	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
						С
		MHL034-299	B. WING		03	3/09/2021
AME OF PR	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE CENT	ER FOR CREATING OF	PPORTUNITIES	RTH POINT BOULI			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS	3	V 000			
	A complaint survey v complaint was subst #NC00175125). Def					
	category: 10A NCAC	ed for the following service 27G .5400 Day Activity.				
	and facility C are ow	ed as facility A and facility B ned by Licensee #1. Staff identified using the letter of nerical identifier.				
V 283	27G .5401 Day Activ	ity - Scope	V 283			
	supervision and an of substantial part of th individuals who are r disabled or have sub (b) Participation ma drop-in basis. (c) The service is de individual's personal social, physical and activities such as so leisure activities, trai	day/night facility that provides organized program during a e day in a group setting to mentally ill, developmentally ostance abuse disorders. y be on a scheduled or esigned to support the independence and promote emotional well-being through cial skills development, ning in daily living skills, th status, and utilization of				
	interviews the facility scope for which it is	iew, observations and failed to operate within the licensed. The findings are:				
	Review on 2/15/21 c	of client A1's record revealed:				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE COMF	SURVEY PLETED
			A. BUILDING:			
		MHL034-299	B. WING	B. WING		C / <b>09/2021</b>
AME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	FER FOR CREATING OP	PORTUNITIES	RTH POINT BOULI			
	1	WINSTO	N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From page	e 1	V 283			
	- Admission Date to f	acility A: 12/2017				
	- Diagnoses: Autism; Post Traumatic Stress					
	-	ention Deficit Hyperactivity				
	Disorder (ADHD); an	d Moderate Intellectual and				
	Developmental Disat	pilities (IDD)				
	- Age: 17					
		ssment for this facility.				
	-	and no strategies relative to				
	this program.					
	Review on 2/15/21 o <sup>.</sup>	f client A2's record revealed:				
	- Admission Date to f					
	- Diagnoses: Autism;	Attention Deficit				
	Hyperactivity Disorde					
		; and Impulse Control				
		eation; Bipolar Disorder;				
	-	regulation Disorder; and				
	Specified (NOS)	ental Disorder Not Otherwise				
	- Age: 17					
		's PCP (Person Centered				
	Profile) dated 6/1/20					
	residential support, d	ay supports individual when				
	· · ·	lized Consulting Services to				
	maintain and update	-				
		ssment for this facility.				
	•	and no strategies relative to				
	this program.					
	Review on 2/3/21 of	client A3's record revealed:				
	- Admission Date to f	acility A: 10/5/18				
	- Diagnosis: Autism					
	- Age: 14					
	- Review of Client A3					
		s 24/7 supervision and				
		o his autism spectrum				
		e community [client A3] must to also ensure that he does				
		e can be easily exploited."				
		ssment for this facility.				
aiam af lla	alth Service Regulation	······	1			

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL034-299	B. WING		03	C 3/09/2021
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE CENT	FER FOR CREATING OP	PORTUNITIES	RTH POINT BOULE			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED TI DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From page	e 2	V 283			
	- No treatment goals this program.	and no strategies relative to				
	Review on 2/17/21 of client B1's record revealed: - Admission Date to facility B: 1/8/19 - Diagnoses: IDD Mild and Conduct Disorder - No admission assessment for this facility. - No treatment goals and no strategies relative to this program.					
	- Admission Date to f - Diagnoses: Schizop - No admission asses	-				
	- Admission Date to f - Diagnoses: Bipolar Spectrum; and Major Moderate					
	revealed: "Supports I have close visual mo hours[Client C1] re modeling, prompting, needed will lead to a	's PCP dated 1/26/21 need: [Client C1] should nitoring during waking ceiving 1:1 assistance, , gesturing and redirection as successful learning				
		ssment for this facility. and no strategies relative to				
	Review on 2/3/21 of 1 record revealed: - Admission Date: 7/9 - Discharge Date: 1/2 - Diagnoses: Severe Disorder	23/21				

