

12-15-2020

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718 Attn: Frances E. Hicks, MSW

Re: Complaint & Follow-up Survey Completed December 4, 2020 Middleton Street, 340 North Middleton Street, Robbins, NC 27325 MHL# 063-091 E-mail Address: Reviews@monarchnc.org Intake #NC00171609

Please find enclosed the required plan of correction for the deficiencies cited during the recent survey completed on December 4, 2020 at Middleton Street Group Home in Robbins, NC. The corrective action will be completed by January 3, 2021

Sincerely,

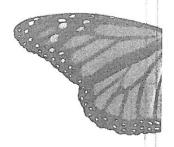
Relena Hair

Director of Program Operations

Monarch

relena.hair@monarchnc.org

Enclosures



Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R-C 12/04/2020 B WING MHL063-091 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 340 MIDDLETON STREET MIDDLETON STREET ROBBINS, NC 27325 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS A complaint and follow-up survey was completed on December 4, 2020. The complaint was substantiated (intake #NC00171609). Deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities This page was left blank intentionally V 110 V 110 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures Division of Health Service Regulation (X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER SUPPLIER REPRESENTATIVE'S SIGNATURE

SSIGNATURE Duetos of Program Operationis

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Division of	of Health Service Regu	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
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	and the state of t	340 MIDDL	ETON STREE	T		
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	OLIMAN DV CT	ATTAKENT OF DESIGIENCIES	I	PROVIDER'S PLAN OF CORRECTION	١	(X5)
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V 110	Continued From page	e 1	V 110			
		in dividualizad augonzialon				
		individualized supervision				
	plan upon hiring each	paraprofessional.				
	This Rule is not met a	as evidenced by:				
		ews and interviews two of				
	two audited staff (#5			This page was left blank intentionally		
	demonstrate decision	-making skills required by				
		affecting Client (#1). The			1	
	findings are:					
	Review on 12/4/20 of	Staff #5 personnel record			1	
	revealed:					
	-Hire date of 10/21/19	9.				
	-Developmental Spec	cialist Sleepover.				
	-Completed the follow					
		Competency - 4/23/20.				
	Getting It Right	Recertification - 5/13/20.				
	-Individual Rights	= 10/17/20	1			
	Oussien of De	velopment Disabilities -				
		relopment Disabilities -				
	10/29/19.	Pight Incoming on 2/11/20				
	-Attended Getting it r	Right Inservice on 2/11/20.				
	D : 40/4/00 -4	Stoff #6 paraannal record				
		Staff #6 personnel record	1			
	revealed:					
	-Hire date of 8/28/17.					ĺ
	-Developmental Spec	cialist Sleepover.				
	-Completed the follow	ving trainings:				
	-Direct Support (Competency - 6/2/20.	1			
	-Gettina It Right	Recertification - 2/25/20.	1			
	-Individual Rights					
		velopment Disabilities -				
	5/15/20.	Sishingin = .aaa				
	Attanded Catting It -	ight Inservice on 2/11/20.				
	-Attended Getting It I	Ight macrate on 27 m20.				

