Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			A. BOILDING.			,
		MHL092-935	B. WING		_	, 8/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
DUOMES	·	5401 ORC	HARD PON	D DRIVE		
RUSMED	) III	RALEIGH	NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT		V 000	DE MIENOT)		
		_				
	on 11/18/20. The co	low-up survey was completed omplaint was unsubstantiated 30). A deficiency was cited.				
		sed for the following service upervised Living for Adults with ability.				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF  (a) There shall be a paraprofessionals.  (b) Paraprofession associate profession professional as special subchapter.  (c) Paraprofessional subchapter.  (d) Paraprofessional subchapter.  (d) At such time assemployment system then qualified professionals shall (e) Competence shexhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills; (4) decision-makin (5) interpersonal skills; (6) communication (7) clinical skills.  (f) The governing be develop and implement of the initiation of the second second second shell	edge; ess; g; kills;				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMPI	
					C	
		MHL092-935	B. WING		11/1	8/2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RUSMED	) III		HARD PONI , NC 27616	D DRIVE		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 110	Continued From pa	ge 1	V 110			
	two current staff an (#4, #6 and FS #1) knowledge, skills ar population served.  Review on 11/5/20 revealed: -Date of Hire- May 2 revealed: -Date of Hire- July 2 revealed: -Date of Hire- July 2 revealed: -Date of Hire- Augure -Departure date mid Further record revealed: -On September 21, supervision via tele that took place at the -On October 13, 20 training in the areas Place Safety and Teroctober 13, 2020, form for lack of provide a positive were revealed and provide a positive were recorded as a simple control of the contr	s and record reviews, two of d one of one former staff (FS) failed to demonstrate and abilities required by The findings are:  of staff #4's personnel record 2020 as Direct Care Staff of staff #6's personnel record 2020 as Direct Care Staff of FS #1's personnel record 2020 as Direct Care Staff of FS #1's personnel record 2020 as Direct Care Staff of September 2020 as				
	Further record revie	ew on 11/16/20 of staff #6's				

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STATE FORM 6899 KN8O11 If continuation sheet 2 of 15

Division of Health Service Regulation

A. BUILDING: COMPLETED  MHL092-935  B. WING 11/18/2020	
	020
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
RUSMED III 5401 ORCHARD POND DRIVE RALEIGH, NC 27616	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPL	(X5) OMPLETE DATE
V 110 Continued From page 2 record revealed: -On September 21, 2020 she received a monthly supervision consultation via telephone in reference to the incident that occurred at the facility on 9/19/20 and how the situation was a danger to the consumers -On September 25, 2020, she received in-service training certificates for Work Place Safety, Team Building and Professionalism -On October 13, 2020, she signed a corrective action form to provide a positive environment, attend all scheduled meetings and resolve personal issues outside of work environment Interview on 11/2/20 with staff #7 reported: -911 was called to the facility mid September 2020 but not for the clients -There was an altercation at the facility between two staff members (staff #4 & staff #6)  During interview on 11/2/20 House Manager #1 stated: -There was an incident on 9/19/20 between staff #4 and #6Staff #6 brought the police with her to the group home that eveningStaff #6 and staff #4 shared a rental car for two weeks because they did not have their own transportationThe evening of 9/19/20 they were together in the rental carStaff #4 was stopping by the facility to "check on things." -FS #1 was working that night 11:00 PM - 7:00 AMNot sure why staff #4 went by the facility to "check on things." -No one from management had instructed him to do so that night and he did not inform management or FS #1 he was going by the	

