| | FOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | 1 ' ' | CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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| NAME OF P | ROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, STA | TE. ZIP CODE | |
| | | | SLEY WAY | , | |
| PALM HOUSE | | | BORO, NC 2740 | 05 | |
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| V 000 | INITIAL COMMENTS | | V 000 | | |
| | The complaint was ur #NC174094). A defice This facility is licensed category: 10A NCAC | · · | | | |
| V 364 | G.S. 122C- 62 Addition | onal Rights in 24 Hour | V 364 | | |
| | § 122C-62. Additional Rights in 24-Hour Facilities. (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to: (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary; (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and (3) Contact and consult with a client advocate if there is a client advocate. The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times. (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to: (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party; | | | | |

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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| NAME OF P | ROVIDER OR SUPPLIER | STREET ADI | ORESS, CITY, STA | TE, ZIP CODE | |
| _ | | 3212 PRE | SLEY WAY | | |
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| V 364 | Continued From page | e 1 | V 364 | | |
| | | | | | |
| | | or a period of at least six | | | |
| | - | s of which shall be after 6:00 | | | |
| | · | g shall not take precedence | | | |
| | over therapies; | nd meet under appropriate | | | |
| | ` ' | riduals of his own choice | | | |
| | upon the consent of t | | | | |
| | | de the custody of the facility | | | |
| | unless: | de the dustody of the lability | | | |
| | | ceedings were initiated as | | | |
| | | t's being charged with a | | | |
| | | ng a crime involving an | | | |
| | assault with a deadly | - | | | |
| | | d not guilty by reason of | | | |
| | insanity or incapable | | | | |
| | | oluntarily admitted or | | | |
| | | lity while under order of | | | |
| | commitment to a corr | ectional facility of the | | | |
| | Division of Adult Corr Public Safety; or | ection of the Department of | | | |
| | c. The client is being | ng held to determine capacity | | | |
| | to proceed pursuant t | | | | |
| | | pressly authorize visits | | | |
| | | by the existence of the | | | |
| | conditions prescribed | I by this subdivision; | | | |
| | ` ' | daily and have access to | | | |
| | | ent for physical exercise | | | |
| | several times a week | | | | |
| | | bited by law, keep and use | | | |
| | | l possessions, unless the | | | |
| | | determine capacity to | | | |
| | proceed pursuant to (| | | | |
| | (7) Participate in reli | | | | |
| | ' ' | a reasonable sum of his | | | |
| | own money; | lianna umlan attancia | | | |
| | | license, unless otherwise | | | |
| | · . | r 20 of the General Statutes; | | | |
| | and | individual atoroga f | | | |
| | (10) Have access to I | ndividual storage space for | | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 2 of 9

PRINTED: 02/12/2021 FORM APPROVED

Division of Health Service Regulation

| | of Health Service Regu | | | | , , , , , , , , , , , , , , , , , , , |
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| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE | | | | | |
| PALM HOUSE | | SLEY WAY | | | |
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| V 364 | Continued From page | e 2 | V 364 | | |
| | his private use. | | | | |
| | • | rights enumerated in G.S. | | | |
| | 122C-51 through G.S | | | | |
| | | 5. 122C-61, each minor client | | | |
| | • | ment or habilitation in a | | | |
| | • | ne right to have access to | | | |
| | proper adult supervis | | | | |
| | | nor's status as a developing | | | |
| | individual, the minor s | | | | |
| | | le him to mature physically, | | | |
| | emotionally, intellectu | | | | |
| | vocationally. In view | of the physical, emotional, | | | |
| | and intellectual imma | turity of the minor, the | | | |
| | 24-hour facility shall p | provide appropriate | | | |
| | structure, supervision | and control consistent with | | | |
| | the rights given to the | e minor pursuant to this Part. | | | |
| | The facility shall also | , where practical, make | | | |
| | reasonable efforts to | ensure that each minor | | | |
| | client receives treatm | ent apart and separate from | | | |
| | adult clients unless th | ne treatment needs of the | | | |
| | minor client dictate of | | | | |
| | | o is receiving treatment or | | | |
| | | -hour facility has the right to: | | | |
| | | nd consult with his parents or | | | |
| | | cy or individual having legal | | | |
| | custody of him; | | | | |
| | | sult with, at his own expense | | | |
| | | esponsible person and at no | | | |
| | cost to the facility, leg | | | | |
| | | ental health, developmental | | | |
| | | nce abuse professionals, of | | | |
| | | onsible person's choice; and | | | |
| | ` ' | sult with a client advocate, if | | | |
| | there is a client advoc | | | | |
| | | n this subsection may not be | | | |
| | - | ty and each minor client | | | |
| | - | ights at all reasonable times. | | | |
| | | ed in subsections (e) and (h) | | | |
| | or this section, each r | minor client who is receiving | 1 | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 3 of 9

