Division of Health Service Regulation

AND DIAN OF CORRECTION INDENTIFICATION NUMBER:		` '			(X3) DATE SURVEY COMPLETED	
ANDILAN	or doring of the second of the	IDENTIFICATION NOWIDER.	A. BUILDING: _	A. BUILDING:		-120
		MHL0601444	B. WING		01/2	9/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
STEDHEN	GREAVES	4054 MAY	BERRY LANE			
STEFFIEN	GREAVES	CHARLO	TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	The complaint was ur (#NC00172640). Defi	ciencies were cited. d for the following service 27G 5600F Supervised				
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	SUPERVISION OF P. (a) There shall be not paraprofessionals. (b) Paraprofessionals associate professional professional as specifications associate professional professional as specification (a) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system in the qualified professionals shall defend (e) Competence shall exhibiting core skills in (1) technical knowled (2) cultural awarened (3) analytical skills; (4) decision-making; (5) interpersonal skills (6) communication served (7) clinical skills. (f) The governing boodevelop and implements	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, cionals and associate emonstrate competence. Il be demonstrated by ncluding: dge; ss;				

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

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			_		
		MHL0601444	B. WING		01/29/2021
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE	
STEPHEN	GREAVES		BERRY LANE TE, NC 28212		
(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 APPROPER DEFICIENCY)	BE COMPLETE
V 110	Continued From page	e 1	V 110		
	plan upon hiring each	paraprofessional.			
	Living) provider (AFL demonstrate the know required by the popul are: Cross Reference 10A Assessment and Treat Plan (V112) Based or and interview the faci strategies, effecting or	ews, interviews and the AFL (Alternative Family Provider) failed to wledge, skills, and ability ation served. The findings ANCAC 27 G .0205 atment/habilitation or Service in record review, observation lity failed to implement the of one client (Client #1).			
	_	FPIan of Protection dated ecutive Director on 1-28-21			
	_	ately do to correct the above protect the clients from hal harm?			
	"Facility Name: Steph MHL Number: 060-14				
	"Citation: 10A NCAC and Supervision of Pa	27G .0204 Competencies araprofessionals			
	Citation 10A NCAC 2 Treatment/Habilitation	7G .0205 Assessment and n or Service Plan			
	Rae's Playze Adult Da	ay Center (Licensee)			

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE COMF	SURVEY
			7. BOILDING.			
		MHL0601444	B. WING		01/	/29/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
STEPHEN	GREAVES		BERRY LANE			
			TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From page	2	V 110			
	recognizes the Division standards that there is requirements for para Adult Day Center met 9-6-20 upon transition paraprofessional comparaprofessional comparaprofessional comparement, Rae's Pladiscussed and acknown paraprofessional had abilities required to see Supervision was provided the member via on-simple meetings and in group supervision was provided to see to-face contact as	on requirements per NCAC shall be no privileging aprofessionals. Rae's Playze with [AFL provider] on of AFL member to ensure apetency and plans for attached Client Specific ent, and Supervision Plan ayze Adult Day Center wledged that the training, skills, and erve the member.				
	included review of do specific issues, memb	cumentation, member per rights, ethical and				
		information discussed and				
	the outcome of each s documented in the mo					
	informed training thro Starts next Thursday (Qualified Professional (2) paraprofessional v retrained on the follow -Evidence Based training w/training cod -Crisis Interventio Developmental Disab	will be provided Trauma ugh NC (North Carolina) at 11am, Rae's Playze QP al) will attest to attendance. will be required to be ving; I Protective Intervention ordinator on 2-11-21 on for Individuals with				
	Supports -Ethical Decision -Client/Patient Ri	Making: The Basics ghts				

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01/2	9/2021
STEPHEN GREAVES 4054 MAY			RESS, CITY, STA ERRY LANE E, NC 28212	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 110	(3) upon placement of continue to monitor pasupervision through the contact and via MS Teathe first 90 days of the (4) during the transition meetings, QP will insulntervention Plan) will behavioral profession trained on this BIP be (5) paraprofessional vacknowledge underst Functional and Prefer and Treatment plans (6) Rae's Playze will of corrective action plan Review on 1-29-21 of email 1-29-21 from the revealed: "Facility Name: Steph MHL Number: 060-14 "Citation: 10A NCAC and Supervision of Pasupervision of Pasupervision of Pasupervision of Pasupervision requirements there shall be no priviparaprofessionals. Ramet with [AFL Provide of AFL member to ensistence of the contact of the co	Incident Reports f a new AFL, QP will araprofessional for member ne methods of face-to-face eams on a weekly basis for e transition. on/Treatment team ure a BIP (Behavior be created by a licensed hal and AFL provider will be fore transition. will be required to anding and receipt of hence Assessments, BIP, by signature. document and provide to AFL provider." F Plan Of Protection sent via the Executive Director The Greaves A4" 27G .0204 Competencies araprofessionals TG .0205 Assessment and the or Service Plan The Greaves Adult Day Center The Greaves Adult D	V 110			

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attached Client Specific Competency Agreement,

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X3) DATE SURVEY COMPLETED				
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		
		MHL0601444	B. WING		01/29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	ΓΕ, ZIP CODE		
		4054 MAY	BERRY LANE			
STEPHEN	GREAVES		TTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	TION (X5)	,
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	JLD BE COMPL	ETE
V 110	Continued From page	e 4	V 110			
	Adult Day Center disc that paraprofessional abilities required to se	Agreement, Rae's Playze cussed and acknowledged had the training, skills, and erve the member. At this onger at this facility and the lients				
	the member via on-si meetings and in grou supervision was prov face-to-face contact a Teams on a weekly b included review of do specific issues, memb	ided through the methods of and via MS (Microsoft) asis. Content of supervision ocumentation, member ber rights, ethical and information discussed and supervision was				
	informed training thro Starts next Thursday (Qualified Professional (2) paraprofessional retrained on the follow -Evidence Based training w/training cod -Crisis Interventio Developmental Disab -Principles and F Supports -Ethical Decision -Client/Patient Ri -Incident Reporti -Writing Effective (3) upon placement of	will be provided Trauma rugh NC (North Carolina) at 11am, Rae's Playze QP al) will attest to attendance. will be required to be wing; d Protective Intervention ordinator on 2-11-21 on for Individuals with bilities Practices of Effective Direct a Making: The Basics ights ng a Incident Reports of a new AFL, QP will				
	supervision through the	araprofessional for member he methods of face-to-face eams on a weekly basis for				

