L}}$				

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If continuation sheet 22 of 47

STATEMEN	of Health Service Regu T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-342	B. WING		R 10/26/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
BLOSSON	I COMMUNITY SERVIC	ES, INC GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE COMPLET THE APPROPRIATE DATE	
{V 296}	Continued From pag	je 22	{V 296}			
	were at the facility w	k, and she and client #2 ith one staff; client #2 were at the facility				
- - - t - -	-came to facility on 1 -went to church with Sunday(10/18/20);					
	-came to the facility	0 with staff #1 revealed: on her day off; ırch on Sunday(10/18/20).				
	-one staff takes two	e facility with two clients;				
	-she takes client #1 t	takes client #1 to work;				
		of client #1, #2, #3 and #4's ealed no documentation of e staffing.				
	Executive Officer)/Lid -talked to staff #2 ab 10/15/20;	out her leaving the facility on				
	-staff #2 told her(CE) the facility; -staff #2 told her she drive-way in her vehi					
inion of Hoo	This deficiency cons	titutes a re-cited deficiency.				

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Division of	Health Servic	e Regulation
DIVISION OF	nealth Servic	e Requiation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S COMPLE	
		MHL036-342	B. WING		R 10/2	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE		
		1911 WI		JE		
BLOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
	SUMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECT	ON	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLET DATE
{V 296}	Continued From page	e 23	{V 296}			
	NCAC 27G .1701 Re	ess referenced into 10 A esidential Treatment Staff or Adolescents V293 for a pe A1 rule violation.				
V 536	Int.	hts - Training on Alt to Rest.	V 536	CEO contracted with NCI trainer to provide the staff. NCI Trainer will ensure that staff compleand demonstrates competency in alternatives interventions and physical restraints.	etes training	
	10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall im	RESTRICTIVE		Staff has reviewed educational and instruction how to properly deescalate provided by NCI 7 Spencer.		
	practices that empha to restrictive interven (b) Prior to providing	size the use of alternatives tions. services to people with		Trainings are documented and will continue to documented on the trainers' sign in sheet. Train the log at the end of each training session.		
	employees, students demonstrate compete					
	other strategies for c which the likelihood c	reating an environment in of imminent danger of abuse with disabilities or others or				
	property damage is p (c) Provider agencie	prevented. s shall establish training				
		etencies, monitor for internal onstrate they acted on data				
	include measurable I	be competency-based, earning objectives, written and by observation of				
	behavior) on those of methods to determine	bjectives and measurable e passing or failing the				
	by each service prov	training must be completed ider periodically (minimum				
	annually). (f) Content of the tra	ining that the service nploy must be approved by				

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Division of Health	Service Regulation
DIVISION OF HEARIN	Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		· · ·	E SURVEY PLETED
		MHL036-342	B. WING		R 10/26/20	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATI	E, ZIP CODE		
			LLIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLET DATE
V 536	Continued From page	e 24	V 536			
	the Division of MH/DD/SAS pursuant to					
		-				
	Paragraph (g) of this	strate competence in the				
	following core areas:	-				
	U U	and understanding of the				
	people being served;	-				
		and interpretinghuman				
	behavior;	, and interpreting raman				
	,	the effect of internal and				
		at may affect people with				
	disabilities;	2				
	(4) strategies f	or building positive				
	relationships with per	sons with disabilities;				
	(5) recognizing	cultural, environmental and				
	organizational factors disabilities;	s that may affect people with				
		the importance of and				
		n's involvement in making				
	decisions about their					
	()	essing individual riskfor				
	escalating behavior;					
		tion strategies for defusing				
		tentially dangerous behavior;				
	and (9) positive bel	havioral supports (providing				
		h disabilities to choose				
	activities which direct					
	behaviors which are					
	(h) Service providers	,				
	documentation of init	ial and refresher training for				
	at least three years.					
	(1) Documenta	ation shall include:				
	· · · ·	pated in the training and the				
	outcomes (pass/fail);					
		where they attended; and				
	(C) instructor's					
		n of MH/DD/SAS may				
	-	ocumentation at anytime.				
	(i) Instructor Qualifica	auons and Training				

If continuation sheet 25 of 47

Division of Health Service Re	gulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-342	B. WING		10	R / 26/2020
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
			LIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
		TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF COR	PECTION	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLE ⁻ DATE
V 536	Continued From page	e 25	V 536			
	Requirements:					
		all demonstrate competence				
		testing in a training program				
		reducing and eliminating the				
	need for restrictive in					
	(2) Trainers sh	all demonstrate competence				
	by scoring a passing grade on testing in an					
	instructor training pro	ogram.				
	(3) The training					
		include measurable learning				
	-	ble testing (written and by				
		vior) on those objectives and				
		s to determine passing or				
	failing the course.					
		t of the instructor training the				
	service provider plan	sion of MH/DD/SAS pursuant				
	to Subparagraph (i)(5					
		instructor training programs				
		not limited to presentation of:				
		ing the adult learner;				
		or teaching content of the				
	course;					
	,	or evaluating trainee				
	performance; and	-				
	(D) documentat	tion procedures.				
	(6) Trainers sh	all have coachedexperience				
		rogram aimed at preventing,				
	•	ting the need for restrictive				
		one time, with positive				
	review by the coach.					
		all teach a training program				
		reducing and eliminating the				
		terventions at least once				
	annually.	all according a softward and				
	. ,	all complete arefresher				
		least every two years.				
	(j) Service providers	ial and refresher instructor				

Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE S COMPL	
		IDENTIFICATION NOMBER.	A. BUILDING:			
			B. WING		F	
		MHL036-342	B. WING		10/2	26/2020
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
BLOSSON	I COMMUNITY SERVICE	ES, INC	LIMAX AVENUE			
		GASTON	IIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 536	training for at least th (1) Docume (A) who particip outcomes (pass/fail); (B) when and v (C) instructor's (2) The Divisio request and review th (k) Qualifications of C (1) Coaches sh requirements as a tra (2) Coaches sh the course which is b (3) Coaches sh competence by comp train-the-trainer instru	aree years. entation shall include: pated in the training and the where attended; and name. n of MH/DD/SAS may his documentation any time. Coaches: nall meet all preparation hiner. hall teach at least three times being coached. hall demonstrate poletion of coaching or	V 536			
Division of Hea	facility failed to ensur staff successfully cor alternatives to restric staff (#1, #2, #4) and Professionals(FAP#2 Finding #1 Review on 10/19/20 or revealed the following -staff #1 was hired or	view and interviews, the re prior to providing services, npleted training in tive interventions for 3 of 4 1 of 2 Former Associate 2). The findings are: of staff personnel records g: n 9/29/20 with the job title of essional. A certificate for				