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	f Health Service Regu	lation	(X2) MULTIPLE CONSTRUCTION (X3			(X3) DATE SURVEY	
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1/110	Continued From page	a 2	V 110				
V 110				To ob			
	Interview on 12/1/20	with Staff #5 revealed:		V110: All Staff will follow the Treatr	Helit		
	-She worked at the g	roup home since August	P	Plan for each individual supported.	do ro		
	2019.			Residential Team Leader will provi	de re-		
		at worked at the home	Table	training to all staff to address all the	e client's		
	full-time.			needs and will document on an In-	Service		
		ed alternative days with staff		form.			
	#6.	toda tropatalisti (Basicana)					
	-They were sleepove	er staff.					
	She allowed client #	1 to dress himself but					
	needed help.			Residential Manager will provide re	e-training		
	Client #1 would nut	his shoes on the wrong foot		on all individual's person specifics include level of assistance needed hygiene and grooming and will doc	to for		
	and clothes would be	e on backwards.					
	Cha made cure he w				ument		
	-She made sure he was dressed wellReported client #1 shoes was on the right foot			on an In-Service form.			
	and clothes was on t	he right way on her shift.		The Established St. St. State Co.			
	and clothes was on t	and right tray	1				
	Interview on 12/3/20	with Staff #6 revealed:					
	She worked at the fi	irst time in 2004 and returned		The Residential Manager will moni	tor during		
	2017Worked alternate days throughout the weekThey worked three or four or sometimes five days throughout the weekVhen she was on duty client #1 dressed himselfShe gave client #1 a shower, put his shoes on right and lotion client #1 down.			service observations at a minimu	of		
				monthly for 3 months and then quarterly thereafter and will document on a			
				Residential Observation form.			
	Then client #1 Would	d go the day program.		Target Date: January 3, 2021			
	-Then client #1 would go the day programShe had no idea about client #1 shirt on inside			ra.got zatet t			
	out.						
	She assisted client	#1 and made sure client #1's	-				
	clothing was on right						
	Sho made cure clie	nt #1's shoes were on the					
	right foot.	man har annual annual					
	She made cure clie	nt was completely dressed.					
	On her shift she m	ade sure client #1 was					
	looking good and sn	nelling good.					
	Thou had a floater	hat worked as a staff.					
	-The floater was sta	ff #5					
	Charries only the fi	ıll-time regular staff at the					
		an-unite regular starr at the					
	group home.	a since she hecame full-time					
1	-Staff #5 was working	ng since she became full-time					

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FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R-C B. WING 12/04/2020 MHL063-091 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 MIDDLETON STREET MIDDLETON STREET ROBBINS, NC 27325 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) V 110 V 110 Continued From page 3 at the beginning of the year. -Staff #5 was still a full-time floater. -When she was on shift, she made sure client #1 was dressed properly. -She did not know reason client #1 was reportedly wearing his shoes on the wrong foot and shirt -She reported it did not happen on her shift. Interview on 12/2/20 and 12/3/20 with the Residential Manager revealed: This page was left blank intentionally -The complaint occurred with both staff #5 and staff #6 working at the group home. -When the day program was closed the one-on-one worker would come into the home and provide services. -That one-on-one worker reported client #1 shoe was on the wrong foot and shirt was small. -The one-on-one staff may have noticed the hygiene before staff could clean it up. -There was no valid excuse from staff #5 and staff #6. -Staff #5 and staff #6 alternated days throughout the week. -This was not the first complaint about client #1's -The first complaint was back in February 2020 from the day program. -She made guardian aware of the complaint. -She did an in-service with staff #5 and staff#6 after the complaint in February. -The second complaint was back in Octoberor November by day program staff working in the home. -The complaint was about client #1 shoes on the wrong foot and shirt on backwards. -She gave staff #5 and staff #6 a verbal warning.

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staff over the phone.

-She facilitated meetings with staff monthly.
-When she received the complaint, she called the

Division of	Health Service Regul	ation			(X3) DATE S	IRVEY
STATEMENT OF DEFICIENCIES (X1) PF		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
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140				DEFICIENCY)		
			V 110			
V 110	Continued From page	e 4	V 110			
	She also called staff	that was off thatday.				
1	-She did not documer	nt the verbal warning				
	-one did not documen	up home every week; about				
1	-one went to the grot	the week				
	3-4 days throughout t	roup home when client #1			,	
	left for the day progra	owhen client #1 returned				
	-She was at the home when client #1 returnedClient #1 clothing was adjusted at the day					
		as aujusted at the day				
	program.	linent actions				
	-There was no discip	and visits at the group				
		nced visits at the group		This page was left blank intentionally		
	home on the weekendsStaff #5 and Staff #6 was made aware to check					
	client #1 before leavi	ng the house.				
		ill the OvellEnd				
	Interview on 12/4/20					
	Professional revealed	d:				
l	-There was no writter	n disciplinary actions.			1	
	-There was an in-ser	vice after the complaints.				
	-He attended the mo	nthly meetings facilitated by				
	the Residential ManagerStaff #5 and Staff #6 did not take responsibility.					
		Staff #6 was being careless				
	and not paying atten	tion.				
	-Confirmed Staff #5	and Staff #6 were the only				
	staff working at the g	roup nome.				
			V 540			
V 540	27F .0103 Client Rig	hts - Health, Hygiene And	V 540			
	Grooming					
		- V000884600				e2
	10A NCAC 27F .010	3 HEALTH, HYGIENE				
	AND GROOMING					
	(a) Each client shall	be assured the right to				
	dignity, privacy and	humane care in the provision				
	of personal health, h	vgiene and grooming care.				
	Such rights shall inc	lude, but need not be limited				
	to the:	\$				
	(1) opportunity	y for a shower or tubbath				
	daily, or more often	as needed;				
ł	daily, or more orten.	₹5,700 (1977), ₹3,700 (1970) .	3			