Division of Health Service Regulation

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			(X3) DATE			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		PLETED
		MHL0601444	B. WING		01	/29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ODRESS, CITY, STA	TE, ZIP CODE		
OTEDUEN	ODE 41/50	4054 MA	YBERRY LANE			
STEPHEN	GREAVES	CHARLO	TTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	`	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 110	Continued From page	e 5	V 110			
	the first 00 days of th	o transition				
	the first 90 days of the (4) during the transition					
	meetings, QP will ins					
		I be created by a licensed				
		nal and AFL provider will be				
	trained on this BIP be					
	(5) paraprofessional					
		tanding and receipt of				
		rence Assessments, BIP,				
	and Treatment plans					
	· ·	document and provide				
	corrective action plan					
	•	·				
	_	ses including; Oppositional				
		ention Deficit/Hyperactivity				
	-	, Post Traumatic Stress				
		sruptive Mood Dysregulation				
		ctual Disability, Generalized				
		olar Disorder, unspecified,				
		sorder. He has destroyed				
		self-injurious behaviors and				
		plan revealed that noise is				
		nds best to a calm voice. His nother/guardian should be				
	l '	a crisis, but if she is not				
		r family members and the				
		al. On 12-13-20 Client #1				
		e phone. Client #1 became				
		ovider did not call the				
		lient #1's crisis plan, instead				
		12-14-20 Client #1 again				
	· ·	ne AFL provider did call the				
		had to leave a message. He				
		not relay that Client #1 was				
		ent #1 spent at least an hour				
		which time the AFL Provider				
	did not call anyone el					
		in. The police were called				
		ne violent and Client #1 was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01/29/2021
	ROVIDER OR SUPPLIER	4054 MAY	DDRESS, CITY, STATE BERRY LANE TTE, NC 28212	TE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE
V 110	taken to behavioral he the facility. The AFL F crisis plan, and Client This deficiency consti as it was detrimental welfare of the client. I corrected within 45 da of 200.00 per day will	ealth and did not return to rovider did not follow the #1 was hospitalized. tutes a Type B rule violation to the health, safety, and	V 110		
V 112	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond (d) The plan shall incompose the projected date of achieved by provision projected date of achieved by strategies; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or a session of the property of the plant shall be assessed in the plant shall b	developed based on the artnership with the client or rson or both, within 30 days is who are expected to nd 30 days. lude: that are anticipated to be of the service and a evement; view of the plan at least on with the client or legally both; on or assessment of	V 112		

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
70101 1201	or connection	BEITH 10/11/01/ NOMBER	A. BUILDING: _			
		MHL0601444	B. WING		01.	/29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
		4054 MA	BERRY LANE	·		
STEPHEN	GREAVES		TTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	ORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE E APPROPRIATE	COMPLETE DATE
V 112	Continued From page	e 7	V 112			
	This Rule is not met	as evidenced by:				
	Based on record review	-				
		•				
	interview the facility failed to implement strategies, effecting one of one client (Client #1).					
		one of one cheft (Offent #1).				
	The findings are:					
	Review on 1-6-21 and	d 1-25-21 of Client #1's				
	record revealed:					
	-Admitted 9-8-20					
		de: Oppositional Defiant				
	_	eficit/Hyperactivity Disorder,				
		umatic Stress Disorder,				
	T	ood Dysregulation Disorder,				
		bility, Generalized Anxiety				
		order, unspecified, Major				
	' '	severe without psychotic				
		n-related (focal) (partial)				
	' '	/ and epileptic syndromes				
		seizures, intractable, without				
	I	perfunction of Pituitary				
	Gland, unspecified, a	•				
		essment dated 3-23-20				
	· ·	ehavior Support: Requires				
		anage or provide therapy for				
		ns that can potentially cause				
		or others or that may be a				
		uires a highly structured				
		/ trained staff to prevent or				
		at are expected to cause				
	serious harm to self of	•				
		bit behaviors when he is				
		tant gratification, is told 'No',				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		MHL0601444	B. WING		01/29/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
		4054 MAYE	ERRY LANE		
STEPHEN	GREAVES	CHARLOT	TE, NC 28212		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 8	V 112		
V 112	if he feels rejected, or speaking negatively a self-injurious behavior and punching the wal -Person Centerer updated 8-27-20 rever my behavior has been aggressiveon 4-4-1 into [Local Hospital] of OD (Overdose) that relying about overdosin June 2020 [Client #1] within the past few we his anxiety and emoti admitted to [local hospitalized a attempted overdose aggressionstabbed pencilhospitalized a attempted overdose aggression in the honpeersknown to dest brick through his motholes in walls, flipped smaller itemshas be ideations. It was note way and was looking elopementand agre -Person Centerer Complete personal cadaily schedule, commexercise coping mechaccept "No" and redir	rif he feels others are about himhas exhibited rs as head banging, kicking ls" d Plan dated 8-1-20 and saled: "At times in the past, ome erratic and 9 [Client #1] was admitted lue to taking and intentional equired intubationadmitted g to receive attentionas of had been hospitalized twice eeksbeen struggling with onal well-being4-28-20 pital] for self-injurious lents as well as himself with a legain on 5-23-20 due to an history of physical linehas assaulted staff and croy propertyhas thrown a her's car window, punched furniture and destroyed leen hospitalized for suicide d that he could not get his for attentionhistory of e that they may help" d Plan goals include: are tasks, follow a visual lunicate feelings and lanisms when needed, will leect to an alternative activity	V 112		
		les and boundaries in the			
	-When I may nee may create stress. Sin help?2. If I am not g response I want 3. Tr Noise is a trigger for r	ed extra help: "Things that tuations where I'll need extra getting the attention or ansition between activities 3.			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
		MHL0601444	B. WING		01/2	9/2021
					1 02	0,2021
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	II E, ZIP CODE		
STEPHEN	GREAVES		YBERRY LANE			
		CHARLO	OTTE, NC 28212			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
PREFIX TAG	•	LSC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROP		DATE
				DEFICIENCY)		
V 112	Continued From page	. 0	V 112			
V 112	Continued From page	3 9	V 112			
	cause a crisisWhat	t can you do to help me				
	prepare ahead?2.	Allow me more opportunities				
	to make a choice5.	Offer me lots of positive				
	encouragement when	n I complete items				
	requested. Redirect n	ne to a different activity if I				
	start to participate in	aggressive behaviorsWhat				
	can you do to help me	e out of difficult situations? I				
	respond best to a call	m voice and gentle but firm				
	redirection. If I am ag	gressive, remove me from				
	the environment. Refu	rain from talking a lot. If I				
	become aggressive to	oward staff, staff should				
	move to another roon	n but keep me within				
	eyesight. This will allo	ow me to calm myself down				
	Crisis Planning: What	t a crisis looks like for me? I				
	will exhibit self-injurio	us behavior such as head				
		punching walls, ultimately				
		aise my voice and get				
		ack and forth or display a				
		ire you down. I may tense				
	my body or ball up my	y fistsI have been known				
	to destroy property w					
	_	? Call AFL Providerand or				
	my mother [Mother's	name and phone number] to				
		iniques. Sometimes my				
	other family members	s may assist in calming me				
		not available. Call my				
	grandmother ator m	ny aunt [aunt's name] at				
		est? Speak to me about				
		oset. Speak in a very calm				
	manner, but firm tone	e"				
		AFL Providers personnel				
	record revealed:					
	-Hire date of 12-					
	•	Based Protective				
	Interventions) last cor					
	recertification last cor	•				
		Centered Training for Client				
	#1 including diagnose	es and needs, goals and				

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outcomes, routines, and behavior concerns.

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.		
		MHL0601444	B. WING		01/29/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
STEPHEN	GREAVES		BERRY LANE TE, NC 28212		
	OUR MARK OT		1		.,
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 10	V 112		
	wife/back up staff's portage. Hire date of 9-29-9-6-20- Person of the position of the qualified Profession of the qua	Centered Training for Client es and needs, goals and and behavior concerns. If an email sent to the DHSR ervice Regulation) surveyor ofessional #1 (QP#1) dated was hand written and given Oct 8, 2020. as there when all this took I QP (QP#1) AFL Provider], [AFL up staff], and [Client #1] as (Legal Representative RP explained to [AFL ovider's wife/backup staff] are, not getting what he and miscuing information. QP scheduleQP developed a Provider and AFL Provider's P explainedin the event of att #1] time to process			
	names were on the list	vider's wife/back up staff's st of people that attended. d included; ground rules,			
	needs/priority needs,	and review of crisis plan.			