| DIVISION | n nealth Service Regu | ialion | | | |
|------------|-----------------------------|---------------------------------|------------------|---------------------------------|------------------|
| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
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| NAME OF PI | ROVIDER OR SUPPLIER | | DRESS, CITY, STA | I E, ZIP CODE | |
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| | | GREENSI | 30RO, NC 2740 | 05 | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | I (X5) |
| PRÉFIX | | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD | BE COMPLETE |
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| V 364 | Continued From page | . 3 | V 364 | | |
| ٧ ٥٥ ١ | Continued From page | . 0 | | | |
| | treatment or habilitation | on in a 24-hour facility has | | | |
| | the right to: | | | | |
| | (1) Make and receive | e telephone calls. All long | | | |
| | | e paid for by the client at the | | | |
| | | Il or made collect to the | | | |
| | receiving party; | | | | |
| | | e mail and have access to | | | |
| | • • | | | | |
| | | tage, and staff assistance | | | |
| | when necessary; | | | | |
| | ` ' ' ' ' | e supervision, receive | | | |
| | | nours of 8:00 a.m. and 9:00 | | | |
| | | least six hours daily, two | | | |
| | hours of which shall b | e after 6:00 p.m.; however | | | |
| | visiting shall not take | precedence over school or | | | |
| | therapies; | | | | |
| | (4) Receive special | education and vocational | | | |
| | | e with federal and State law; | | | |
| | | laily and participate in play, | | | |
| | | cal exercise on a regular | | | |
| | basis in accordance v | | | | |
| | | | | | |
| | | ited by law, keep and use | | | |
| | personal clothing and | | | | |
| | | on, unless the client is being | | | |
| | • | acity to proceed pursuant to | | | |
| | G.S. 15A-1002; | | | | |
| | (7) Participate in religion | gious worship; | | | |
| | (8) Have access to it | ndividual storage space for | | | |
| | the safekeeping of pe | rsonal belongings; | | | |
| | (9) Have access to a | and spend a reasonable sum | | | |
| | of his own money; an | | | | |
| | | license, unless otherwise | | | |
| | | 20 of the General Statutes. | | | |
| | | ated in subsections (b) or (d) | | | |
| | ` , | e limited or restricted except | | | |
| | • | | | | |
| | • • | ssional responsible for the | | | |
| | | nt's treatment or habilitation | | | |
| | | ent shall be placed in the | | | |
| | client's record that inc | licates the detailed reason | | | |
| | for the restriction. The | restriction shall be | 1 | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 4 of 9

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Division of Health Service Regulation

| STATEMEN | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | ' ' | CONSTRUCTION | (X3) DATE S | |
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| V 364 | Continued From page | e 4 | V 364 | | | |
| | reasonable and relate habilitation needs. A period not to exceed each restriction shall qualified professional at which time the rest Each evaluation of a documented in the clirights may be renewed statement entered by the client's record that renewal of the restrict client who has not be in each instance of ar of a restriction of right by the client shall, up be notified of the rest it. In the case of a min adult client, the legall be notified of each insor renewal of a restrict reason for it. Notificat individual or legally restricted and to exceed the state of the restrict reason for it. Notificat individual or legally restricted and to exceed the state of the restrict reason for it. Notificat individual or legally restricted the state of the restrict reason for it. Notificat individual or legally restricted the state of the restrict reason for it. | ed to the client's treatment or restriction is effective for a 30 days. An evaluation of be conducted by the at least every seven days, riction may be removed. restriction shall be ent's record. Restrictions on ed only by a written the qualified professional in t states the reason for the tion. In the case of an adult en adjudicated incompetent, in initial restriction or renewal ts, an individual designated on the consent of the client, riction and of the reason for nor client or an incompetent by responsible person shall stance of an initial restriction of tights and of the | | | | |
| | facility failed to ensur placed in the client's in for restriction of the ri personal clothing, do ongoing restriction ev | ews and interviews, the e a written statement was record detailing the reason ght to keep and use cument the evaluation of the erry seven days, and ition made to the Guardian newal affecting 1 of 1 | | | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 5 of 9