Division of Health Service Regulation

Division of Health Service Regulation

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Division of Health	Service	Regulation
Division of fleatu		Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED
		MHL036-342	B. WING	_	R 10/26/202	
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		1911 WIL	LIMAX AVENUE			
BLOSSOM	COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	COMPLETI
V 536	Continued From page	e 27	V 536			
	Interventions) Plus dated 9/29/20 for staff #1 was					
	present in the record					
	-staff #2 was hired or	9/28/20 with the job title of				
	Direct Care Paraprof	essional. There was no				
		mpleted training in NCI Plus				
	present in the record					
		n 10/2/20 with the job title of				
		essional. Two certificates for				
		or NCI Plus were present in				
		ficate was dated 10/2/20. lated 10/3/20 with staff #4's				
	first name written on					
		10/7/20 with the job title of				
		sional). A certificate for				
		NCI Plus dated 10/6/20 was				
	present in the record					
	Interviews on 10/15/	20 and 10/20/20 with staff #1				
	revealed:	20 and 10/20/20 with stall #1				
	-not had her training	vet:				
	-she has been asking					
		Officer(CEO)/Licensee told				
		censee) "has someone				
	coming;"	,				
		ad not provided her with NCI				
	training;					
		no the NCI instructor was;				
		l instructor on the NCI				
	certificate did not trai					
		ad her sign a paper to say				
	she had experience i					
	-she had NCI training	certificate was "not true, did				
	not take it."	Serimoale was not live, uiu				
	Interviews on 10/10/2	20 and 10/22/20 with staff #4				
	revealed:					
		e and prior trainings in Level				
	3 group homes in Vir					

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Division of Health Service Regulation	

Image: Second condition of the second condition	(EACH DEFICIENCY REGULATORY OR I pontinued From page the had not been tra he went over the No ad up on NCI in a p the CEO/Licensee ga imphlet to her; the CEO/Licensee sa	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 28 ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	B. WING DDRESS, CITY, STATE LIMAX AVENUE NIA, NC 28054 ID PREFIX TAG V 536	E, ZIP CODE PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	2020 (X5) COMPLETI DATE
X4) ID PREFIX TAG V 536 Con -she -she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	SUMMARY ST. SUMMARY ST. (EACH DEFICIENCY REGULATORY OR I pontinued From page he had not been tra he went over the NG ad up on NCI in a p he CEO/Licensee ga imphlet to her; he CEO/Licensee sa cople, she would ha	ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 2 28 ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	LIMAX AVENUE NIA, NC 28054	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC	LD BE	COMPLET
(X4) ID PREFIX TAG V 536 Con -she -she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	SUMMARY ST, (EACH DEFICIENCY REGULATORY OR I pontinued From page the had not been tra he went over the NG ad up on NCI in a p the CEO/Licensee ga imphlet to her; the CEO/Licensee sa cople, she would ha	S, INC ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) 2 28 ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	IIA, NC 28054	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC	LD BE	COMPLET
(X4) ID PREFIX TAG V 536 Con -she -she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	SUMMARY ST, (EACH DEFICIENCY REGULATORY OR I pontinued From page the had not been tra he went over the NG ad up on NCI in a p the CEO/Licensee ga imphlet to her; the CEO/Licensee sa cople, she would ha	GASTON ATEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 22 28 ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC	LD BE	COMPLET
PREFIX TAG V 536 Cont -she -she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	(EACH DEFICIENCY REGULATORY OR I pontinued From page the had not been tra he went over the NG ad up on NCI in a p he CEO/Licensee ga imphlet to her; he CEO/Licensee sa cople, she would ha	A MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) 228 ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC	LD BE	COMPLET
-she -she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	he had not been tra he went over the NG ad up on NCI in a p he CEO/Licensee ga imphlet to her; he CEO/Licensee sa cople, she would ha	ined in NCI; CI test part, took the test and amphlet; ave the NCI test and NCI	V 536			
-she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	he went over the NG ad up on NCI in a p he CEO/Licensee ga imphlet to her; he CEO/Licensee sa cople, she would ha	CI test part, took the test and amphlet; ave the NCI test and NCI				
-she read -the pam -the peop to do Inter -wor 10/7 -she -she -she	he went over the NG ad up on NCI in a p he CEO/Licensee ga imphlet to her; he CEO/Licensee sa cople, she would ha	CI test part, took the test and amphlet; ave the NCI test and NCI				
read -the pam -the peop to do Inter -wor 10/7 -she -she -she	ad up on NCI in a p ne CEO/Licensee ga imphlet to her; ne CEO/Licensee sa cople, she would ha	amphlet; ave the NCI test and NCI				
-the pam -the peop to do Inter -wor 10/7 -she -she -she	ne CEO/Licensee ga imphlet to her; ne CEO/Licensee sa pople, she would ha	ave the NCI test and NCI				
pam -the peop to do Inter -wor 10/7 -she -she -she	imphlet to her; he CEO/Licensee sa cople, she would ha					
-the peop to do Inter -wor 10/7 -she -she -she	e CEO/Licensee sa ople, she would ha	id an a also not an aval				
peop to do Inter -wor 10/7 -she -she -she	ople, she would ha	ald once she dot enough				
to do Inter -wor 10/7 -she -she -she		ve the NCI instructor come				
Inter -wor 10/7 -she -she -she	ao naning.					
-wor 10/7 -she -she -she						
10/7 -she -she -she	terview on 10/21/20	with FAP#2 revealed:				
-she -she -she	orked at the facility	for one week from				
-she -she	/7/20-10/14/20;					
-she	he did not have NC	I Plus training on 10/6/20;				
	he stated, "I'm not g	jonna lie;"				
nove	he was there every	single day for a week and				
neve	ever saw a man thei	e doing NCI training;				
-she	he overheard the C	EO/Licensee tell direct care				
		nimum wage until they got all				
	eir trainings;					
-dire	irect care staff work	ing there without all their				
train	ainings.					
Find	nding #2					
	-	with client #3 revealed:				
-she	he had finished clea	aning at the facility and staff				
#1 c	came in;					
-staf	taff #1"nitpick" her a	about some furniture she				
	d rearranged;					
	he had to move bac					
	taff #1 was arguing	with her;				
	taff #1 started it;					
-she	he(client #3) then g	ot in a fight with client #4;				
Inter	terview on 10/19/20	with client #4 revealed:				
	ent on an outing wi					
	eturned to the facilit					
		were at the facility with the				
	her clients;					
		ad been moved around;				
		he other staff who				

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Division of Heal	Ith Service Regulation	