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	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01/29/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	E, ZIP CODE		
		4054 MA	YBERRY LANE			
STEPHEN	GREAVES	CHARLO	TTE, NC 28212			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)	
PREFIX TAG	,	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		
V 112	Continued From page	11	V 112			
	-12-14-20 police -12-14-20 police 12:32 pm Review on 1-6-21 of i	called at 15:53 (3:53 pm) called at 12:28 pm called a second time at				
	Provider revealed: -12-13-20: "On S requested my phone thim that because I was moment that I would go after I got off the phore speak to his aunt. He on the phone and I as downstairs and talk of their replied he's not go but his brother. I respondownstairs ans speak and said 'the things I'r	unday (12-13-20) [Client #1] to speak to his aunt. I told as using my phone at the give him the phone later. he I gave him the phone to was going upstairs to speak ked him to come h the phone in which he going to speak to his aunt conded saying, 'Okay, come to your brother,' he refused m going to say to my brother ou uncomfortable,' I then				
	told him, okay, please don't say any nasty the brother and I don't wat He obliged and gave went out of the house my tv remotes along with the channel to give me back the known of the channel to give me back the channel to g	give me my phone so you ings about me to your nt to feel uncomfortable.' me my phone back to me. I to the backyard and he hid with my car keys. He even I was watching. I asked him eys and the remotes and he pesn't know where it is.' I n along with my wife (AFL up staff) after she came own and cooperate with us. Inderstand the situation I anted and he said 'nothing', around the house cursing tinued misbehaving and				

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PRINTED: 02/12/2021

Division	of Health Service Regu	lation			FURIV	IAPPROVED
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	CONSTRUCTION	(X3) DATE S COMPLI	
		MHL0601444	B. WING		01/2	9/2021
NAME OF P	PROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STA	TE, ZIP CODE		
STEDUEN	STEPHEN GREAVES 4054 I					
CHARL		CHARLO	TTE, NC 28212			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 112	Continued From page	: 12	V 112			
	that's when I called the his temper. After the preturned the remotes -12-14-20- "This downstairs to me say eat hot dogs for my be did you say?' And he me, b***h.' I asked hir b***h?' in which he re my father.' I gave him After he finished eatir and mustard on the regauge the situation at him what did he start and he said, 'I don't ke or drive with me and called his mother and called his mother and called the QP (QP#1) meeting. While we we he began writing all opermanent marker. It the wall and he said 'I if I want to.' Due to his failure to oblige my restop what he's doing afterwards he charge the head. That is how police finally arrived a not calm him down ar my wife (AFL Provide saying he wanted to kyiolence and his atter	ne police to help bring down police came that is when he and keys." morning, [Client #1] came ing '[AFL Provider], I want to reakfast', I asked him 'what replied saying, 'you heard m,'did you just call me a plied saying, 'yes, you're not the hot dog he requested. In the hot dog he requested in the hot dog he reduested in the hot living room. To not calm him down I asked misbehaving all of a sudden now'. I offered to take a walk the constantly refused. I left a voicemail. I also and the schedule a 2 pm are waiting for the meeting ver the wall using a black told him to stop writing on to b***h, I will write on the wall so constant misbehavior and equest I told him if he doesn't				

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forks and spoons in an attempt to stab me. Afterwards the police took him to the mental health care center on [road]....4. Corrective action taken; When I noticed [Client #1]'s sudden behavior change, I offered to take him for a walk or drive or even go to the store for candy and he refused. I also offered him popsicle because I

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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		MHL0601444	B. WING		01/29	9/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
STEPHEN	GREAVES		BERRY LANE TE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
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V 112	Continued From page 13		V 112			
	know he likes it a lot a asked him what he was saying 'nothing', yet hand violentSumma nurse (at the behavio was when [Client #1] get his daddy (AFL Pryesterday. He went opaste and mustard or knife from the kitchen tried to stab [AFL Pro [AFL Provider] started punched each other in time the police was care	and he still didn't oblige. I anted and he only replied the still continued acting rude try:When the second tral health hospital)this expressed that he wanted to rovider) for what happened in to say he poured tomato in the carpet, he tried to get a but got a fork instead and wider] By this time he and diffighting and they both in the faceFinally at the alled he had turned over the and tried to pull the cord out				
	-Client #1 refers wife/back up staff as He had gotten a he couldn't have waff He got upset ow AFL Provider "kept sa He couldn't call his m Coordinator. They cowould talk and not let lied." -On 12-13-20 AF Provider's wife/back ubecause "they were tiremote." -The police left the remote. -On 12-14-20 he the carpet, and the All -"They (AFL Provider) wife/backup staff) got	ngry on 12-13-20 because les when he wanted them. er using the phone and the aying it was a work phone. other or his Care uld call me, but my dad me talk, so technically, he FL Provider and the AFL up staff called the police ired of not finding the he house after he gave them put ketchup and mustard on FL Provider became angry. vider and AFL Provider's				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		_			
	MHL0601444	B. WING		01/2	9/2021
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
STEPHEN GREAVES	4054 MAYB	ERRY LANE			
	CHARLOTT	TE, NC 28212		ı	
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V 112 Continued From page 14	4	V 112			
-"We got into a fight I couldn't breathe." -"[AFL Provider's wi cops." -"I was punching himmom (AFL Provider's wi said I was going to kill the "Every time my dad felt like I wanted to kill the His aunt had told the yelling was a trigger for "They (AFL Provider's wife/backup staff) kept knives. I got a fork, I was I tried. I was yelling and The AFL Provider's facility "all the time." Befalong well with the son. -The AFL Provider's so she would be there we school. -On 12-14-20: "He (me first when I wrote on police." -"[AFL Provider's wi punching me too. That's hurt." -[AFL provider's sor Provider] and I were fight down on the ground." -"After that the cour over, it was glued to the He initially said that struck him, then said he elbow around his neck in "I told him, 'Bro, you are doing it too tight." -He "got away" from	t, his son almost killed me, ife/backup staff] called the m (AFL Provider), the ife/backup staff) lied and nem to the police." d (AFL Provider) yelled, I nem." he AFL Provider that Client #1. der and AFL Provider's locking the door with the sn't able to stab them, but cussing." s son had lived in the fore this incident, he got se daughter was in college when she wasn't going to (AFL provider) punched the walls. He lied to the ife/backup staff] was when she got her hand n] came down, and [AFL nting, standing up and nter (kitchen island) fell ground." at the AFL Provider's son choked him with his	VIIZ			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
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		MHL0601444	B. WING		01/29/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
OTEDUEN	LODE AVEO	4054 MAYE	BERRY LANE			
SIEPHEN	GREAVES	CHARLOT	TE, NC 28212			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE CO	(X5) MPLETE DATE
V 112	Continued From page	e 15	V 112			
	-"That's when [A staff] lied and said I w -When asked by does to calm down w takes a nap, plays vio mother/guardian or hi -The day of 12-1 daughter was also the cops, screaming and c -The police were AFL Provider and AFI staff didn't think the p enoughThe AFL Provider F*****g house', one ti wife/backup staff] said -"They (AFL Provider)	FL Provider's wife/backup //as trying to kill them." the DHSR surveyor what he hen upset, he replied that he deo games or talks to his is brother. 4-20 the AFL Provider's ere " she was calling the crying" called twice because the L Provider's wife/backup olice were coming fast er would yell "'This is my me the [AFL Provider's d 'S**t, we treat you right." //ider and AFL Provider's t cursed the last two days,				
	Mother/ Guardian rev -She spoke to he was when he told her punched him and the the son (AFL Provide him. There wouldn't b He was afraid to tell a he would get in troubl seem to realize he is -The facility had Client #1 was there"I requested add QP for more training -"Just from the w #1) it seemed like it (I with no training." -"I had spoken w number of times, I ha	and 1-20-21 with Client #1's ealed: er son on 12-16-20 and that that the "[AFL Provider] by were fighting, He said that r's son) put a choke hold on the marks with a choke hold. Enyone because he thought le. The QP (QP#1) doesn't lD (Intellectual Disability)." ID (Intellectual Disability)." In one meeting the first month lditional training, I asked the (in Client #1's behaviors)." In ay they dealt with him (Client training) came from a leaflet lith [Care Coordinator] and spoken with [Executive FL Provider) inflection.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	MHL0601444	B. WING		01/29/2021	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
STEPHEN GREAVES		BERRY LANE			
	CHARLOT	TE, NC 28212			
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 112 Continued From page	Continued From page 16				
When he (Client #1) of would be yelling." - She did not recape behaviors when they were just letting and a triggers were placement." - "It (triggers) was I witnessed it on the placement." - "It (triggers) was I witnessed it on the placement." - "One time with I was a trigger." - "One time with I was back and forth an aunt) told [AFL provider] when I was a trigger." - She was not sure given to the AFL provider to the AFL provider with I was placed there. - "But it's not as if made aware of yelling [Care Coordinator] told provided to him." - She was concermight not be understate why she asked for more aware of yelling [Care Coordinator] told provided to him." - She was concermight not be understate why she asked for more aware of yelling [Care Coordinator] told provided to him." - She was concermight not be understate why she asked for more aware of yelling [Care Coordinator] told provided to him." - The whole darn not fit to be AFL Provided backup staff) under the whole darn not fit to be AFL Provided highly and the placement of the p	called me, [AFL Provider] all talking about Client #1's were all together. out room and board and out. developed a schedule for no structure before and no month there (the facility). him do what he wanted." The discussed initially before and saw him yelling. I told him it saw him yelling. I told him it saw him yelling. She (Client #1's er] at the time yelling was a see what information was ider, but she had provided risis plan before Client #1 [AFL provider] had not been and loud voices. Also dhim. It's not as if it wasn't sore. [QP#1] and [Executive being a second language I Provider and AFL Provider's derstood." family jumped him, they are	V 112			