STATE FORM

	of Health Service Regu OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
	JF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL034-299	B. WING		C 03/09/2021	
IAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
		7748 NC	ORTH POINT BOULI	EVARD		
THE CENT	TER FOR CREATING OP	PORTUNITIES WINSTO	N SALEM, NC 271	06		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN C		(X5)
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE DATE
V 283	Continued From page	e 3	V 283			
	- Review of FC #6's of	goals in the PCP dated				
	10/1/19 revealed: "He should be monitored					
	closely when he is directly interacting with					
		er to redirect or block as				
		sn't like for others to get in				
	his personal space or touching his belongings.					
	[FC #6] requires exte	ensive support with				
	prevention of emotion	nal outburst. He will curse,				
	scream, holler, cry, v	oid on himself, and pound on				
	tablesrequires exte	ensive support with				
	prevention of propert	y destruction (e.g., fire				
	setting, breaking furniture). He will break things					
	such as glasses, radios, television, and he has					
	broken a dresser requires extensive support					
	-	ealingrequires extensive				
		on of self-injury. He will				
	-	ace and headrequires				
	extensive support wit	•				
		nappropriate sexual behavior				
	, <b>e</b> .	public, exhibitionism,				
		ng or gesturing). He will				
	disrobe in public and	-				
		ing childrenrequires				
		th prevention of sexual				
	aggression. He has a	ludes oral sex with a child				
		support with prevention of				
	-	history of running off and				
	•	upervision and activities to				
		ppropriately engaged."				
		rr. phatoly onguyou.				
	Review on 2/3/21 of	client #10's record revealed:				
	- Admission Date: 9/					
	- Diagnoses: ADHD;	; PTSD; Intermittent				
		Oppositional Defiant Disorder				
		0's PCP dated 9/17/20				
	revealed: "[Client #10	0] often acts out if she does				
	-	ever her behaviors can be				
		staff or when working with				
		5				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:           MHL034-299             B. WING			
		MHL034-299			03	C 8/09/2021
IAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	TER FOR CREATING OP	PORTUNITIES	RTH POINT BOUL			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	OF CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	) THE APPROPRIATE	COMPLET DATE
V 283	Continued From pag	e 4	V 283			
	behaviors when she does not get what she wants On several occasions [client #10] has gotten					
	•	which has required for staff				
	to stop the van and pull over."					
	Review on 2/3/21 of client #11's record revealed:					
	- Admission Date: 7/					
	- Diagnoses: Impuls Schizophrenia and M					
		1's PCP dated 6/25/20				
		1] can be impatient and when				
		g, she will try to get it if she				
	-	pe, steal, or be physically				
		essiveshould be closely				
		that she doesn't engage in				
	physical aggression					
	-	est away from driver to				
		ty of her attacking the driver edictable she has attacked				
		presented herself as calm.				
		ffing is very imperative for the				
	sake of her safety an	• •				
	Review on 2/15/21 o	f client #2's record revealed:				
	- Admission Date: 10					
	•	Mild IDD; Mood Disorder				
	NOS; and Reactive A					
		's PCP dated 10/1/20   has a Behavior Support plan				
		ving maladaptive behaviors:				
		destruction, self-injurious				
		it, inappropriate verbal				
		bliance, stealing, disruption,				
		behavior, and threats of				
		environments, he needs a				
	÷ .	ct he has been aggressive				
		icle so be aware. If he is				
	you can safely do so	a vehicle pull over as soon as "				
	you can salely uo so					

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:		C	
		MHL034-299	B. WING	B. WING		/ <b>09/2021</b>
IAME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
HE CENT	ER FOR CREATING OP	PORTUNITIES	ORTH POINT BOULE			
			ON SALEM, NC 2710			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From page	e 5	V 283			
	Review on 2/15/21 of revealed: - Admission Date: 7/- - Diagnoses: Major II Moderate IDD; Seizu Cocaine Abuse - Review of client #18 revealed: "Supports I keep me safe and off ongoing behaviors th supervision and mon aggression, verbal ag destruction, elopeme behaviors. The police #18's] behaviors bec- into the streetwill r at the day program a Review on 2/16/21 of revealed: - Admission Date: 9/6 - Diagnoses: Schizo IDD - Review of Client #1 revealed: "exhibits hitting walls, pushing vehicles, computers, eating food out of the inappropriate eye gaz [Client #15] requires environment and fully continue to work on b	f client #18's record 13/17 Depressive Disorder; re Disorder; PTSD; and 3's PCP dated 11/1/20 need: 24 hours support to i the street. [Client #18] has at requires constant itoring, such as physical ggressions, property nt and social inappropriate a re called when [client ome intense and she runs emain with her 1:1 staff while nd in the community" f client #15's record 5/17 affective Disorder and Mild 5's PCP dated 4/1/20 the following behaviors: others, property destruction, windows doors, ceilings, a trash. Eating raw meat, zing, inappropriate touching. a highly structured / trained staffshould his ogling at females. As well ctions when interacting with				
	- Admission Date: 9/3	D; ODD (Oppositional				