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		MHL036-342	B. WING			R 10/26/2020	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E. ZIP CODE			
			LIMAX AVENUE				
BLOSSON	I COMMUNITY SERVICE	ES, INC	NIA, NC 28054				
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC		(XE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLET DATE	
V 536	Continued From page	e 29	V 536				
	authorized the mover	ment of the furniture;					
		uthorized client #3 to move					
	the furniture;						
	-staff #1 discussed w	hy the furniture can't be					
	moved;						
	-client #3 started argu	uing with staff #1;					
		ff #1 and went outside;					
		le and told client #3 not to be					
	disrespectful to her "r	nommy;"					
	-client #4 got mad;						
		staff #1 about the television					
	remote;	3 to go to her room for being					
	rude;	s to go to her room for being					
-	,	d talked back to staff #1;					
	-client #3 and client #						
	Further interview on	10/20/20 with staff #1					
	revealed:						
		authorized the change of the					
	desk and the table;						
	-the Qualified Profess	sional(QP) and of the table to					
	be moved;						
	-staff #3 was on the c	couch with client #3					
		ecause she(staff #1) asked					
	about the movement						
	-client #3 got upset;	•					
	-client #3 changed ba						
	-client #3 cussed staf						
		nd told client #3 not to					
	disrespect her(staff #						
	-client #4 referred to						
		, and staff #1 told client #3 to					
	go to her room; -client #3 refused to g	no to her room:					
	-client #3 looked like	she was going to fight staff					
		she was going to call the					
	police on client #3;						

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Division of Health Service Regulation	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-342	HL036-342 B. WING		R 10/26/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLET DATE
V 536	Continued From page	e 30	V 536			
	-staff #4 told client #3	3 and staff #1 they both				
	needed to control the	•				
		she was mad at client #3;				
		not on same accord."				
) with staff #3 revealed:				
		ff #4 the day of the incident;				
	-"it started up, provol					
		4 to church, got her clothes				
	and Chinese food;	v client #4 "come in with all				
	this stuff" and it trigge					
	-client #3 had done a					
	rearranged some fur					
	•	authorized the move of the				
	furniture;					
	-client #3 got upset a	nd went outside;				
		not to disrespect her				
	-she talked to client #	t3 and got her calmed down;				
	-staff #3 had to leave	the facility at 5:00pm;				
	-found out later staff	#1 kept telling client #3 to go				
		nt #3 her own kids did not				
		ne(staff #1) was going to call				
	the police on client #	3.				
	Interview on 10/19/20) with staff #4 revealed:				
		ous of staff #1 giving client				
	#4 food;					
	-there was tension be clients and staff #1;	etween client #4, the other				
		ent #3 to go to her room;				
	-client #3 refused;	-				
		o call the police on client #3				
		used to go to her room;				
		d in because this was the				
		worked at a Level 3 group				
	home;					
	-she(staff #4) got clie					
	-staff #1 said someth	ing to client #3 again, and				

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If continuation sheet 31 of 47

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL036-342	B. WING			R 10/26/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, S	TATE, ZIP CODE			
LOSSON	I COMMUNITY SERVICE		NIA, NC 28054				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)		COMPLE DATE	
V 536	Continued From page	e 31	V 536				
	client #3 lashed out v -staff #1 was client #4 #4 attacked client #3	4's favorite staff, and client					
	NCAC 27G .1701 Re	ss referenced into 10 A sidential Treatment Staff or Adolescents V293 for a be A1 rule violation.					
V 537	ITO	hts - Training in Sec Rest &	V 537	CEO contracted with NCI trainer to provide tra staff. NCI Trainer will ensure that staff comple and demonstrates competency in alternatives to interventions and physical restraints.	tes training		
	ISOLATION TIME-OU (a) Seclusion, physic time-out may be emp been trained and hav competence in the pr to these procedures. staff authorized to em procedures are retrai competence at least a (b) Prior to providing disabilities whose tre- includes restrictive in service providers, em volunteers shall comp seclusion, physical re- and shall not use the training is completed demonstrated. (c) A pre-requisite for demonstrating compe- training in preventing the need for restrictiv (d) The training shall include measurable for	CAL RESTRAINT AND JT cal restraint and isolation loyed only by staff who have re demonstrated oper use of and alternatives Facilities shall ensure that apploy and terminate these ned and have demonstrated annually. direct care to people with atment/habilitation plan terventions, staff including apployees, students or object training in the use of estraint and isolation time-out se interventions until the and competence is r taking this training is etence by completion of , reducing and eliminating e interventions. be competency-based,		Trainings are documented and will continue to documented on the trainers' sign in sheet. Train the log at the end of each training session.			

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Division of Health	Service Regulation

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL036-342	036-342 B. WING		R 10/26/20	
	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATI	E, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(YE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 537	Continued From page	e 32	V 537			
	hehavior) on those of	bjectives and measurable				
		e passing or failing the				
	course.					
		training must becompleted				
		ider periodically (minimum				
	annually).					
	(f) Content of the tra	ining that the service				
	provider plans to emp	ploy must be approved by				
	the Division of MH/DI	D/SAS pursuant to				
	Paragraph (g) of this Rule.					
	(g) Acceptable training programs shall include,					
	but are not limited to, presentation of:					
	()	formation on alternativesto				
	the use of restrictive					
	· · · •	on when to intervene				
		nent danger to selfand				
	others); (3) emphasis o	a actaty and randout for the				
		n safety and respect for the all persons involved (using				
		trictive interventions and				
	incremental steps in					
	-	or the safe implementation				
	of restrictive interven	•				
		emergency safety				
	interventions which ir					
	assessment and mor	nitoring of the physical and				
	psychological well-be	eing of the client and the safe				
	use of restraint through	ghout the duration of the				
	restrictive intervention					
	(6) prohibited p					
		strategies, includingtheir				
	importance and purp					
		tion methods/procedures.				
	(h) Service providers					
		ial and refresher training for				
	at least three years.	Constant in stand				
		tion shall include:				
		pated in the training and the				
	outcomes (pass/fail);					

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If continuation sheet 33 of 47

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Division of Liealin	Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:			SURVEY
		MHL036-342	B. WING	10	R 10/26/2020	
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
			LIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC	NIA, NC 28054			
0/015				PROVIDER'S PLAN OF CORR		0.0
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(X5) COMPLE ⁻ DATE
V 537	Continued From page	e 33	V 537			
	(B) when and v	where they attended; and				
	(C) instructor's	-				
		n of MH/DD/SAS may				
		ocumentation at anytime.				
	(i) Instructor Qualifica	-				
	Requirements:	3				
		all demonstrate competence				
		testing in a training program				
	aimed at preventing,	reducing and eliminating the				
	need for restrictive in	terventions.				
	(2) Trainers sh	all demonstrate competence				
	by scoring 100% on t	esting in a training program				
	teaching the use of s	eclusion, physical restraint				
	and isolation time-ou					
		all demonstrate competence				
		grade on testing in an				
	instructor training pro					
	(4) The training	-				
		nclude measurable learning				
	•	ble testing (written and by				
		ior) on those objectives and				
		to determine passing or				
	failing the course.	t of the instructor training the				
		t of the instructor training the				
	service provider plan	s to employ shall be sion of MH/DD/SAS pursuant				
	to Subparagraph (j)(6					
		instructor trainingprograms				
		be limited to, presentation				
	of:					
		ing the adult learner;				
		r teaching content of the				
	course;	<u> </u>				
		of trainee performance; and				
		tion procedures.				
		all be retrained at least				
		strate competence in the use				
	•	I restraint and isolation				
		l in Paragraph (a) of this				
	-					