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Division of	of Health Service Regu	liation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
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STEPHEN	GREAVES		YBERRY LANE			
		CHARLO	TTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
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				52.10.2.10.1		
V 112	Continued From page 17		V 112			
	Interviews on 12-21-2	20, 1-11-21, and 1-28-21 with				
	the AFL Provider reve	ealed:				
	-Client #1 had be	een there approximately 3				
	months and things we	ere going OK.				
	-The his wife was	s also his back up staff.				
		out the incident on 12-13-20:				
	"It (behaviors) started	I the night before (12-12-20)				
	` '	to his aunt (on the phone).				
	His aunt might be a tr					
		, using abusive language				
	_	ld the aunt to tell him to				
	stop."	id the adm to tell film to				
	· · · · · · · · · · · · · · · · · · ·	on anadrar thay put it an				
		s on speaker, they put it on				
	silent. They were talk	-				
		ient #1 wanted the phone to				
	talk to his brother.					
		said he 'was going to talk to				
	his brother about you					
] if you want to abuse me,				
	give me my phone."					
	-"After lunch I wa	as watching TV, he took my				
	keys."					
	-The keys were o	on a cupboard shelf near the				
	TV.					
	-"I asked him (wh	nere were the keys), he said				
	he didn't know."	· /-				
	-AFL Provider sta	ated that he called Client #1's				
	mother but she didn't					
	-AFL Provider as	sked Client #1 if he wanted to				
	go out somewhere ar					
	0	started yelling, 'I don't have				
	your f*****g keys."	started yearing, raem mave				
		ne, but didn't touch me."				
		illed the police and Client #1				
		med the police and Chent #1				
	gave him the keys.	iont #1 como doverstaira in				
		ent #1 came downstairs in				
		alled his mother/guardian				
	and Care Coordinator	r.	- 1	1		1

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-Client #1 wanted a hot dog for breakfast and

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DIVISION	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVE	Y
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		MHL0601444	B. Wiite		01/29/202	21
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		4054 MAY	BERRY LANE			
STEPHEN	GREAVES	CHARLO	TTE, NC 28212			
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				DEFICIENCY)		
V/ 440	0 (; 15	10	V 440			
V 112	Continued From page 18		V 112			
	said "'You heard me b	o***h'. I gave him a hot dog."				
		pstairs, came back down				
	and sat on the couch.	•				
		er went upstairs and Client				
		nd mustard and poured it on				
	the carpet.	id mustard and podred it on				
		ient #1) why he did it and he				
	said he didn't know."	ient #1) why he did it and he				
		n to got him to talk to har				
		n to get him to talk to her,				
		. I called the QP (QP#1) and				
	we said we would have	· ·				
		writing on the walls. I said I				
	would call the police i					
		He wanted to fight me, I				
	backed up and blocke					
	-	pushing me. He was looking				
	-	l he wanted to kill us. He				
	was looking for a knife					
		er's wife/backup staff was				
	there also.					
		own. I did hold his hands, he				
	started kicking us (AF					
		p staff), kicking our legs."				
		id that the only two at the				
	facility had been hims	•				
	Provider's wife/backu					
	-The police came	e and took Client #1 to				
	behavioral health.					
	-"He told the police	ce he would kill me and was				
	cussing the police. He	e grabbed my wife too."				
	-AFL Provider's v	vife/backup staff showed the				
	DHSR surveyor her h	and which appeared swollen				
	and said it happened					
	between Client #1 an					
		hen things were "almost				
		was pushing me, [AFL]				
	provider's son] told hi					
		son] does live here off and				
	on."	account				

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-The AFL provider's son never restrained

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MHL0601444 MHL0601444 B. WING B. WING MAYBERRY LANE CHROUDE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION (X3) DA			
NAME OF PROVIDER OR SUPPLIER STEPHEN GREAVES STEPHEN GREAVES SUMMARY STATEMENT OF DEFICIENCIES CHARLOTTE, NC 28212 CALLID PROFILE ACTION SHOULD BE PRECEDED BY PLIL. TAG PREFIX (AND I SEPECIAL PRICE SEED BY PLIL.) TAG CROSS REFERENCE ACTION SHOULD BE COMPLETED TO SEED THE PROFILE ACTION TO SEED THE TAGE COMPLETED TO SEED THE SEED THE ACTION TO SEED THE S				A. BUILDING:			
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DATE			4054 MA	BERRY LANE			
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FREFIX TAG V 112 Continued From page 19 Client #1 or touched himOn 12-14-20 the behaviors started at approximately 9:00am and that was when the AFL Provider alled Client #1's mother/guardian and QP#1The AFL Provider alled Client #1's mother/guardian and GP#1The AFL Provider alled Sad, he took the remote control and the keysAFL Provider considered this "violent." -Client #1 was upset 'for about an hour." -He jumped on the sofa, he took the remote control and the keysAFL Provider's wife/backup staff actually made the callsAt er Client #1 poured mustard and ketchup on the floor, "he was all over." -He jumped on the sofa, he took the remote control and the keysAFL Provider's wife/backup staff called the Executive Director, two other QP's that worked for the licensee, and the policeHe did not try to call Client #1's aunt, or any other relative QP#1 had been the QP for the facility since Client #1 had been thereHe had received training in Incident Reporting, NCI (North Carolina Interventions), and CPR (Cardio-pulmonary Resuscitation)T can't recall any training on Client #1's behaviorsTo deal with Client #1's behaviorsWhen DHSR surveyor asked about what triggers Client #1 had 'Well sometimes when he asked for something, he wouldn't want to wait."	()(4) ID	SLIMMARY ST			PPOVIDER'S DI AN OE (CORRECTION	(VE)
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-On 12-14-20 the behaviors started at approximately 9:00am and that was when the AFT. Provider called Client #1* mother/guardian and OP#1. -The AFT. Provider's wife/backup staff actually made the calls. -After Client #1 poured mustard and ketchup on the floor, "he was all over." -He jumped on the sofa, he took the remote control and the keys. -AFL Provider considered this "violent." -Client #1 was upset "for about an hour." -He and AFT. Provider's wife/backup staff called the Executive Director, two other QP's that worked for the licensee, and the police. -He did not try to call Client #1' mother/guardian again, or QP#1 who was the QP that worked with Client #1. -He didn't try to call Client #1's aunt, or any other relative. - QP#1 had been the QP for the facility since Client #1 had been there. -He had received training in Incident Reporting, NCI (North Carolina Interventions), and CPR (Cardio-pulmonary Resuscitation). -"I can't recall any training on [Client #1]'s behaviors." -Repeated that he couldn't recall any training on Client #1's behaviors. -To deal with Client #1's behaviors they would try to redirect him, offer choices, "like to take him to the store for a ride. We would ask what we would want, but he wouldn't want that. We tried all the things." -When DHSR surveyor asked about what triggers Client #1 had: "Well sometimes when he asked for something, he wouldn't want to wait."		Client #1 or touched h	nim.				
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asked for something, he wouldn't want to wait."							
AEL Dravider stated he had never been told		_					
-AFL Provider stated he had never been told that loud noise would trigger behaviors for client							