| STATEMENT | OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY |
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| (VA) ID | SLIMMADV ST | ATEMENT OF DEFICIENCIES | | PROVIDER'S PLAN OF CORRECTION | NI (VE) |
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| V 364 | Continued From page | ÷ 5 | V 364 | | |
| | FC #3's record reveal - Admission date: 8/1 - Discharge date: 1/8, - Diagnoses: Schizoa Intermittent Explosive Intellectual Disability; - A treatment plan orige review dates on the 1 the most recent reviee - The treatment plan or greeiew dates in the most recent reviee - The treatment plan or greeiew dates in the most recent reviee - The treatment plan or greeiew dates in the meds it, including verified feelings, nutritional are acting out behaviors of the most of the m | 9/2014 //2021 ffective Disorder; e Disorder; and Moderate ginally dated 3/1/2020 with st of each month, and with w having been on 11/1/2020; revealed goals related to: o ask for assistance when he rbalizing thoughts and hd hygiene needs, to avoid driggered by unmet needs" Demonstrate how to think for so based on facts he is on his personal knowledge her people to make decisions from sexual behaviors and ratification over the next 30 evidenced by: participation at least twice per week .and st three times each week, y sexual boundaries and" d goals section in the seed increased elopement view; QP (Qualified Professional) | | | |
| | - FC #3 ran away from November 2020; - When he returned to "appear to be drunk a - During December 20 the facility" at leas time he would leave to | on the facility 4 times during on the facility, FC #3 would and smelling like smoke"; 020, FC #3 ran away from | | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 6 of 9