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DIVISION	of Health Service Re	egulation				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						:
		MHL092-935	B. WING			8/2020
						0.2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RUSMED	) III	5401 ORC	HARD PONI	D DRIVE		
ROOME	<b>,</b> III	RALEIGH	NC 27616			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	PRIAIE	DAIL
				· · · · · · · · · · · · · · · · · · ·		
V 110	Continued From pa	ge 3	V 110			
	facility while not wo	rkina				
		never instructed staff #4 to go				
		e facility while not on the clock.				
		e facility at 9:00 PM and FS				
	#1 let him in.	is rasinty at 5.55 r in and r 5				
	,,	1 received a text from staff #6				
		she was going to be late for				
		(at sister facility) because				
		ng on with staff #4 and the				
	rental car.	·				
	- She was working	at the sister facility at the time,				
		#2 relieved her and headed to				
	the facility to check					
	-Staff #6 called her	back and said they were at				
	the facility and she	was there with police.				
	-Staff #6 usually we	orked at the sister facility.				
	-When she arrived	to the facility everything was				
	over, police didn't ta					
		out his hands on staff #6.				
		ation occurred in the street in				
	front of the facility.					
		ke up during the incident and				
	no one came into the					
		staff #4 had to call a ride				
	service to take him					
		she planned a meeting at the				
		staff #4 and #6 to discuss with				
	managementStaff #6 met with the	hom first				
		eduled with staff #4, but he				
		cheduled and canceled again.				
		h staff #4 to discuss his role in				
	the incident.	. Can // To dioddo filo folo iii				
		e there was more to it than				
	what they were told					
		ended for 1 month and staff #6				
	had a three-day sus					
		em back to work, talked to				
	them together and					
		ure they would be ok with				

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	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION		TE SURVEY	
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			LETED	
	MHL092-935	B. WING		11/1	) 8/2020	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
RUSMED III		HARD PON	D DRIVE			
NOOMED III	RALEIGH	, NC 27616				
PREFIX (EACH DEFICIENCY I	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE	
V 110 Continued From pag	je 4	V 110				
passing each other of Still not sure what the that night.  Staff #6 just said he She, House Manage always did pop ups at this incident.  FS #1 no longer wo investigated the incident on 9/19/  Review on 11/3/20 of Porvided police reporting and wanted to figure a	during shift changes. ney were doing at the facility e was "checking on things." er #2 and the Licensee at all times of night prior to rked at the facility, when they dent on 9/19/20, she quit. n working 2-3 weeks before 20  If the police report revealed: acility on 9/19/20 at 10:37 PM. with city police officer who rt stated: staff #6 stating there was a e and staff #4 over a rental and staff #4 took the rental at of state for a few days. Fer returning staff #4 wanted but of state for a few days. Fer returning staff #4 wanted but of staff #4.  with city police officer who and on 9/19/20 reported: Shad rented a car together to to share for two weeks since	V 110				

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Division	of Health Service Re	gulation				
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL092-935	B. WING		11/1	8/2020
NAME OF				714TE 71D 00DE		0.2020
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RUSME	) III		HARD PONI , NC 27616	DURIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 5	V 110			
	rental car -Staff #6 called 911 -Staff #6 called her facility -Boyfriend and staff the front yard -If Officers hadn't a a physical altercatic -Boyfriend didn't kn staff #6's relationsh -Boyfriend had four #6's trip out of town -Boyfriend left the pwant to sleep with", -There was a staff v did not get involved -Staff #4 stated tha #6 -Staff #4 paid for th agreement was in s-Staff #4 felt they srental car -All of staff #4's belicated tha staff #6 was "taund" that's why you're h sister" -Staff #4 was allowerental car -The Officer went in make copies of the -Advised staff #6 th downtown at the co-Did not have enough doing and rental car -Staff #6 left with th	ow the extent of staff #4 and ip and out about staff #4 and staff together bremise stating "this is who you "I'm out of here" working in the facility but she at the car shouldn't go with staff the rental car but the rental car staff #6's name hould have equal rights to the congings were in the car staff "staff #4 by yelling out omeless and living with your ed to get his stuff out of the anto the facility with staff #4 to rental car agreement at she could file charges urthouse gh evidence of any wrong r was in staff #6's name				

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STATE FORM 6899 If continuation sheet 6 of 15 KN8O11