Division of Health Service Regulation

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0601444	B. WING		01	/29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		4054 MA	YBERRY LANE			
STEPHEN	I GREAVES	CHARLO	TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	11121111		(X5) COMPLETE DATE	
V 112	#1. -AFL Provider rebeen told about loud -AFL Provider stiplan for Client #1In the 1-28-21 is on does not live the Initially denied surveyor that the sor was a "misunderstare. Both he and his wife/backup staff) de Client #1 and denied Client #1AFL Provider's "The mother refuses son lies a lot." -AFL Provider's during the interviews Provider's account of Observation on 1-11 Both AFL Provider at wife/backup staff becasked questions by the were raising their voice excited tone, and be asked diagram of the placement of the p	epeated that he had never noises. Interview, he stated that his are, but comes and visits. The had told the DHSR in lived there and then said it ading." Is wife (AFL Provider's enied hitting or punching it that their son had choked wife/backup staff interjected: to talk to him. She says the wife/backup staff was present and agreed with AFL if the incidents. -21 and 1-28-21. The AFL Provider's came excited and irate when the DHSR surveyor. Both inces and speaking in a loud, came very animated and 1-22-21 with Client #1's vealed: was "Ok, never great." The issues with the weekly in needed weekly blood draws medication) the AFL provider me accurately the doctor and the guardian. Director was the acting QP at get it straightened out and	V 112			

Division of Health Service Regulation

STATE FORM STATE FORM 2JKD11 If continuation sheet 21 of 41

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		LETED
		MHL0601444	B. WING		01/	29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
	00541/50	4054 MAY	BERRY LANE			
STEPHEN	GREAVES	CHARLO	TTE, NC 28212			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRI	ECTION	(X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)		COMPLETE DATE
V 112	Continued From page 21		V 112			
	doesn't like to stay in	one place				
		nat yes, this person (AFL				
	Provider) understand	•				
		nat they(AFL Provider and				
		ackup staff) were licensed				
	and wanted another p					
	experience with beha					
	-"They didn't follo	ow the crisis plan. [AFL				
		et upset and be angry and				
	loud and tone of voice					
		t the incident on 12-14-20				
		t it wasn't until a few days				
		ed about the incident on 12-				
	13-20.					
	_ ,	vider and Client #1) were				
	had taken the keys ar	ner (on 12-13-20). [Client #1]				
	-	ng through it, they (AFL				
	Provider) called the c					
	-	next day, it escalated into a				
	physical altercation."	,,				
	• •	vider) had no training in				
		of, the QP (QP#1) said she				
		e training. I thought they had				
	experience. I wouldn'	t have put [Client #1] in the				
	home if I knew he did	•				
	_	erstanding it was just [AFL				
		vider's wife/backup staff]				
	then all of a sudden the	hese kids pop out of				
	woodwork."	,				
		er/guardian is very				
	_	Client #1's behaviors.				
		ne tries to get to the answer. De lying or embellishing."				
		itted heads as did I, she				
	expected a smooth tra	•				
	•	ew, the phone conversation				
		mother/guardian on 12-16-				
		someone had talked about				
	anyone physically hitt					

Division of Health Service Regulation

STATE FORM 5899 2JKD11 If continuation sheet 22 of 41

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL0601444	B. WING		01	/29/2021
NAME OF D	ROVIDER OR SUPPLIER	STPEET A	DDRESS, CITY, STATE	ZIR CODE	•	-
NAIVIE OF F	ROVIDER OR SUFFLIER		YBERRY LANE	, ZIF CODE		
STEPHEN	GREAVES		OTTE, NC 28212			
(V4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLETE DATE
V 112	Continued From page 22		V 112			
	-In Client #1's cr do is to call mom/gua calm Client #1 down"If you are restr ignoring all the steps -The crisis plan step the mother/guardian voiceShe was unawa that the AFL Provider #1 in the facility. Interview on 1-13-21 Services investigator -She interviewed -She couldn't se indicating a fight, ever face right up to the se -Client #1 gave I what happened the could are the couldn't se indicating a fight, ever face right up to the se -"I know his IQ is -"My biggest isse My major concern is history would they play spanking new." -"When they (AF Provider's wife/backuin a very loud voice a -"I don't think tha -She asked both Provider for a crisis pedidn't have a formal p -"I saw the incider Provider) don't have #1). They are way ou - "When he woul	isis plan one of the things to ardian or relatives, to help icting access, you are you are supposed to take." states to call the QP, to call and to watch the tone of are that this was the first client or had when she placed Client with the Adult Protective or revealed: d Client #1 12-17-20 virtually. The any marks on him, are though "I had him bring his creen." The conflicting stories about thay of 12-14-20. It is around 28." The serious concerns. This: why with [Client #1]'s acce him with someone brand are him with someone brand are tis a good place." In the licensee and the AFL plan and was told that they plan. The proof, they (AFL the skills to help him (Client				
	for candy, but by the	n he couldn't be redirected." le Social Worker at the not seen any bruising or				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:			
			A. BOILBING.			
		MHL0601444	B. WING		0.	1/29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE	, ZIP CODE		
OTEDUEN	1 ODE 41/50	4054 MAY	BERRY LANE			
STEPHEN	I GREAVES	CHARLO	TTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	V 112 Continued From page 23		V 112			
	admitting doctor about The mother/guatalked to the AFL Provident #1 was a trigge understand." "[AFL provider] just a rude boy.' Clearly, the Hole of	e AFL provider called Client, and the QP#1. She asked ag for 2:00 if Client #1 was b. it was their fault they did ut they didn't know. They did s right."				
	He said his foster dad asked for food and th son of the AFL Provid got physical with each -The notes did no	yells at him. He said he at led to an altercation. The er intervened and they all n other. ot say anything about being ovider's son or the AFL				
	Interview on 1-12-21 revealed: -He does not live opposite" of what his -He had a good r "he called me big bro -When he got to thought the incident w	with the AFL Provider's son at the facility,"it is the father said. relationship with Client #1, stuff like that." the facility on 12-14-20 he				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED
		MHL0601444	B. WING		01/2	29/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
STEDHEN	I GREAVES	4054 MAY	BERRY LANE			
STEFFIEN	IGREAVES	CHARLOT	TE, NC 28212			
(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 SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 112	Continued From page	e 24	V 112			
	what happened. -Client #1 told himmade me mad." -"I said, 'come or they take you where you want to he was there appeared to the faction of the your want to he was the facility so he stop when you want to he want you wa	m that "daddy (AFL Provider) n bro, these are your parents, you want to go." peroximately 1-2 minutes yed. ient #1 hit anyone. nd was already turned over cility. een [Client #1] upset before, m usually not home." usually there in the ny peoples." happened to be going by ped in. yider's wife/backup staff) told e incident he had got mad at se by. "I don't know why				
	-She talked to the approximately 9:15 and -The next she he worked at the license Provider's wife/backut Client #1 was trying to approximately 11:45 and -When she talked about the incident the know Client #1 was in why she set the meet action immediately. -She got another police were at the faction of a police arrived.	m on 12-14-20. For ard was from QP #3 who we who reported that the AFL p staff was screaming that to kill her husband, at am. If to the AFL Provider it was we day before. She did not in crisis at the time, that is ing for 2:00 instead of taking				