| MHL0411095 STREET ADDRESS, CITY, STATE, ZIP CODE | | PETICIENCIES CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVE | Y |
|---|--|---|---|-----------------|--|-----------------|--------|
| MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESILEY WAY GREENSBORO, NC 27405 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCE TO THE APPROPRIATE DEFICIENCY) V 364 COntinued From page 6 if they find him they would bring him back" - There was no documentation of the reason for taking FC #3's shoes from him; - There was no documentation of the date the rights restrictions began or the review of the rights restrictions or renewals of the restriction. Interview on 2/10/2021 with FC #3 revealed: - Facility staff had taken his shoes away from him; - He was unable to remember when or how often staff took his shoes; - He did not believe that facility staff discussed taking his shoes with his Guardian. Attempts were made on 2/9/2021 and 2/10/2021 | | | | | | | |
| PALM HOUSE 3212 PRESLEY WAY GREENSBORO, NC 27405 (X4) ID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 6 if they find him they would bring him back" - There were occasions during December that FC #3 ran away from his transportation of the reason for taking FC #3's shoes from him; - There was no documentation of the date the rights restrictions began or the review of the rights restrictions or renewals of the restriction. Interview on 2/10/2021 with FC #3 revealed: - Facility staff had taken his shoes away from him; - He was unable to remember when or how often staff took his shoes; - He did not believe that facility staff discussed taking his shoes with his Guardian. Attempts were made on 2/9/2021 and 2/10/2021 | | | MHL0411095 | B. WING | | | 21 |
| REENSBORO, NC 27405 CAJID SUMMARY STATEMENT OF DEFICIENCES SUMMARY STATEMENT OF DEFICIENCES DEFICIENCES DEFICIENCES DEFICIENCY SUMMARY STATEMENT OF DEFICIENCES DEFICIENCY DEFICIENCY DEFICIENCY SUMMARY STATEMENT OF DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY DEFICIENCY V 364 Continued From page 6 V 364 If they find him they would bring him back" There were occasions during December that FC #3 ran away from his transportation service when he was returned to the facility from his day program; There was no documentation of the date the rights restrictions began or the review of the rights restrictions began or the review of the rights restrictions began or the review of the rights restrictions or renewals of the restriction. Interview on 2/10/2021 with FC #3 revealed: Facility staff had taken his shoes away from him; He was unable to remember when or how often staff took his shoes; He did not believe that facility staff discussed taking his shoes with his Guardian. Attempts were made on 2/9/2021 and 2/10/2021 | NAME OF PRO\ | VIDER OR SUPPLIER | STREET ADD | RESS, CITY, STA | TE, ZIP CODE | | |
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| if they find him they would bring him back" - There were occasions during December that FC #3 ran away from his transportation service when he was returned to the facility from his day program; - There was no documentation of the reason for taking FC #3's shoes from him; - There was no documentation of the date the rights restrictions began or the review of the rights restrictions every seven days - There was no documentation of the notification given to FC #3's Guardian regarding the rights restrictions or renewals of the restriction. Interview on 2/10/2021 with FC #3 revealed: - Facility staff had taken his shoes away from him; - He was unable to remember when or how often staff took his shoes; - He did not believe that facility staff discussed taking his shoes with his Guardian. Attempts were made on 2/9/2021 and 2/10/2021 | PREFIX | (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL | PREFIX | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF | BE CO | MPLETE |
| - There were occasions during December that FC #3 ran away from his transportation service when he was returned to the facility from his day program; - There was no documentation of the reason for taking FC #3's shoes from him; - There was no documentation of the date the rights restrictions began or the review of the rights restrictions every seven days - There was no documentation of the notification given to FC #3's Guardian regarding the rights restrictions or renewals of the restriction. Interview on 2/10/2021 with FC #3 revealed: - Facility staff had taken his shoes away from him; - He was unable to remember when or how often staff took his shoes; - He did not believe that facility staff discussed taking his shoes with his Guardian. Attempts were made on 2/9/2021 and 2/10/2021 | V 364 C | Continued From page | e 6 | V 364 | | | |
| Guardian did not respond to voicemail requests for return calls by the time of exit. Interview on 2/9/2021 with staff #2 revealed: - FC #3 had run away from the facility multiple times, had been assaultive towards facility staff, and had been found at a local alcoholic beverage control (ABC) store with "hookers." Interviews on 2/8/2021 and 2/10/2021 with the QP revealed: - FC #3's behaviors had worsened to the point that local Police had to be called multiple times when he ran away; | if - #ho point tare in the point in the poin | f they find him they we're they find him they we're occasion as an away from his ne was returned to the orogram; There was no documaking FC #3's shoes. There was no documights restrictions every they was no documights restrictions every there was no documigiven to FC #3's Guarestrictions or renewanterview on 2/10/202. Facility staff had taking: He was unable to restaff took his shoes; He did not believe the aking his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes; He did not believe the aking his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes; the was unable to restaff took his shoes; the was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable to restaff took his shoes with the was unable to restaff took his shoes. The was unable tor restaff took his shoes with the was unable to restaff took his | ns during December that FC transportation service when e facility from his day mentation of the reason for from him; mentation of the date the lan or the review of the ry seven days mentation of the notification rdian regarding the rights als of the restriction. If with FC #3 revealed: en his shoes away from emember when or how often that facility staff discussed his Guardian. on 2/9/2021 and 2/10/2021 rdian for an interview. The bond to voicemail requests time of exit. with staff #2 revealed: of from the facility multiple relative towards facility staff, at a local alcoholic beverage rith "hookers." | V 364 | | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 7 of 9