(X3) DATE SURVEY

COMPLETED

			-	D		
		MHL036-342	B. WING		R 10/26/2020	
	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
	NOVIDEN ON SOLT EIEN		.IMAX AVENUE			
BLOSSON	I COMMUNITY SERVICE	ES, INC	A, NC 28054			
			-			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD F CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 537	Continued From page	e 34	V 537			
	Rule.					
	(8) Trainers sh CPR.	all be currently trained in				
		all have coachedexperience				
		f restrictive interventions at				
		a positive review by the				
	coach.					
	(10) Trainers sh	all teach a program on the				
	use of restrictive inter annually.	rventions at least once				
	•	all complete a refresher				
	instructor training at I	east every two years.				
	(k) Service providers					
		ial and refresher instructor				
	training for at least th					
		tion shall include:				
	(A) who particip outcome (pass/fail);	pated in the training and the				
	(B) when and w	where they attended; and				
	(C) instructor's					
		n of MH/DD/SAS may				
		ocumentation at anytime.				
	(I) Qualifications of C					
		nall meet all preparation				
	requirements as a tra (2) Coaches sh	nall teach at least three				
	times, the course whi					
		nall demonstrate				
	competence by comp					
	train-the-trainer instru					
	(m) Documentation s					
	preparation as for tra					
	This Rule is not met a	-				
		view, observations and				
	interviews, the facility	r failed to ensure staff				

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

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If continuation sheet 35 of 47

Division o	of Health Service Regu	lation			FORM APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY	
		IDENTIFICATION NUMBER:			COMPLETED	
		MHL036-342			R 10/26/2020	
					10/20/2020	
NAME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, STAT .LIMAX AVENUE	E, ZIP CODE		
BLOSSO	I COMMUNITY SERVICE	ES. INC	NIA, NC 28054			
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID	PROVIDER'S PLAN OF CORRECTIO	RRECTIVE ACTION SHOULD BE COMPLETE	
PREFIX TAG			PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		
V 537	Continued From page 35		V 537			
	completed training in restrictive interventions for3 of 4 staff (#1, #2, #4) and 1 of 2 FormerAssociate Professionals(FAP#2). The findings are:					
	Finding #1:					
	Review on 10/19/20 of staff personnel records					
	revealed the following:					
	-staff #1 was hired on 9/29/20 with the job title of					
	Direct Care Paraprofessional. A certificate for completed training in NCI(North Carolina					
	Interventions) Plus dated 9/29/20 for staff #1 was					
	present in the record;					
	-staff #2 was hired on 9/28/20 with the job title of					
	Direct Care Paraprofessional. There was no					
	documentation of completed training in NCI Plus					
	present in the record;					
	-staff #4 was hired on 10/2/20 with the job title of					
	Direct Care Paraprofessionals. Two certificates					
	for completed training for NCI Plus were present in the record. One certificate was dated 10/2/20.					
	One certificate was dated 10/3/20 with staff #4 's					
	first name written in the certificate:					
	-FAP#2 was hired on 10/7/20 with the job title of					
		completed training in NCI				
	Plus dated 10/6/20 w	as present in the record.				
		20 and 10/20/20 with staff #1				
	revealed:					
	-not had her training yet;					
	-she has been asking for it; -the Chief Executive Officer(CEO)/Licensee told					
	her that she(CEO/Licensee) "has someone					
	coming;"					
	-the CEO/Licensee had not provided her with NCI					
	training;					
	-she did not know who the NCI instructor was;					
	-the name of the NCI instructor on the NCI					
	certificate did not train her in NCI;					
	-the CEO/Licensee had her sign a paper to say					
	she had experience i	n NCI;				
ivision of Hea	Ith Service Regulation		· · · · · · · · · · · · · · · · · · ·			

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(X3) DATE SURVEY

COMPLETED

		MHL036-342	B. WING		R 10/26/2020
	ROVIDER OR SUPPLIER	S, INC	DRESS, CITY, STA LIMAX AVENUE IA, NC 28054		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
V 537	Continued From page -she had NCI training -she stated the NCI of not take it." Interviews on 10/19/2 revealed: -had prior experience 3 group homes in Virg -she did not get her tr -she had not been tra -she went over the NV read up on NCI in a p -the CEO/Licensee ga pamphlet to her; -the CEO/Licensee ga pamphlet to her; -the CEO/Licensee sa people, she would had to do training. Interview on 10/21/20 -worked at the facility 10/7/20-10/14/20; -she did not have NC -she stated, "I'm not g -she was there every never saw a man the -she overheard the C staff they got paid min their trainings;	e 36 at another facility; ertificate was "not true, did 20 and 10/22/20 with staff #4 and prior trainings in Level ginia; raining at this facility; lined in NCI; CI test part, took the test and hamphlet; ave the NCI test and NCI aid once she got enough we the NCI instructor come 0 with FAP#2 revealed: for one week from I Plus training on 10/6/20; gonna lie;" single day for a week and re doing NCI training; EO/Licensee tell direct care nimum wage until they got all thing there without all their	V 537		
	-admission date of 9/2 -diagnoses of Reactiv Oppositional Defiant	25/20; /e Attachment Disorder, Disorder, ADHD, Post order and Schizoaffective			

(X2) MULTIPLE CONSTRUCTION

A. BUILDING:

Division of Health Service Regulation

-age 17 years;

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(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES

AND PLAN OF CORRECTION

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If continuation sheet 37 of 47

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MUI 026 242			B. WING		R	
		MHL036-342	b. Wind		10	/26/2020
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI	E, ZIP CODE		
BLOSSON	I COMMUNITY SERVICE	ES, INC	LIMAX AVENUE			
			NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 537	Continued From page	e 37	V 537			
	-treatment plan dated documented client #3 instances of physical had required physica	d 2/6/20 updated 8/21/20 3 had a history of multiple aggression with peers and I holds due to aggression				
	towards staff and peers. Review on 10/19/20 of client #4's record revealed: -admission date of 10/14/20; -diagnoses of Depressive disorder and Conduct Disorder; -age 17 years old; -a residential services intake form dated 10/14/20 documented client #4 was on probation for assault with a deadly weapon that occurred in 4/2020; -treatment plan dated 10/12/20 documented client #4 had a history of negative interactions with peers, a fascination with knives and homicidal ideation. Interview on 10/21/20 with client #3 revealed: -was upset and cursing at staff #1; -she walked outside, and client #4 followed her; -client #4 told her not to talk to staff #1 disrespectful; -client #3 climbed a tree, cooled down and went back inside; -client #4 ran up on her, pulled her hair and they started fist fighting; -she(client #3) had rings on her fingers; -client #4 got stitches as result of the fight; -staff #1 and staff #4 tried to break the fight up; -staff pulled them off of each other; -"[staff #1] had me on my face, I couldn't breathe;" -client #3's head was in the pillows on the couch and her arms were behind her; -"like cop arresting you and putting you on cop					

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If continuation sheet 38 of 47