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DIVISION	or riealth Service Regu		1				
	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	EIED	
		MHL0601444	B. WING		01/2	29/2021	
NAME OF D	ROVIDER OR SUPPLIER	QTPEET AF	DDRESS, CITY, STA	ATE ZIP CODE			
INAIVIE OF F	ROVIDER OR SUFFLIER			RIE, ZIF CODE			
STEPHEN	GREAVES		BERRY LANE				
		CHARLO	TTE, NC 28212				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT		(X5)	
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO		COMPLETE DATE	
iAG		,	170	DEFICIENCY)			
			1,440				
V 112	Continued From page	e 25	V 112				
	phone call), he was C	OK."					
		tion it was a crisis situation."					
		the allegations that Client #1					
		question everyone and					
	contacted Adult Prote	· ·					
	Interview on 1-6-21 w	vith QP#2 revealed:					
	-She went to the	facility when she was called					
	and learned the client	t was in crisis.					
	-She went to the	hospital and Client #1 was					
	calm, "It was like noth	ning happened."					
	-During the triage	e, Client #1 told the nurse					
		taliate against the AFL					
	Provider for the incide	•					
	-"He (Client #1) s	said he was going to get him					
		, he tried to find a knife."					
		with the Executive Director					
	revealed:						
		ne acting QP when Client #1					
	was admitted.						
	1	ıal meeting and Client #1					
	agreed he would like						
		crisis plan as part of his					
	Individual Support Pla						
		eting on 9-6-20, QP#1 was					
	working at that time.						
		the AFL Provider and his					
		wife/backup staff) training in					
	Clients #1's needs an						
		meetings on 10-20-20 and					
	10-12-20.						
	_	rdian had talked to them					
	about loud tone of vo						
		lked about no telling Client					
	#1 "no", "we talked at						
		re why the AFL Provider had					
		or he had not had trainiing.					
	The AFL provide	r also denied he had told the					
	DHSR surveyor he ha	ad received no training for					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			P WING			
		MHL0601444	B. WING		01/29/2021	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA BERRY LANE	TE, ZIP CODE		
STEPHEN	GREAVES		TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 112	Continued From page	26	V 112			
	AFL Provider but "sor moment" the crisis pla This deficiency is cros NCAC 27G Competer Paraprofessionals (V	ssed referenced into 10A ncies and Supervision of 110) for a Type B rule				
	violation and must be corrected within 45 days					
V 131	V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.					
	the HCPR (Health Ca findings are: Interview on 12-22-20 (Alternative Family Lir -His adult son do on."	the facility failed to access re Personnel Registry). The and 1-28-21 with the AFL ving) provider revealed: es live at the facility "off and				
		terview stated that his son he never told the surveyor				

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DIVISION	n nealth Service Negu	ilation					
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		ETED	
		B. WING					
		MHL0601444	B. WING		01/2	29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	ATE, ZIP CODE			
		4054 MA	YBERRY LANE				
STEPHEN	GREAVES		TTE, NC 28212				
	CUMMADVCT			T.	FION		
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU		(X5) COMPLETE	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR		DATE	
				DEFICIENCY)			
V 131	Continued From nego	27	V 131				
V 131	Continued From page	e 21	V 131				
	-Then said it was	s a "misunderstanding", and					
	his son didn't live the	re.					
	Interview on 1-6-21 w	vith Client #1 revealed:					
	-The AFL provide	er had an adult son that had					
	lived at the facility the	e entire time he had been					
	there.						
	-He previously ha	ad a good relationship with					
	the son until an incide	ent on 12-14-20.					
	Interview on 1-27-21	with the Qualified					
	Professional #1 revea	aled:					
	-She had never s	seen an adult son at the					
	facility.						
	-She had never s	seen evidence of another					
	person living there.						
	Interview on 1-6-21 w						
	Professional #2 revea						
		d no knowledge of an adult					
	some at the facility.						
		with the AFL Provider's son					
	revealed:						
	-He does not live	,					
		seen [Client #1] upset before,					
	I heard about it, but I'						
		usually there in the					
	afternoon, check on r						
		t happened to be going by					
	the facility so he stop						
		ne day before the incident he					
	had got mad at them						
		se by. "I don't know why					
	[Client #1] would say	I lived there."					
		with the Care Coordinator					
	for Client #1 revealed						
		old the AFL Provider had					
	adult children in the h	nome.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		, ,	(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01	/29/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
CTEDUEN	CDEAVES	4054 M	AYBERRY LANE			
STEPHEN	GREAVES	CHARL	OTTE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 131	Continued From page	28	V 131			
	-" It was my unde	erstanding it was just [AFL vider's wife/backup staff]				
	revealed: -They had never someone else living in -When they did the	he walk troughs they as and didn't see evidence of				
V 133	G.S. 122C-80 Crimina	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As use "provider" applies to a program and any providevelopmental disabi services that is licens Chapter. (b) Requirement Ar provider licensed und applicant to fill a posit applicant to have an o conditioned on conse criminal history record the applicant has bee	MPLOYMENT. ed in this section, the term an area authority/county vider of mental health, lity, and substance abuse able under Article 2 of this n offer of employment by a				
	is conditioned on con criminal history record national criminal histo- include a check of the the applicant has bee five years or more, th	sent to a State and national d check of the applicant. The				

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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				
	MHL0601444	B. WING	01/29/2021				
NAME OF PROVIDER OR SUPPLIER	STREET ADDI	RESS, CITY, STATE, ZIP CODE					
STEPHEN GREAVES		ERRY LANE 'E, NC 28212					