DIVISION	<u>of Health Service Re</u>	egulation				
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	<del></del>	COMP	LETED
						•
		MHL092-935	B. WING			8/2020
						0,2020
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RUSMED	) III		HARD PONI	D DRIVE		
	·	RALEIGH	, NC 27616			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	REGOLATOR OR E	oo ibertii Tiivo iivi Ordivii (11014)	TAG	DEFICIENCY)	1107112	
V 110	Continued From pa	ge 6	V 110			
	Interview on 11/5/20	0 with FS#1 reported:				
		nd filled-in on 11-7PM at times				
		see and House Manager #2				
		ith her leaving to get her food				
		dent between staff #4 and #6.				
	-On September 18t	h or 19th, 2020 there was an				
	incident that happe	ned on the facility property but				
	not in the facility					
		on the door around 10:30PM				
		ne was going to take staff #6 to				
		ould be back but FS #1 was				
		eant by that since she was				
	already working					
		cheduled to work until 7:00am				
		ut told FS #1 that he wanted to				
	be sure he was able					
		done that before but has				
		utes early to relieve her in the				
	past	4C mayor laft that drivery				
		#6 never left the driveway staff #6's face because she				
	stayed by the car	stail #0 s lace because sile				
		nging on the door asking FS				
		to be a witness because staff				
	#6 called the police					
		that staff #6 was yelling that				
		ne would not give her the keys				
		the facility to get away from				
	staff #6's boyfriend	, , ,				
		d was ringing the doorbell and				
	banging on the doo					
		lking to the boyfriend through				
		t this was a facility with clients				
		op banging on the door				
		to call the police and she said				
	no for him to call					
		police, Licensee and House				
	Manager #2 from in					
	-FS#1 did not hear	the conversation that occurred				

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when staff #4 called 911, the Licensee and House

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DIVISION	of Health Service Re	eguiation	1			
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						,
		MHL092-935	B. WING			8/2020
		202 000	<u>L</u>			0/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
RUSMED	n III	5401 ORG	CHARD PON	D DRIVE		
KOOWILL	<b>/</b> III	RALEIGH	, NC 27616			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
PRÉFIX		/ MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIAIE	DAIL
				,		
V 110	Continued From pa	ge 7	V 110			
	Manager #2 becaus	se staff #4 walked in another				
	room					
	-FS #1 was still talk	ing to staff #6's boyfriend				
	through the door					
		d was saying that staff #4				
		tside since he was putting his				
	hands on his girlfrie					
		end yelling at staff #6 saying,				
	"this is who you wan					
	<ul><li>-City Police arrived</li><li>-Clients were in the</li></ul>					
		o speak with police and staff				
	#6's boyfriend tried					
		and made him leave the				
	premises	rana made mm leave the				
		client #1 woke up and asked				
		because the police were there				
		irected to go back to bed				
		e-out food and mistakenly had				
		ome which is around the				
	corner 5 minutes av	way				
		at the facility talking to the				
	police					
	_	2 arrived at the facility and				
		rn back to the facility				
		facility when FS#1 left to get				
	her food and when					
		cility around midnight se Manager #1 called FS#1				
		ask what happened				
		FS#1 of being "naive"				
		y the Licensee or House				
	Manager #2 spoke					
	anaga nz opoko					
	Interview on 11/13/2	20 with staff #6 reported:				
		with staff #4 on Sept. 14, 2020				
		d a car and staff #4 wanted to				
	see his family out o	f town				
	-Staff #4 needed so					
	-Staff #6 and #4 sp	ent 3 days out of town (Sept.				