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-342	B. WING	B. WING		
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORR	ECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLE ⁻ DATE
V 537	Continued From page	e 38	V 537			
	-staff #1 finally got of	f of her.				
	Interview on 10/19/20) with client #4 revealed:				
	-happened yesterday					
	÷ .	nd was cussing staff #1;				
		le, and she followed client				
	#3; -she told client #3 not to talk to staff #1					
	disrespectful;					
	-client #3 went back i	inside the facility:				
	-she and client #3 got into a verbal altercation;					
	-she and client #3 began to fight;					
	-"staff tried to restrain	n, hold us back;"				
	-staff #1 grabbed clie					
	-staff #4 grabbed clie					
		of client #3, holding her and				
	pushing her back;					
	standing behind clier	client #4 from behind,				
	-	under client #4's armpits;				
		e free, wiggling and swinging				
	staff #4 back and for					
		#4 got close enough to hit				
	each other;	5				
	-she kicked client #3	in the stomach;				
	-client #3 hit her in th	-				
		were still trying to break the				
	fight up;					
		3's hair, swung her by the				
	door and punched cli					
	-staff #4 got client #4	#3 calling her(client #4)				
	names:					
		3 down on the couch with				
		bent and her belly on the				
	couch;	2				
	-"like get arrested on	police car;"				
		's arms behind her back;				
		n and hit client #3 twice;				
	-staff #1 and staff #4	traded places;				

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If continuation sheet 39 of 47

(X3) DATE SURVEY

(X5) COMPLETE DATE

AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
	MHL036-342	B. WING		R 10/26/2020
NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E. ZIP CODE	
		LLIMAX AVENUE	_,	
BLOSSOM COMMUNITY SERVI	CES, INC GASTO	NIA, NC 28054		
PREFIX (EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLE
couch; -she was laying on straight out, and st holding her hands; -staff #4 let client # -client #4 kicked cli client #3's hair; -client #3 got a rock -the rock hit her(cli -her eye was bleed -staff called EMS(E and they checked H -she went to the EB -the rock or the ring eye; -she got six stitche -her swollen eye hu Observation on 10/ -laceration above of stitches; -swelling at the out client #4's left eye. Review on 10/19/2 Summary" dated 14 documented the fo -reason for visit: as -diagnosis: cut on f sites, facial lacerati	ng her(client #4) down on the the couch with her legs aff #1 was on top of her, 3 go, and she hit client #4; ent #3 in the face and got k and threw it at client #4; ent #4) in the eye; ling bad; Emergency Medical Services) her out; D(Emergency Department); gs caused the cut above her s; urts. (19/20 at 10:03am revealed: er corner and underneath 0 of a form titled "After Visit 0/18/20 from a local hospital llowing: esault victim; face, abrasions of multiple	V 537		

(X2) MULTIPLE CONSTRUCTION

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lashed out;

sitting on the couch;

-client #3 got upset with staff #1 and verbally

-client #4 attacked client #3 while client #3 was

-she grabbed client #4, and staff #1 grabbed

-staff #1 was client #4's favorite staff;

Division of Health Service Regulation

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

Division of	of Health Service Regu	lation			FORM APPROVED	
STATEMEN	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION N		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHL036-342	B. WING		10/26/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET /	ADDRESS, CITY, STAT	E, ZIP CODE		
		1911 WI	LLIMAX AVENUE			
BLOSSON	M COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	DN (X5)	
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD	D BE COMPLETE	
TAG	REGULATORTOR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)		
)/ 507		40	N/ 507			
V 537	Continued From page	e 40	V 537			
	client #3;					
		#4 were kicking, punching				
	and pulling each othe					
		#4 were running in circles;				
	-she tried to defuse t					
	-she was standing in					
	-she directed client #3 to go outside; -she did not restrain client #3 or client #4; -client #4 had a gash on her forehead.					
	-cliefit #4 flau a gasif	on her lorenead.				
	Interview on 10/20/20	0 with staff #1 revealed:				
	-came in on her day					
	-client #3 got upset w					
	-client #3 was yelling	, and staff #1 told client #3 to				
	go to her room;					
		go to her room and cussed				
	staff #1;					
	-client #4 got upset;					
		as going to fight client #3;				
	- not sure if staff #4 h	n [client #3] three times;"				
	-staff #4 just blocked					
	-staff #4 didn't do any					
	-	g loose and hitting her and				
	client #3;					
		#4 fought three times;				
	-client #3 was strugg					
	-staff #4 let client #4					
		take client #4 back to her				
	room;					
	-client #3 had a shar					
	-client #4 had a "gap -"blood everywhere;"	u				
	- blood everywhere, - blood all over the flo					
	-"freaked me out sob					
	-"got out of control;"	,				
	-"it was a mess;"					
	-"should have never	happened."				
	This deficiency is cro	ss referenced into 10 A				
vision of Hea	Ith Service Regulation					

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If continuation sheet 41 of 47