	CHARLO	11E, NC 20212		
(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) COMPLETE DATE
V 133	Continued From page 29	V 133		
	check of the applicant. A provider shall not			
	employ an applicant who refuses to consent to a			
	criminal history record check required by this			
	section. Except as otherwise provided in this			
	subsection, within five business days of making			
	the conditional offer of employment, a provider			
	shall submit a request to the Department of			
	Justice under G.S. 114-19.10 to conduct a			
	criminal history record check required by this			
	section or shall submit a request to a private			
	entity to conduct a State criminal history record			
	check required by this section. Notwithstanding			
	G.S. 114-19.10, the Department of Justice shall			
	return the results of national criminal history record checks for employment positions not			
	covered by Public Law 105-277 to the			
	Department of Health and Human Services,			
	Criminal Records Check Unit. Within five			
	business days of receipt of the national criminal			
	history of the person, the Department of Health			
	and Human Services, Criminal Records Check			
	Unit, shall notify the provider as to whether the			
	information received may affect the employability			
	of the applicant. In no case shall the results of the			
	national criminal history record check be shared			
	with the provider. Providers shall make available			
	upon request verification that a criminal history			
	check has been completed on any staff covered			
	by this section. A county that has adopted an			
	appropriate local ordinance and has access to			
	the Division of Criminal Information data bank			
	may conduct on behalf of a provider a State			
	criminal history record check required by this section without the provider having to submit a			
	request to the Department of Justice. In such a			
	case, the county shall commence with the State			
	criminal history record check required by this			
	section within five business days of the			
	conditional offer of employment by the provider.			
	The state of the state of the provider.			
vision of Use	alth Service Regulation			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
			B. WING			
		MHL0601444	B. WING		01/29/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
		4054 MAYI	BERRY LANE			
STEPHEN	GREAVES		TE, NC 28212			
			TE, NC 20212			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR		
IAG	112002110111 0111		IAG	DEFICIENCY)		
V 133	Continued From page	e 30	V 133			
	All criminal history inf	ormation received by the				
	· ·	al and may not be disclosed,				
		nt as provided in subsection				
	(c) of this section. For					
		"private entity" means a				
	business regularly en					
		d checks utilizing public				
	records obtained from	• •				
		licant's criminal history				
	record check reveals	one or more convictions of				
	a relevant offense, the	e provider shall consider all				
	of the following factor	s in determining whether to				
	hire the applicant:					
	(1) The level and seri	ousness of the crime.				
	(2) The date of the cri	ime.				
	(3) The age of the per	rson at the time of the				
	conviction.					
	(4) The circumstance	s surrounding the				
	commission of the cri					
		en the criminal conduct of				
		b duties of the position to be				
	filled.					
	(6) The prison, jail, pr	obation parole				
		ployment records of the				
	· ·	the crime was committed.				
	· ·	commission by the person of				
	a relevant offense.	onimission by the person of				
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after				
		elevant factors, then the				
		e information contained in				
		cord check that is relevant				
		, but may not provide a copy				
	of the criminal history	record check to the				
	applicant.					
		- A provider and an officer				
	or employee of a prov	vider that in good faith	1			

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
			_			
			B. WING			
		MHL0601444	B. WING		01/29	/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		4054 MA	BERRY LANE			
STEPHEN	GREAVES		TTE, NC 28212			
			1112, NO 20212	T		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO		(X5) COMPLETE
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI		DATE
1/10		,	170	DEFICIENCY)		
			1			
V 133	Continued From page	e 31	V 133			
	complies with this sec	ction shall be immune from				
	civil liability for:					
	(1) The failure of the	provider to employ an				
		s of information provided in				
		cord check of the individual.				
	,	n employee's history of				
	` '	e employee's criminal				
		s requested and received in				
	compliance with this	•				
	-	- As used in this section,				
		ans a county, state, or				
		y of conviction or pending				
		whether a misdemeanor or				
	-					
		on an individual's fitness to r the safety and well-being of				
		ital health, developmental				
		nce abuse services. These				
	· ·	minal offenses set forth in				
		rticles of Chapter 14 of the				
		icle 5, Counterfeiting and				
	Issuing Monetary Sub	_				
		e and Legislative Officers;				
		rticle 7A, Rape and Other				
	,	8, Assaults; Article 10,				
		ction; Article 13, Malicious				
	Injury or Damage by I					
		Material; Article 14, Burglary				
	-	ikings; Article 15, Arson and				
		e 16, Larceny; Article 17,				
		Embezzlement; Article 17,				
	False Pretenses and					
	Obtaining Property or					
		edit Device or Other Means;				
	•	Transaction Card Crime				
		s; Article 21, Forgery; Article				
	26, Offenses Against	-				
		Adult Establishments;				
	Article 27, Prostitution	n; Article 28, Perjury; Article				

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29, Bribery; Article 31, Misconduct in Public

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		I ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL0601444		B. WING		01/29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
STEPHEN	GREAVES		BERRY LANE		
		CHARLO	TTE, NC 28212		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 133	Continued From page	: 32	V 133		
	Peace; Article 36A, R Article 39, Protection Protection of the Fam Intoxication; and Artic Crime. These crimes sale of drugs in violati Controlled Substance 90 of the General Sta offenses such as sale violation of G.S. 18B- impaired in violation of G.S. 20-138.5. (f) Penalty for Furnish applicant for employm supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Emplo employ an applicant of obtaining the results of check regarding the a following requirement (1) The provider shall prior to obtaining the a criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employment	illy; Article 59, Public le 60, Computer-Related also include possession or ion of the North Carolina is Act, Article 5 of Chapter tutes, and alcohol-related to underage persons in 302 or driving while of G.S. 20-138.1 through ing False Information Anyment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the sare met: not employ an applicant applicant's consent for dicheck as required in G.S. 114-19.10. Submit the request for a dicheck not later than five the individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h);			

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Division of Health Service Regulation

STATEMENT OF CERTICIONS INTERPRETATION NUMBER: DOT INTERPRETATION DOT INTERPRETATION DOT INTERPRETATION	Division of	of Health Service Regu	ilation					
MHL0601444 S. WING STEPHEN GREAVES STEPHEN GREAVES A054 MAYBERRY LANE CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 CHARLOTTE, NC 28212 PRECINA (EACH DEFICIENCY MUST BE PRECEDED BY FILL). FREET TAG (EACH DEFICIENCY MUST BE PRECEDED BY FILL). FREET TAG (EACH DEFICIENCY OR LSC IDENTIFYING INFORMATION) V 133 Continued From page 33 V 133 This Rule is not met as evidenced by: Based on interviews, the facility failed to request the required criminal records check. The findings are: Interview on 12-22-20 and 12-28-21 with the AFL (Alternative Family Living) provider revealed: —The sadult son does live at the facility off and on." —In the 1-28-21 interview stated that his son did not live there and he never lold the surveyor that he did. —Then said it was a "misunderstanding", and his son didn't live there. Interview on 1-6-21 with Client #1 revealed: —The AFL provider had an adult son that had lived at the facility he entire time he had been there. —He previously had a good relationship with the son until an incident on 12-14-20. Interview on 1-27-21 with the Qualified Professional #1 revealed: —She had never seen evidence of another person living there. Interview on 1-6-21 with the Qualified Professional #2 revealed: —The licensee had no knowledge of an adult some at the facility. Interview on 1-12-21 with the AFL provider's son revealed: —The does not live at the facility.				(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION			
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Division of Health Service Regulation

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01/29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
STEPHEN	GREAVES		BERRY LANE TE, NC 28212			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 133	afternoon, check on r -That day he just the facility so he stop -"Mom told me th had got mad at them -He does live clo [Client #1] would say Interview on 1-22-21 for Client #1 revealed -She had been to adult children in the h -" It was my unde Provider and AFL Pro then all of a sudden to woodwork." Interview on 2-28-21 revealed: -They had never someone else living in -When they did to	m usually not home." usually there in the ny peoples." happened to be going by ped in. he day before the incident he for something." se by. "I don't know why I lived there." with the Care Coordinator : old the AFL provider had ome. erstanding it was just [AFL vider's wife/backup staff] hese kids pop out of with the Executive Director seen any evidence of in the facility. he walk troughs they his and didn't see evidence of	V 133			
V 367	10A NCAC 27G .0604 REPORTING REQUI CATEGORY A AND E (a) Category A and E level II incidents, exce the provision of billab consumer is on the princidents and level II	REMENTS FOR B PROVIDERS B providers shall report all ept deaths, that occur during le services or while the roviders premises or level III deaths involving the clients rendered any service within	V 367			

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STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION	1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0601444		B. WING		01/29/	/2021
NAME OF PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE		
STEPHEN GREAVES	4054 MA	YBERRY LANE			
	CHARLO	TTE, NC 28212			
PREFIX (EACH DEFICIENCY MU	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	ACTION SHOULD BE COMPLETE TO THE APPROPRIATE DATE	
V 367 Continued From page 35	5	V 367			
responsible for the catch services are provided with becoming aware of the in be submitted on a form processory. The report main person, facsimile or endeans. The report shall information: (1) reporting provided identification information: (2) client identification information; (3) type of incident (4) description of in (5) status of the efficause of the incident; and (6) other individual or responding. (b) Category A and B promissing or incomplete information provided in the enday whenever: (1) the provider had information provided in the erroneous, misleading or (2) the provider ob required on the incident formation in the incident formation in the enday with the en	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 35 responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and				

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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	
MHL0601444		B. WING	B. WING		01/29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
STEDHEN	GREAVES	4054 MAY	BERRY LANE			
STEFFIEN	GREAVES	CHARLO	TTE, NC 28212			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident; (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in		V 367				
	the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph.					