| | ot Health Service Regu | | (V2) MULTIPLE C | CONSTRUCTION | (Y2) DATE SUBVEY |
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| 0(1) ID | CLIMMADV CT | TATEMENT OF DEFICIENCIES | , | | 1 0/5 |
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| V 364 | Continued From page | e 7 | V 364 | | |
| | | | | | |
| | | been taken away from him to | | | |
| | try to prevent him from | | | | |
| | | xecutive Officer (O/CEO) #3's Guardian about his | | | |
| | - | ed approval to take FC #3's | | | |
| | shoes away; | ed approval to take 1 C #33 | | | |
| | | t three conversations with | | | |
| | FC #3's Guardian ab | | | | |
| | behaviors; | out in a running away | | | |
| | , | es were taken away from | | | |
| | | n most concerned about his | | | |
| | health and safety rather than about client rights | | | | |
| | restrictions; | 3 | | | |
| | , | ad said that as long as the | | | |
| | | keep him safe, they could | | | |
| | take FC #3's shoes a | way from him to discourage | | | |
| | running away; | | | | |
| | - Facility staff had be | en taking FC #3's shoes | | | |
| | | to the QP's start date in | | | |
| | November of 2020; | | | | |
| | - He had not completed 7-day reviews of | | | | |
| | _ | ns or documented reasons | | | |
| | for taking FC #3's she | oes in the record. | | | |
| | Interviewe on O/E/200 | 21 2/10/2021 and | | | |
| | Interviews on 2/5/2021, 2/10/2021 and 2/11/20212 with the O/CEO revealed: | | | | |
| | | ad escalated to the point that | | | |
| | he was running away | • | | | |
| | | e taken away from him in | | | |
| | | nim from running away; | | | |
| | | I when the facility started | | | |
| | taking FC #3's shoes | • | | | |
| | _ | out windows to run away; | | | |
| | | ed to the facility, he would | | | |
| | | eone in the community had | | | |
| | given him; | , | | | |
| | | FC #3's Guardian on | | | |
| | | discuss FC #3's behaviors; | | | |
| | 1 | ad given permission to take | | | |

Division of Health Service Regulation

his shoes;

STATE FORM 6899 WDUT11 If continuation sheet 8 of 9

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Division of Health Service Regulation

| MANUE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2IP CODE 3212 PRESILEY WAY OREENSBORO, NC 27405 PRETIX 1AG CAN ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTION (EACH CORRECTION (EACH CORRECTION CEACH CORRECTION CEACH CORRECTION CEACH CORRECTIVE ACTION SHOULD BE COMPLETE TO THE OTHER CONTINUES COMPLETE TO THE OTHER CONTINUES COMPLETE CONTINUES COMPLETE TO THE OTHER CONTINUES CON | | OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE S COMPL | |
|--|-----------|--|---|--------------|--|----------------------|----------|
| NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3212 PRESLEY WAY GREENSBORO, NC 27405 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 8 - The O/CEO did not know that additional documentation had to be completed every 7 days to review the client rights restrictions; - She would work on revising the facility's policies and procedures to be in compliance with | | | | 7.1. 20.22 | | | ; |
| PALM HOUSE Continued From page 8 The O/CEO did not know that additional documentation had to be completed every 7 days to review the client rights restrictions; - She would work on revising the facility's policies and procedures to be in compliance with SUMMARY STATEMENT OF DEFICIENCIES GREENSBORO, NC 27405 | | | MHL0411095 | B. WING | | | |
| PALM HOUSE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH CORRECTIVE ACTION SHOULD BE COMPLETE DATE (EACH CORRECTION SHOULD BE COMPLETE DATE (EACH | NAME OF P | ROVIDER OR SUPPLIER | | | TE, ZIP CODE | | |
| (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 364 Continued From page 8 | PALM HO | USE | | | 05 | | |
| - The O/CEO did not know that additional documentation had to be completed every 7 days to review the client rights restrictions; - She would work on revising the facility's policies and procedures to be in compliance with | PREFIX | (EACH DEFICIENC) | ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP | BE | COMPLETE |
| | V 364 | - The O/CEO did not ledocumentation had to to review the client right - She would work on and procedures to be | know that additional be completed every 7 days this restrictions; revising the facility's policies in compliance with | V 364 | | | |

Division of Health Service Regulation

STATE FORM 6899 WDUT11 If continuation sheet 9 of 9