F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				
MHL036-342		B. WING		к 10/26/2	2020
ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, S	TATE, ZIP CODE		
I COMMUNITY SERVICE	ES. INC 1911 V	VILLIMAX AVENU	IE		
	GAST	ONIA, NC 28054			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLE DATE
Continued From page	e 41	V 537			
Secure for Children of	or Adolescents V293 for a				
10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe,	3 LOCATION AND EMENTS its grounds shall be clean, attractive and orderly	V 736	clean the yard and clear all debris. Contractor witto clean the yard weekly. If an incident should an	ill continue rise and	
Based on records rev interviews, the facility	view, observations and v was not maintained in a				
revealed: -admission date of 8/ -diagnoses of Major I Attention Deficit Hype Generalized Anxiety -15 years old; -treatment plan dated #2 had an inpatient p 7/4/20 for suicidal ide regulation. Client #2 decrease depressive coping skills and app	/14/20; Depressive Disorder, eractivity Disorder and Disorder; d 8/10/20 documented client osychiatric hospitalization on eation and lack of emotional had a treatment goal to e symptoms, use effective propriate release of feelings				
	Continued From pag NCAC 27G .1701 Re Secure for Children of Failure to Correct Ty 27G .0303(c) Facility 10A NCAC 27G .030 EXTERIOR REQUIR (c) Each facility and i maintained in a safe, manner and shall be odor. This Rule is not met Based on records re interviews, the facility safe, clean, attractive findings are: Review on 10/19/20 revealed: -admission date of 8, -diagnoses of Major Attention Deficit Hyp Generalized Anxiety -15 years old; -treatment plan date #2 had an inpatient p 7/4/20 for suicidal ide regulation. Client #2 decrease depressive coping skills and app	DF CORRECTION IDENTIFICATION NUMBER: MHL036-342 MHL036-342 ROVIDER OR SUPPLIER STREE ICOMMUNITY SERVICES, INC 1911 V GAST SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 41 NCAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation. 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Review on 10/19/20 of client #2's record revealed: -admission date of 8/14/20; -diagnoses of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder and Generalized Anxiety Disorder;	opf CORRECTION IDENTIFICATION NUMBER: A. BUILDING MHL036-342 B. WING	OP CORRECTION IDENTIFICATION NUMBER: A BUILDING: MHL036-342 B. WING ROWDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 12 COMMUNITY SERVICES, INC 1911 WILLIMAX AVENUE GASTONIA, NC 28054 ISUMMARY STATEMENT OF DEFICIENCY REQUINTRY OR USCI DENTIFYING INFORMATION) PREFIX TAG IP CONTINUED FOR DEFICIENCY PREFIX REQUINTRY OR USCI DENTIFYING INFORMATION) PREFIX TAG Continued From page 41 V 537 Continued From page 41 V 537 CAC 27G .1701 Residential Treatment Staff Secure for Children or Adolescents V293 for a Failure to Correct Type A1 rule violation. V 736 27G .0303(c) Facility and Grounds Maintenance (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 This Rule is not met as evidenced by: Based on records review, observations and interviews, the facility was not maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. V 736 Review on 10/19/20 of client #2's record revealed: -admission date of 8/14/20; -diagnoses of Major Depressive Disorder, Attention Defici Hyperacity Disorder; -15 years old; -treatment pai dated 8/10/20 documented client #2/20 for suicidal ideation release of feelings 7/420 for suicidal ideation release of feelings V12	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMPLET: MHL036-342 INVING INVING R SOVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE ZIP CODE 10/267 COMMUNITY SERVICES, INC 1911 WILLIMAX AVENUE CASTONIA, NC 28954 SUMMARY STATEMENT OF DEPICIPACIES ID PROVIDER'S PLAN OF CORRECTION REDUCTION AND TO BENTPHYSIC INFORMATION In RECENT DRIVE ON ON LG DENTPHYSIC INFORMATION ID PREFIX CROSS REFERENCY Continued From page 41 V 537 V 537 CROSS REFERENCY Continued From page 41 V 537 CROSS REFERENCY DEFICIENCY COMOUNT Y SOLS DENTPHYSIC INFORMATION V 736 In reference to Finding 2-CEO has hired a contractor to clean the yard and clear all debris. Contractor will continue to clean the yard and clear all debris. Contractor will continue to clean the yard workly. If an incident should arise and property is damaged it will be fixed and/or cleared inmediately. This Rule is not met as evidenced by: Ease of the park workly. If an incident should arise and property is damaged it will be fixed and/or cleared interview, the facility was not maintained in a safe, clean, attractive and orderly manner. The findings are: Review on 10/19/20 of client #2's record revealed: Inviertement park of the park workly. If an incident should arise and property is damaged it will be fixed and/or cleared intervealed:

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Division of He	alth Service Regula	tion

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL036-342	B. WING		R 10/26/2020	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
			LIMAX AVENUE			
LOSSON	I COMMUNITY SERVICE	ES, INC GASTON	IIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(YE)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLE ⁻ DATE
V 736	Continued From page	e 42	V 736			
	revealed:					
	-admission date of 9/	25/20.				
		ve Attachment Disorder,				
	-	Disorder, ADHD, Post				
	· ·	order and Schizoaffective				
	Disorder;					
	-age 17 years;					
	C	2/6/20 updated 8/21/20				
		had an inpatient psychiatric				
		6/20 for self-harm behaviors				
	and reported high lev	els of suicidal ideation.				
	Client #3 had a treatr	ment goal to eliminate all				
	self-harm behaviors a	and suicidal ideation.				
	Review on 10/20/20	of an incident report dated				
	9/16/20 regarding a f	ormer client revealed:				
	-was throwing glass s	she got from busting out a				
	television set placed	in the facility's front yard by				
	the side of the road for	or trash pick-up;				
	-throwing bricks at th	e facility's garage door.				
	Review on 10/20/20	of an incident report dated				
	U	ormer client revealed:				
	-was breaking out the	e windows in the facility;				
	-used a large brick to					
	windows and broke the	he glass.				
		5/20 at 1:53pm revealed the				
	following:					
		the sidewalk leading to the				
	front door of the facili					
		indow on the front of the				
	facility nearest the ga					
		of the facility: approximately				
	35 pieces of glass ra					
	approximately 1/2 inc					
		kyard: approximately 50				
		eximately 1/2 inch to 6 inches				
		ht side of the air conditioning				
	unit; Ith Service Regulation					