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	Division of Health Service Regulation (X3) DATE SURVEY							
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3)	(X3) DATE SURVEY COMPLETED							
AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:								
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MHL063-091 B. WING								
STREET ADDRESS, CITY, STATE, ZIP CODE	4							
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V 540 Continued From page 5								
to the state of th								
the state of the s								
(3) opportunity to obtain the services ora barber or a beautician; and								
and the state of t								
(4) provision of linens and towers, torrect paper and soap for each client and other								
individual personal hygiene articles for each								
individual personal hygiene articles for each indigent client. Such other articles include but are								
not limited to toothpaste, toothbrush, sanitary								
not limited to toothpaste, toothbrush, saintary napkins, tampons, shaving cream and shaving								
utensil.								
d to il ata valaigh angura								
(b) Bathtubs or showers and tollets whichersure This page was left blank intentionally								
individual privacy shall be available. (c) Adequate toilets, lavatory and bath facilities								
equipped for use by a client with a mobility								
impairment shall be available.								
Impairment shall be available.								
This Rule is not met as evidenced by:								
Based on observation and interviews, the facility								
failed to ensure the right to dignity, privacy and								
humane care in the provision of personal health,								
hygiene and grooming was implemented affecting								
one of three audited clients (#1). The findings are:								
One of three addition choice (ii).								
Review on 12/1/20 of Client #1's record revealed:								
-Admission date of 5/3/10.								
-Admission date of 5/5/10. -Diagnoses of Intellectual Development Disability,								
Severe Major Depressive Disorder, Urinary								
Incontinence, Diabetes Type II Mellitus, Seizure								
Disorder by History, Generalized Epilepsy and								
Non-Verbal.								
-Treatment Plan dated 11/1/20 revealed the								
following goal:								
- "Iclient #11 will receive assistance with								
appropriately completing bathing and grooming."								
-Treatment Plan dated 11/1/20 - "Supports								
Needed to Complete Activities of Daily Living								
revealed:								
- "requires support with dressing and								

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FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING WHL063-091 12/04/2020 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 MIDDLETON STREET MIDDLETON STREET ROBBINS, NC 27325 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETE PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 540 Continued From page 6 V 540 grooming." Interview on 12/1/20 with Staff #5 revealed: -She worked at the group home since August 2019. -She was a floater but worked at the home full-time. -Reported she worked alternative days with staff -They were sleepover staff. -Clients were currently quarantine in the bedrooms due to return from home visits for This page was left blank intentionally -Client #1 had no family and stayed at the group home. -She reported client #1 was supported by his guardian. -She allowed client #1 to dress himself but needed help. -Client #1 would put his shoes on the wrong foot and clothes would be on backwards. -Client #1's had enough clothes and cleaned weekly. -She did not see a problem with client #1's clothing. -She made sure he was dressed well. -Reported client #1 shoes was on the right foot and clothes was on the right way on her shift. -She did not know reason client #1 was reportedly wearing his shoes on the wrong foot and shirt inside out. -She reported it did not happen on her shift. Interview on 12/3/20 with Staff #6 revealed: -She worked at the first time in 2004 and returned 2017. -Worked alternate days throughout the week.

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-They worked three or four or sometimes five

-When she was on duty client #1 dressed himself.

days throughout the week.