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DIVISION	of Health Service Re					
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA		E CONSTRUCTION	(X3) DATE	SURVEY LETED
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		LETED
		MHL092-935	B. WING		11/1	8/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
10 10 1	TO VIDER OR GOLF EIER		HARD PONI			
RUSMED	III		NC 27616	BRIVE		
040.15	CUMMAN DV CTA	<u> </u>		DDOVIDEDIC DI ANI OF CODDECTION	DNI .	()(5)
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 110	Continued From pa	ge 8	V 110			
	·	3				
	15th-Sept. 17th)	having the car for two weeks to				
		haring the car for two weeks to				
	get around and get	ar during the day of Sept. 19,				
	2020 while staff #6					
		rk that night at the sister				
	facility.	K that hight at the sister				
		f #6 around 9:00PM and said				
	that he would pick h					
		e would go to work and ask				
		ne would work since he didn't				
	have anywhere to s	leep that night				
		6 that he didn't want to sleep				
		ter facility while staff #6 was				
	working					
		t staff #4 was not in a good				
		erratically" when he picked her				
	up from her home					
		t she put her earphones in but				
	he continued driving					
		ff #4 if he wanted her to drive rsing at her and pulled over				
		nds in her face while				
	continuing to curse					
	_	and headed to the facility				
	•	aid that she wasn't going to				
	argue with him	3 3				
		they arrived at the facility and				
	staff #4 started gett	ing his charger and things				
	together to get out					
		his belongings in the car				
		vith his sister and didn't want				
	to stay there anymo					
		44 to get all of his belongings				
		use she didn't want to share				
		cause he had a "nasty				
	attitude"	stoff #Glo bood towerds the				
		staff #6's head towards the				
	window before goin	g in the racility eys to the rental car in the				
	-Stall #4 LOOK LINE K	eys to the rental cal in the				

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ווטופועום	of Health Service Re		1		1	
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						:
		MHL092-935	B. WING	<u> </u>		8/2020
						0.2020
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
RUSMED	) III		HARD PON	D DRIVE		
	·	RALEIGH	, NC 27616			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE
TAG	NEGGEATORT OR E	SCIDENTII TING INI ONMATION)	TAG	DEFICIENCY)	MAIL	57.1.2
				·		
V 110	Continued From pa	ige 9	V 110			
	facility with him					
		police because staff #4 had				
	the keys and she co					
		boyfriend who lived around				
		him of what happened				
		d arrived before the police				
		opposite side of the street and				
	approached staff #6					
		where staff #4 was located				
	-Staff #6 told him th	nat staff #4 was in the facility				
	and he asked her to					
		e door and rung the doorbell				
		r staff #4 talking behind the				
	door but he never o					
	-Staff #6 continued	ringing the doorbell				
	-Staff #4 opened th	e door and staff #6's boyfriend				
	yelled from the rent	al car "hand over the keys"				
	-Staff #4 closed the	e door				
		use Manager #1 around				
	10:30PM to tell her					
		tly after staff #6 called House				
	Manager #1					
		e door and said something but				
	staff #6 was not su					
	-	d said to staff #4 "but you				
		d now you want to say				
	something when the					
		the police told staff #4 to give				
	-	ecause the car was in her				
	name	wwould be get his manay back				
	if he gave her the k	v would he get his money back				
		as between staff #4 & staff #6				
	but the car was in s					
		ne knows where staff #6 lived				
		staff #4 better not go to her				
	house	Man " + Dottor Hot go to Hor				
		#6 that she could go to the				
		file charges because they				
		evidence to charge anyone at				