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Display Display <t< th=""><th>Division o</th><th>f Health Service Regu</th><th>Ilation</th><th></th><th></th><th>FORM APPROVED</th></t<>	Division o	f Health Service Regu	Ilation			FORM APPROVED	
MHL036-342 SILUIDIA R MARE OF PROVIDER OR SUPPLIER STREET ADDRESS CITY, STATE, 20° CODE 1011/026/2020 BL03SOM COMMUNITY SERVICES, INC STREET ADDRESS CITY, STATE, 20° CODE 1011/026/2020 Perior, Tag SUMMARY STRUEES TO PERCENDENCES PROVIDERS INAL OF CONSCIONAL OF DESCRIPTION SPOLID BE CARTONA, NC 28054 Perior, Tag SUMMARY STRUEES TO PERCENDENCES PROVIDERS INAL OF CONSCIONAL OF DESCRIPTION SPOLID BE CONVENT V736 Continued From page 43 V736 CROSS-REFERENCED TO THE APROPRIATE OF DESCRIPTIONS, VARIAND AND CONSCIONAL OF CONSCIENCIAL OF CONSCIONAL OF CONSCIONAL OF CONSCIONAL OF CONSCIONAL OF CONSCIONAL OF CONSCIONAL OF CONSCIENCIAL OF CONSCIEN	STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION		
MML OF PROVIDER OF SUPPLER STREET ADDRESS, CITY, STATE, ZIP CODE BLOSSOM COMMUNITY SERVICES, INC STREET ADDRESS, CITY, STATE, ZIP CODE MAIL OF PROVIDER OF SERVICES, INC STREET ADDRESS, CITY, STATE, ZIP CODE MAIL OF PROVIDER OF ADDROBATION TAG MAIL OF COMPRISE PLAN OF CORRECTIVE ALLIANX A VENUE CASTONIA, NC 28054 MAIL OF COMPRISE PLAN OF CORRECTIVE ALLIANX A VENUE EACH COMPRISE TO THE APPROPRIATE CORSERFERENCE TO THE APPROPRIATE DEFICIENCY DATE V738 Continued From page 43 V 736 V 736 -old shed in the back yard: What unlocked, open door allowing access to fall wooden boards; -laying around in the back yard: toose bricks, wooden boards, a clinder block, a light bulb filmenn, plastic cups, plastic bottles, a spoon and numerous large sticks; -lay the backdoor on the cement patic: wooden thin boards in a plastic bag and a met all stick approximately 3 feet long; -thry pieces of glass in the garage at the entrance to the left: -brocken glass in the garage at 2 inches to 4 inches by the top of the drive-way spread several feet: -big tree in front yard: loose bricks and piece of concrete around the tree. Interview on 10/15/20 with dient #1 revealed: -noted the glass in the yard; -one gift who left the facility threw bricks through a window; -brea another gif also did it; -happened to drive the cocasions. Interview on 10/15/20 with client #2 revealed: -two tomer clients busted out the tacility.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
111 WILLIMAX AVENUE CASTONIA, NC 2805 OWI ID PRETIX TAG SUMMARY STATEMENT OF DEFICIENCE IS AUMARY STATEMENT OF DEFICIENCY IS AUMORY AUMORY AUMARY STATEMENT OF DEFICIENCY IS AUMORY AUMARY STATEMENT OF DEFICIENCY IS AUMORY AUMARY AUMARY STATEMENT OF DEFICIENCY IS AUMORY AUMARY STATEMENT OF DEFICIENCY IS AUMORY AUMARY AUMARY AUMARY AUMARY AUMARY AUMARY AUMORY AUMARY AUMARY AUMARY AUMARY AUMARY AUMORY AUMARY			MHL036-342	B. WING			
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CASTONIA, No 20054 OPALID PREMX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTINCY MUST BE PRECEEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S FLAN OF CORRECTION (EACH CORRECTING ACTION SHOULD BE CROSS-REFERENCED TO THE APROPRIATE DEFICIENCY) DOWN TAG V738 Continued From page 43 V 738 V V V DEFICIENCY) DEFICIENCY DATE -old shed in the back yard with an unlocked, open door allowing access to tall wooden baards; -laying around in the back yard: loose bricks, wooden bacrds, a wooden faver, a cinder block, a light bult filament, plastic cups, plastic bottles, a spoon and numerous large sticks; -by the backdoor on the coment patic: wooden thin bacrds in a plastic bag and a metal stick approximately 3 feet long; -tiny pleces of glass in the garage window on the right, jagged hole in the second glass plan from the top, pleese of glass in the garage window on the right, jagged hole in the second glass plan from the top, pleese of glass in the garage window on the right, jagged hole in the revealed: -tixed all the torken windows; -stated she 'didn't know howit got like this' in response to all the glass in the yard; -will get someone to clean it up. Interview on 10/15/20 with the CEO(Chief Execute Officen/Licensee revealed: -noticed the glass in the yard; -one gift who left the facility threw bricks through a window; -then another gif also ddit; -happened on two separate occasions. Interview on 10/15/20 with cleat #2 revealed: -two former cleans busted out the facility	DI OSSON		1911 WIL	LIMAX AVENUE			
Presint TAG (EACH OFFICIENCY MUST BE PRECEDED BY FULL REGULTORY OR LSC IDENTIFYING INFORMATION) PREFX TAG CALC DEFINITION INFORMATION CALC DEFINITION INFORMATION CALC DEFINITION INFORMATION CONFULTE TAG V738 Continued From page 43 V736	BL0330W	COMMUNITY SERVICE	ES, INC GASTON	NA, NC 28054			
 -old shed in the back yard with an unlocked, open door allowing access to tall wooden boards; -laying around in the back yard: loose bricks, wooden boards, a wooden theaver, a cinder block, a light bulb filament, plastic cups, plastic bottles, a spoon and numerous large sticks; -by the backdoor on the cement patio: wooden thin boards in a plastic bag and a metal stick approximately 3 feet long; -tiny pleces of glass in the garage at the entrance to the left; -brocken glass in the garage window on the right, jagged hole in the second glass pane from the top, pieces of glass in the inner window sill; -approximately 75 pieces of glass 1/2 inches to 4 inches by the top of the drive-way spread several feet; -big tree in front yard: loose bricks and piece of concrete around the tree. Interview on 10/15/20 with the CEO(Chief Executive Officer/Liconse revealed: -fixed all the broken windows; -stated she "didn't know how it got like this" in response to all the glass in the yard; -will get someone to clean it up. Interview on 10/19/20 with client #1 revealed: -noticed the glass in the yard; -one girl who left the facility three bricks through a window; -then another girl also did it; -happened on two separate occasions. Interview on 10/15/20 with client #2 revealed:: -two former clients busted out the facility 	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETE	
door allowing access to tall wooden boards; -laying around in the back yard: loose bricks, wooden boards, a wooden drawer, a cinder block, a light bulb filament, plastic cups, plastic bottles, a spoon and numerous large sticks; -by the backdoor on the cement patio: wooden thin boards in a plastic bag and a metal stick approximately 3 feet long; -tiny pleces of glass in the interance to the left; -brocken glass in the garage at the entrance to the left; -brocken glass in the inner window sill; -approximately 75 pieces of glass 1/2 inches to 4 inches by the top of the drive-way spread several feet; -big tree in front yard: loose bricks and piece of concrete around the tree. Interview on 10/15/20 with the CEO(Chief Executive Officer/Licensee revealed: -fixed all the broken windows; -stated she "didn't know how it got like this" in response to all the glass in the inverse -noticed the glass in the inverse -noticed the glass in the yard; -noticed the files in the yard; -noticed the glass	V 736	Continued From page	e 43	V 736			
windows; -the garage window was not fixed; -the glass in the yard has been there for two	V 730	-old shed in the back door allowing access -laying around in the wooden boards, a wo a light bulb filament, a spoon and numero -by the backdoor on thin boards in a plast approximately 3 feet -tiny pieces of glass in to the left; -broken glass in the g jagged hole in the set top, pieces of glass in -approximately 75 piet inches by the top of the feet; -big tree in front yard concrete around the Interview on 10/15/20 -fixed all the broken w -stated she "didn't kn response to all the gl -will get someone to Interview on 10/19/20 -noticed the glass in -one girl who left the a window; -then another girl also -happened on two set Interview on 10/15/20 -two former clients but windows; -the garage window w	 a yard with an unlocked, open a to tall wooden boards; back yard: loose bricks, ooden drawer, a cinder block, plastic cups, plastic bottles, us large sticks; the cement patio: wooden tic bag and a metal stick long; in the garage at the entrance garage window on the right, cond glass pane from the n the inner window sill; eces of glass 1/2 inches to 4 he drive-way spread several cloose bricks and piece of tree. with the CEO(Chief censee revealed: windows; low how it got like this" in lass in the yard; clean it up. with client #1 revealed: the yard; facility threw bricks through o did it; eparate occasions. with client #2 revealed: usted out the facility 				