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Based on record review and interview, the facility

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
MHL0601444			01	01/29/2021	
STREET AL	ODRESS, CITY, STATE	E, ZIP CODE			
4054 MA	YBERRY LANE				
CHARLO	TTE, NC 28212				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE	
37	V 367				
failed to ensure all level II incidents were reported within 72 hours of becoming aware of the incident to the LME (Local Management Entity) responsible for the catchment area where services are being provided.					
within 72 hours of becoming aware of the incident to the LME (Local Management Entity) responsible for the catchment area where					
	MHL0601444 STREET AI 4054 MA' CHARLO TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 37 All II incidents were reported oming aware of the incident ragement Entity) chment area where vided. Acident reports dated O completed by the AFL Inday (12-13-20) [Client #1] O speak to his aunt. I told is using my phone at the rive him the phone later. In I gave him the phone to was going upstairs to speak aced him to come I the phone in which he reported to speak to his aunt anded saying, 'Okay, come to your brother,' he refused in going to say to my brother ou uncomfortable,' I then give me my phone so you report to the backyard and he hid with my car keys. He even was watching. I asked him along with my wife after to calm down and	MHL0601444 STREET ADDRESS, CITY, STATE 4054 MAYBERRY LANE CHARLOTTE, NC 28212 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) 37 Ill II incidents were reported oming aware of the incident ragement Entity) chment area where vided. Inday (12-13-20) [Client #1] To speak to his aunt. I told is using my phone at the rive him the phone later. In I gave him the phone to was going upstairs to speak keed him to come the phone in which he oing to speak to his aunt anded saying, 'Okay, come to your brother,' he refused in going to say to my brother but uncomfortable,' I then give me my phone so you mgs about me to your into to feel uncomfortable.' In the magive me my phone back to me. I to the backyard and he hid with my car keys. He even was watching. I asked him rays and the remotes and he esn't know where it is.' I along with my wife after to calm down and redirect him and to I asked him what he othing', and he was use cursing and shouting. Ving and that's when I	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212 TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 37 Il Il incidents were reported oming aware of the incident taggement Entity) chment area where vided. Cident reports dated 0 completed by the AFL unday (12-13-20) [Client #1] 0 speak to his aunt. I told si using my phone at the tive him the phone later. e I gave him the phone to was going upstairs to speak teed him to come the phone in which he oing to speak to his aunt unded saying, 'Okay, come to your brother,' he refused in going to say to my brother au uncomfortable,' I then give me my phone back to me. I to the backyard and he hid ith my car keys. He even was watching. I asked him tys and the remotes and he sen't know where it is.' I along with my wife after to calm down and redirect him and on I asked him what he othing', and he was use cursing and shouting. ving and that's when I	STREET ADDRESS, CITY, STATE, ZIP CODE 4054 MAYBERRY LANE CHARLOTTE, NC 28212 FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION) 37 If Il incidents were reported oming aware of the incident agement Entity) chment area where wided. cident reports dated 0 completed by the AFL unday (12-13-20) [Client #1] o speak to his aunt. I told is very bim the phone at the see him the phone later. e I gave him the phone to was going upstairs to speak keed him to come the phone in which he oing to speak to his aunt unded saying, 'Okay, come to your brother,' he refused no your and you only a shout me to your no you not	

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AND PLAN OF CORRECTION IDENTIFICA		, ,		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0601444	B. WING		01/2	29/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	, ZIP CODE			
		4054 MA	YBERRY LANE				
STEPHEN	I GREAVES	CHARLO	OTTE, NC 28212				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (X (EACH CORRECTIVE ACTION SHOULD BE COMP CROSS-REFERENCED TO THE APPROPRIATE DAY DEFICIENCY)			
V 367	Continued From page	e 38	V 367				
	remotes and keys." -12-14-20- "This downstairs to me say eat hot dogs for my be did you say?' And he me, b***h.' I asked his b***h?' in which he remy father.' I gave him After he finished eating and mustard on the regauge the situation a him what did he start and he said, 'I don't keep or drive with me and called his mother and called the QP (QP#1 meeting. While we were he began writing all of permanent marker. I the wall and he said if I want to.' Due to his failure to oblige my restop what he's doing	e that is when he returned the morning, [Client #1] came ring '[AFL provider], I want to breakfast', I asked him 'what replied saying, 'you heard m,' did you just call me a replied saying, 'yes, you're not in the hot dog he requested. In the hot dog he requested in the hot dog he requested. In the living room. To make the living room. To make the living room. To make the constantly refused. I do the schedule a 2 pm rere waiting for the meeting over the wall using a black told him to stop writing on the schedule a 2 pm return to the wall is constant misbehavior and request I told him if he doesn't I will call the police and at me and punched me in					

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the head. That is how the violence ensued. The police finally arrived and even their presence did not calm him down and still continued to threaten my wife and I saying he wanted to kill us. In the midst of the violence and his attempt to

overpower me, he threw down my kitchen island. He grabbed the forks and spoons in an attempt to stab me. Afterwards the police took him to the mental health care center on [road]....4. Corrective action taken; When I noticed [Client #1]'s sudden behavior change, I offered to take him for a walk or drive or even go to the store for candy and he refused. I also offered him popsicle because I know he likes it a lot and he still didn't oblige. I asked him what he wanted and he only

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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	
MHL0601444		B. WING	B. WING		9/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
STEPHEN	GREAVES		BERRY LANE				
0401-	CLIMMADV CT		TE, NC 28212	DROVIDER'S DI ANI OF CORRECTION		0.5	
(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 CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 367	7 Continued From page 39		V 367				
	replied saying 'nothing', yet he still continued acting rude and violentSummary:When the second nurse (at the behavioral health hospital)this was when [Client #1] expressed that he wanted to get his daddy for what happened yesterday. He went on to say he poured tomato paste and mustard on the carpet, he tried to get a knife from the kitchen but got a fork instead and tried to stab [AFL provider] By this time he and [AFL provider] started fighting and they both punched each other in the faceFinally at the time the police was called he had turned over the island in the kitchen and tried to pull the cord out of the floor." Review on 12-22-20 of IRIS (Incident Response Improvement System) revealed: -No incident submitted for 12-13-20 or 12-14-20.						
	revealed: -There was an in incident on 12-14-20	o with IRIS Administrator acident report created for the but it was never submitted. ecord of any incident report -13-20.					
	thought it had been such that speak was after being told the incommendation submitted and would why.	aled: a confirmation number and ubmitted. vith the ISIS Administrator					

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Interview on 1-6-21 with Qualified Professional #2

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED			
MHL0601444		B. WING		01/	01/29/2021			
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
STEPHEN GREAVES 4054 MAYBERRY LANE CHARLOTTE, NC 28212								
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE		
V 367	revealed: -QP #1 had subnincident on 12-14-20.	nitted and IRIS report for the	V 367					

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