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	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
						•
		MHL092-935	B. WING			8/2020
						0/2020
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
DUCMER	N III	5401 ORG	HARD PON	D DRIVE		
RUSMED	) III	RALEIGH	, NC 27616			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PREFIX	_	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 110	Continued From pa	ae 10	V 110			
	-	3				
	this time.					
		ty and staff #4 was going to				
	stay and work wher					
		ed to go and file charges at				
	the detention cente					
		1 had told staff #6 to meet her				
	, ,	down the street because she				
		ng to the detention center				
	upset					
		1 arrived at the grocery store				
		r that she was okay to drive				
		1 told staff #6 that she would				
	follow her to the de					
		1 followed her majority of the				
	way then turned off					
		t she tried to file charges				
		didn't have enough evidence				
		ork at the sister facility where				
		was filling in until she arrived				
		1 told staff #6 that staff #4 was				
		#1 was called back to work				
		d on Sept. 21, 2020 via				
		nsee and House Manager #1				
	•	supposed to be in person but				
		aying that he was on the				
		ney to get his rental car				
	money back and co					
		#6 that she was upset with				
		nyone know this is what she				
		nt a car with staff #4)				
	tell her business to	see that she did not need to				
		,				
		ff #6 received a text message				
		er #1 that stated that she was				
		pended but was going to be				
	written up	off #4 was supposed to war!				
		aff #4 was supposed to work				
		cility but House Manager #1				
		nd was relieved by staff #6				
	due to staff #4 bein	y suspenaea				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONTRECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVII	LLILD
		MHL092-935	B. WING		11/1	8/2020
NAME OF I		CTREET AD	DDECC CITY (	STATE ZID CODE		
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
RUSMED	) III		HARD PONI	DURIVE		
		RALEIGH	NC 27616			
(X4) ID	_	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
IAG	TREGGE TOTAL		IAG	DEFICIENCY)	1407412	
	0 " 1-		) / 440			
V 110	Continued From pa	ge 11	V 110			
	-Oct. 5th or 6th, sta	ff #6 met with Licensee and				
		and was told that they wanted				
		ck to work but wanted to make				
		okay with each other				
		osed to be suspended for a				
		ck to work after two weeks				
	-Cross-trained to w	ork Sister Facility				
		have crossed paths working in				
		e had not been any issues				
	-	-				
	Attempted interview	s with staff #4 on 11/13/20 at				
	9:13AM and 11/17/2	20 at 9:39AM. Voicemail				
	messages were left	t with no return call.				
		20 with Licensee reported:				
		en staff #4 & staff #6 on Sept.				
		on the property of the facility				
	or inside					
	-Staff #4 & staff #6					
	-No clients were aw					
	-No one in the facili					
		#6 needed a ride to work				
		personal business but heard #6 rented a car together				
		, staff #6 and staff #6's				
	boyfriend were argu					
		went to pick up staff #6 to				
	take her to sister fa					
		ven permission to go to the				
	facility and tell FS #					
	-Very upset that this					
	neighborhood	• •				
		le should not be bringing this				
		porhood or the group home"				
		ended for 2 or 3 weeks				
		ctly suspended since she was				
	already off for a cou					
		6 were both written up. They				
		office to sign their write ups.				
	-There was no harn					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY MPLETED	
			A. BOILDING.				
		MHL092-935	B. WING			8/2020	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
RUSMED III 5401 ORCHARD POND DRIVE							
			NC 27616				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE	
V 110	Continued From pa	ge 12	V 110				
	-Staff #4, #6 and F3 workers -Staff #4 is cross-tr	S #1 were all very good ained to work Sister Facility FS #1 never came back to					
	revealed: "On September 20, not working at either particular time of the was reported to us. involved and it was members were asked as proper profession times. This is not at management, but at the individuals involved mere an operof their misunderstand No charges were fill is an offense of publication in the involved were Black have been extremed Executieve Officer) cease any activities as well as, communear our facility. The facility on the street G3 (Group Home 3 property. Administration offer training to ALL	2020, two of our staff were er one of our facilities at the eir disagreement. However, it While NO members were after 10:00pm and ALL eep; we wanted this duly noted enalism should be used at all n act of hurt, harm or a lack of sound judgement of lived. All persons involved have portunity to share their version anding and express concerns. Led and no police report. This olic embarrassment. Due to a Unites States, and all parties and involve the police could by detrimental. CEO (Chief advised ALL involved to a together on a personal level, nicate effectively and NOT is occurred outside of our approximately 600 feet from a tive staff has been advised to					
	completed by the L -What immediate a ensure the safety o	icensee on 11/18/20 revealed: ction will the facility take to f the consumers in your care? ned-retrained to ensure to act					