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Division of Health	Service Regulation	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· · /	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL036-342	B. WING		R 10/26/202	
IAME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		1911 WIL	LIMAX AVENUE			
LOSSOM	COMMUNITY SERVICE	ES, INC GASTO	NIA, NC 28054			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	RECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X3) COMPLET DATE
V 736	Continued From page	e 44	V 736			
	-"There's glass every	where:"				
	÷ .	s facility, she dug her				
	fingernail in her arm;					
	-she was in a depres	sed mood;				
	-"I start cutting mysel					
	Interview on 10/15/20) with client #3 revealed:				
	-a former client broke	all the windows with rocks				
	from the yard;					
	-one window in the g	arage was not fixed;				
	-she has a history of	self-injurious behaviors;				
	-used anything to cut					
	-she didn't cut on her	self anymore.				
	Interview on 10/19/20) with client #4 revealed:				
	-was admitted to the	-				
		glass was in the yard;				
	-	pout the glass in the yard ;				
		3 went outside, and staff				
	told them not to play					
		she got mad and broke her				
	window with her hand	d.				
) with staff #1 revealed:				
		e facility for three weeks;				
		d working here, the glass				
	was in the yard by th					
	-	d here, client #2 scratched				
	herself with her finge					
	-saw scratch marks of	on client #2's arm.				
) with staff #2 revealed:				
	-worked at the facility					
	•	e-way has been here since				
	she started employm					
	-	ff #2) she scratched her				
	forearm with her fing					
	-try to remove anythin	ng clients can self-harm with.				
	Interview on 10/19/20) with staff #3 revealed:				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL036-342	B. WING		R 10/26/2020	
IAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STAT	E, ZIP CODE		
	I COMMUNITY SERVIC	ES INC 1911 WI	LLIMAX AVENUE			
200001		GASTO	NIA, NC 28054			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AU CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 736	Continued From page 45		V 736			
	-worked at the facility since the end of 8/2020;					
	-a former client busted the glass out of the facility windows;					
	-after it happened, staff swept up the pieces of					
	glass in the drive-way and the garage;					
	-"got somebody finally, thank God, to get it up;"					
	-an old television was out there(by road);					
	-a former client took an old metal pole from the					
	trash and banged the television;					
	 -client #2 scratched herself with her fingernail and showed staff. 					
	showed stall.					
	Further observation on 10/19/20 at 9:40am					
	revealed:					
	-missing glass window pane in the window on the					
	right side of the back of the facility;					
	-	of glass underneath the				
	window;					
	-a small piece of gla	iss in the backyard.				
	Further interview on	10/19/19 at 9:40am with the				
	CEO/Licensee revea	aled the CEO/Licensee's				
	response to the piec	ces of glass still in the				
	backyard, "just happ	bened."				
	Interview on 10/19/2	20 with staff #4 revealed:				
	-was working yester	day;				
	-client #3 and client	#4 got into a fight;				
	-client #4 busted out					
		d up the visible glass in the				
	backyard;					
		e saying glass was in the				
	front of the facility bu	ut didn't really see It.				
	Interview on 10/2/20) with Former Associate				
	Professional(FAP)#					
	-last worked at the fa					
	-the glass came from	n clients busting out the				
	facility windows;					
	-one time, she swep	ot up the glass:				

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL036-342		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: B. WING		R		
		MHL036-342	B. WING	10/26/2020			
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE			
LOSSON	I COMMUNITY SERVIC	ES. INC	LLIMAX AVENUE				
		GASTO	NIA, NC 28054				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	OULD BE COMPLE	
V 736	Continued From page 46		V 736				
	-a client busted out old appliances at the road for trash pick-up.						
	Interview on 10/21/20 with FAP#2 revealed: -worked at the facility one week; -last day worked at the facility was 10/14/20;						
	-"glass everywhere;' -"two girls there are -came in day after it -never changed.	" cutters;"					
	This deficiency is cro	oss referenced into 10 A esidential Treatment Staff					
		or Adolescents V293 for a /pe A1 rule violation.					

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Blossom Community Service 1911 Willimax Ave Gastonia, NC 28054 MHL036-342 POC

V109- Director has hired additional Qualified Professionals. All staff has been trained on individualized plans for consumers. Consumers treatment plans have been reviewed and updated to include one on one staffing while in the community.

Qualified Professional and CEO will be supervised by the Licensed Professional. LP will ensure that QP understands and can demonstrate knowledge, skills and abilities required by the population served. 10/26/2020

V110- Paraprofessionals will be supervised by the Associate Professional weekly to ensure that they comprehend the knowledge, skill and abilities that are required for the population served. Supervisions will be weekly and documented. Supervisions will be reviewed by Director monthly. 11/02/2020

V293- QP and Director will ensure that direct care staff maintain the appropriate staffing ratios when consumers are present in the facility and in the community. In addition to maintaining the appropriate staff ratio, QP and direct care staff will ensure that appropriate supervision is in place for the consumers, based on their needs, as indicated in the client's treatment plans, related to their health and safety. In the event a consumer's needs cannot be met in the scope of Level III services, Blossom will take the appropriate steps to ensure that the consumer is discharged from the program and referred to the appropriate level of care. 10/26/2020

V295- CEO is in the process of hiring one full time Associate Professional and one part time Associate Professional. Associate Professionals will receive all trainings immediately upon hire prior to working with the consumers.

We will ensure the QP and AP are supervised and trained by our Licensed Professional. Licensed professional will meet weekly with paraprofessionals to ensure competencies are discussed, comprehended and acknowledged.

Associate Professional will ensure that all trainings are completed prior to their start date.

Sign-in sheets will be provided for each training. All staff will be retrained or will receive initial NCI training. A walkthrough will be done on exterior of group home upon arrival of all staff. A checklist will be completed to ensure safety of consumers. LP will work individually with CEO to discuss and ensure compliance with state licensing rules. Clients will be assessed to receive 1 on 1 in community and information will be included in client's treatment plan. 11/01/2020

V296- CEO has hired additional staff to ensure that the ratio is met. QP/AP is ensuring that each shift is covered as scheduled. 10/26/2020

V536- Director has contracted with NCI trainer to provide trainings to staff. NCI Trainer will ensure that staff completes training and demonstrates competency in alternatives to restrictive interventions and physical restraints.

Staff has reviewed educational and instructional videos on how to properly deescalate provided by NCI Trainer Welton Spencer.

Trainings are documented and will continue to be documented on the trainers' sign in sheet. Trainer will sign the log at the end of each training session.

All personnel shall be trained in NCI before being allowed to work with clients. Training shall be done on a yearly basic. Training will be performed by a licensed trainer approved by Division of MH/DD/SA. This will be monitored by Director and QP. This was completed on 10-23-2020

V537- All personnel should be trained in Client Rights Blossom uses NCI training at the time we do not use Seclusion, Physical Restraint, and Isolation Time -Out. This will be monitored by the Director.

CEO contracted with NCI trainer to provide trainings to staff. NCI Trainer will ensure that staff completes training and demonstrates competency in alternatives to restrictive interventions and physical restraints.

Trainings are documented and will continue to be documented on the trainers' sign in sheet. Trainer will sign the log at the end of each training session. 10/23/2020

V736- CEO has hired a contractor to clean the yard and clear all debris. Contractor will continue to clean the yard weekly. Staff will be required to inspect the outside of the facility upon entrance and note any issues on the daily chart. If an incident should arise and property is damaged it will be fixed and/or cleared immediately. In the future an environmental check sheet will be used by the group home staff monthly to identify issues in and outside the facility. All findings will be reported to CEO for repair. 11/22/2020