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12/04/2020

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _____ R-C

MHL063-091

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

B. WING __

	340	MIDDLETON STREI	T	
NDDLET	ON STREET			
	RO	BBINS, NC 27325		-γ
(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 SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLET DATE
V 540	Continued From page 7	V 540		
V 540	-She gave client #1 a shower, put his shoes on right and lotion client #1 downThen client #1 would go the day programPreviously would take client #1 to the day programTransportation was provided by the company vanShe had no idea about client #1 shirt on inside outShe assisted client #1 and made sure client #1's clothing was on rightShe made sure client #1's shoes were on the right footShe made sure client was completely dressedThe residential manager brought the complaint to her attentionOn her shift, she made sure client #1 was looking good and smelling goodThey had a floater that worked as a staffThe floater was staff #5She was only the full-time regular staff at the group homeStaff #5 was working since she became full-time at the beginning of the yearStaff #5 was still a full-time floaterWhen she was on shift, she made sure client #1 was dressed properlyClient #1 had a one-on-one worker that came to the house prior to client #1 returning to day programReported if client #1 was not dressed properly it was not on her shiftShe did not know reason client #1 was reportedl wearing his shoes on the wrong foot and shirt inside outShe reported it did not happen on her shift. Interview on 12/2/20 and 12/3/20 with the Residential Manager revealed:		This page was left blank intentionally	
	Residential Manager revealed.	1		

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: _ R-C B. WING_ 12/04/2020 MHL063-091 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 340 MIDDLETON STREET MIDDLETON STREET ROBBINS, NC 27325 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 540 V 540 Continued From page 8 V540 All Staff will follow the Treatment Plan for each individual supported. 2020. Residential Team Leader will provide re--The complaint occurred with both staff #5 and training to all staff to address all the client's staff #6 working at the group home. needs and will document training on an In--When the day program was closed the one-on-one worker would come into the home Service form. and provide services. -That one-on-one worker reported client #1 shoe was on the wrong foot and shirt was small. -They try to make sure clients are as independent Residential Manager will provide re-training on all individual's person specifics to as possible. -The one-on-one staff may have noticed the include level of assistance needed for hygiene and grooming and will document hygiene before staff could clean it up. -There was no valid excuse from staff #5 and on an In-Service form. staff #6. -There was normally 3 staff working at the home until covid. -Staff #5 and staff #6 alternated days throughout The Residential Manager will monitor during service observations at a minimum of the week. -This was not the first complaint about client #1's monthly for 3 months and then quarterly thereafter and will document on a clothing. -The first complaint was back in February 2020 Residential Observation form. from the day program. -She made quardian aware of the complaint. Target Date: January 3, 2020 -She did an in-service with staff #5 and staff#6 after the complaint in February. -The second complaint was back in Octoberor November by day program staff working in the home -The complaint was about client #1 shoes on the wrong foot and shirt on backwards. -She gave staff #5 and staff #6 a verbal warning. -She facilitated meetings with staff monthly -When she received the complaint, she called the staff over the phone. -She called staff that was off that day. -She did not document the verbal warning. -She went to the group home every week; about 3-4 days throughout the week. -She was not at the group home when client #1 left for the day program.

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ R-C B. WING 12/04/2020 MHL063-091 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 340 MIDDLETON STREET MIDDLETON STREET ROBBINS, NC 27325 (X5) COMPLETE PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 540 V 540 Continued From page 9 -She was at the home when client #1 returned. -Client #1 clothing was adjusted at the day program. -There was no disciplinary actions. -Never heard of reports regarding client #1's body -Client #1 was bathe in the morning and a 2nd if client #1 had an accident but wasn't often. -She made unannounced visits at the group home on the weekends. -The other clients were independent. -Client #1 was non-verbal. -Client #1 would get up in the morning and take a shower and put on his clothing. This page was left blank intentionally -She told staff #5 and staff #6 to put client #1's clothing out. -Staff #5 and Staff #6 was made aware to check client #1 before leaving the house. Interview on 12/4/20 with the Qualified Professional revealed: -He was aware of the two separate complaints. -He was aware of the complaint in February and the complaint made by one-on-one staff. -They addressed it in a staff meeting and trained on this before. -It was his understanding that staff #5 and staff #6 understood and what was required. -He realized staff #5 and staff #6 did not understand because after receiving another complaint. -Staff meeting 1x/month to discuss everything was going on in the house. -Issues would also be addressed before staff meeting as needed. -They spoke to staff #5 and staff #6 on a daily basis as needed.