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  RUSMED II  STREET ADDRESS, CITY, STATE, ZIP CODE  \$401 ORCHARD POND DRIVE  RALEIGH, NC 27616  RUSMED II  SUMMARY STATEMENT OF DEFICIENCES  FREETX  FRALEIGH, NC 27616  RUSMED II  SUMMARY STATEMENT OF DEFICIENCES  FREETX  TAG  RUSMED II  SUMMARY STATEMENT OF DEFICIENCES  FREETX  RALEIGH, NC 27616  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PROVIDERS PLAN OF CORRECTION  PREPTX  TAG  PREPTX  TAG  PROVIDERS  PLAN OF CORRECTION  PREPTX  TAG  PROVIDERS  PLAN OF	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1` 'c			DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  RUSMED III  S401 ORCHARD POND DRIVE RALEIGH, NC 27616  RUSMED (EACH DEFICIENCY MUST ES PRECEDED BY PULL PREFIX TAG  (EACH DEFICIENCY MUST ES PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V110  Continued From page 13  in a professionalism at all times. Team building is essential. Admin team expressed the importance of work place safety."  -Describe your plans to make sure the above happens:  'CEO (Chief Executive Officer), QHM & Administration have put all the of these steps in place.  1) Weekly supervisions via call.  2) Weekly pop up wists by CEO, QP (Qualified Professional) will be logged.  3) Quality performance evaluations.  4) Consulting with all involved as needed."  Staff #4 and Staff #6 rented a car together for two weeks and took a trip out of state for a few days. Upon their return, they continued to share the rental car as they did not have their own form of transportation. Staff #4 and staff #6 were together on 9/19/20 when they stopped by the facility, staff #4 jumped out of the car with the keys and ran inside the facility. Staff #6 altempted to knock on the door to get him to come out and when he did not she called 911 to report that he assaulted her while in the car. Staff #6 also contacted her boyfiend who arrived at the facility, and began knocking on the facility door cursing and yelling for staff #4 to come out. The police arrived and investigated the situation at which time staff #4 had then come out of the facility and began knocking on the facility door cursing and yelling for staff #4 had then come out of the facility and began knocking on the facility door cursing and yelling for staff #4 to come out of the facility and began knocking on the facility door cursing and yelling for staff #4 had then come out of the facility and began knocking on the facility door cursing and yelling for staff #4 to come out of the facility and began knocking on the facility with staff #4 to make copies of the car rental agreement while all clients continued to s				A. BUILDING:				
RUSINED III   SUMMARY STATEMENT OF DEFICIENCIES   PREFIX   (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG   D.   PREFIX			MHL092-935	B. WING	<del></del>			
RALEIGH, NC 27616    CALL   CA	NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE			
PALIP   SUMMARY STATEMENT OF DEFICIENCY   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY) WIST SER PECISED BY FULL   PROVIDER'S PLAN OF CORRECTION   (EACH DEFICIENCY) WIST SER PECISED BY FULL   PROVIDER'S PLAN OF CORRECTION   COMMENTE   DATE	RUSMED	) III			D DRIVE			
PREFIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  V110  Continued From page 13  in a professionalism at all times. Team building is essential. Admin team expressed the importance of work place safety."  -Describe your plans to make sure the above happens:  "CEO (Chief Executive Officer), QHM & Administration have put all the of these steps in place.  1) Weekly pop up visits by CEO, QP (Qualified Professional) will be logged.  3) Quality performance evaluations.  4) Consulting with all involved as needed."  Staff #4 and Staff #6 rented a car together for two weeks and took a trip out of state for a few days. Upon their return, they continued to share the rental car as they did not have their own form of transportation. Staff #4 and staff #6 were together on 9/19/20 when they stopped by the facility approximately 10.00 PM. On the way to the facility, staff #4 jumped out of the car with the keys and ran inside the facility. Staff #6 attempted to knock on the door to get him to come out and when he did not she called 911 to report that he assaulted her while in the car. Staff #6 also contacted her boyfriend who arrived at the facility and was in the yard about to engage in a physical altercation with staff #6's boyfriend. The police went into the facility with staff #4 to make copies of the car rental agreement while all clients continued to sleep. After the incident was cleared up, staff #0 was belo leave with the	(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF CORRECT	ION	(X5)	
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		copies of the car re clients continued to cleared up, staff #6	ntal agreement while all sleep. After the incident was was able to leave with the					

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	OT HEAITH SERVICE RE	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI TIPI	F CONSTRUCTION	(X3) DATE	SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			7 50.125 10.		_	
		MHL092-935	B. WING		C <b>11/18/2020</b>	
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		5401 ORC	HARD PONI	D DRIVE		
RUSMED	) III	RALEIGH,	NC 27616			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
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