STATE FORM

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			SURVEY PLETED
			A. BUILDING:		с	
		MHL034-299	B. WING		03	/09/2021
AME OF PF	OVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
HE CENT	ER FOR CREATING OP	PPORTUNITIES	ORTH POINT BOULE			
		WINSTO	ON SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 283	Continued From pag	ie 6	V 283			
	Depression, Recurrent					
	•	7's PCP dated 7/10/20				
		7] needs 2:1 to staffing due				
		ior, her sexual promiscuity,				
	-	l ideations with a plan to hang				
		ous impulsive behaviors Iways and in the community,				
	-	ns reach of her staff. Day				
		be provided five days per				
	••	lient #17] will have 1:1				
	Staffing to ensure he	er health, safety, and				
	well-being."					
	Review on 2/17/21 o	f client #22's record				
	revealed:	14.147				
	- Admission Date: 5	/1/17 Depressive Disorder;				
	Bi-Polar Disorder; an	-				
		22's goals in the PCP dated				
		ient #22] has significant				
	behavioral support n	eeds. Behaviors include:				
		aggression, elopement,				
		struction/misuse, and				
		behaviors[client #22]				
	day program on com	intensive supervision at the munity outings"				
	Review on 2/17/21 o	f client #14's record				
	revealed:					
	- Admission Date: 8/	19/15				
	- Diagnoses: Mood D	Disorder and PTSD				
		l's PCP dated 5/19/20				
		4] will need to be supervised				
	and monitored for sa					
	community. [Client # supervision to monite					
	Review on 2/17/21 o	f client #21's record				
	revealed:	n Gherit #21 S record				
	- Admission Date: 8/					1

STATE FORM

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC			E SURVEY PLETED
		BERNI ISKIIGI KOMBER.	A. BUILDING:			
		MHL034-299			03	C 3/09/2021
AME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
	FER FOR CREATING OP	7748 NC	RTH POINT BOULE	VARD		
	TER FOR CREATING OF	WINSTO	N SALEM, NC 2710	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From page	e 7	V 283			
	Compulsive Disorder - Review of Client 21 revealed: "will hav needed to provide a staff for the preventio unexpected violent b continue to be calm a in and around [client or thought processes violent behaviors. Ad	's PCP dated 6/1/20 e additional staff support as safety net for his peers and on of injuries due to ehavior. Staff will need to and be more alert to changes #21] that change his mood a and that could lead to ditional staff support to be g situation and provide				
	- Admission Date: 7/ - Diagnoses: IDD Ma Disruptive Impulse C - Review of Client #7 revealed: "[Client #7] behaviors inappropria behavior/aggressions commentsrequires environment with spe or manage behaviors threatening. [Client # aggression, property verbal threats. He als	oderate and Specified ontrol 's PCP dated 11/1/20 has a history of the following ate: sexual sinappropriate sexual a highly structured ecially trained staff to prevent that are imminently life 7] has a history of physical destruction, and making so has a history of aberrant iding peeping and exposing				
	2/19/20 with staff #2 - On 2/12/21 at appro Day Program clients individuals in a back computers. - The clients sitting in	erviews on 2/12/21 and revealed: oximately 11:22 am observed in a large room and 6 room sitting at tables with the back room resided at 3 s (facility A, facility B and				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL034-299	B. WING		C 03/09/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ER FOR CREATING OF	PORTUNITIES	RTH POINT BOULE			
			N SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From pag	e 8	V 283			
	A3, client B1, client E for "virtual learning." been admitted to The Opportunities. - 4 of the 6 "virtual learning tool am- 2:30 pm, in the s for Creating Opportu - Staff #2 was the on "virtual learning" client am-2:30 pm. He drow clients in virtual learning "we don't have first s The group homes on Interview on 2/3/21 w Examiner revealed: - She was familiar wi - The facility was not to children or adolese - For the facility to pr and adolescents the through "a permitting to provide services to requirements for chill Interview on 2/12/21 - She was 20 years of school at a local higf - She had been doing	B2 and client C1) were there These clients had never a Center for Creating arning" clients were under a place Monday-Friday 8:30 same building as The Center nities. It is suff who worked with the nts each day from 8:30 we the van, monitored the ning, and helped the virtual their schoolwork. clients were there because hift staff at the group homes. If have 2nd and 3rd shifts." with the local Zoning Plans th the facility and location. "zoned" to provide services cents. ovide services to children licensee would have to go process" and be approved to children. There are different dren. with client B1 revealed: old and normally attended in school. g virtual learning at The Dpportunities since the				
	Center for Creating C	ly staff who supervised the				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
			A. BUILDING:			
		MHL034-299	B. WING		C 03/09/2021	
AME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HE CENT	ER FOR CREATING OP	PORTUNITIES 7748 NO	RTH POINT BOUL	EVARD		
		WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From page 9 the clients in The Center for Creating Opportunity would hit each other. She denied ever being hit or hurt there. - "We do games and we do activities. We do schoolwork virtually." Interview on 2/12/21 with client A1 revealed: - He was 17 years old and normally attended school at a local high school. - He had been doing virtual learning at The Center for Creating Opportunities since the		V 283			
	<ul> <li>beginning of the scho</li> <li>He did virtual learni</li> <li>Creating Opportunitie am-2:30 pm.</li> <li>While in virtual learni</li> <li>the room with 6 stude</li> <li>He had seen client</li> <li>while he was at The</li> <li>Opportunities. He de</li> <li>"I feel like the room</li> <li>punched holes in the</li> </ul>	ng at The Center for es Monday-Friday from 8:30 ning there was one staff in ents. #2 punch holes in the wall Center for Creating enied ever being hurt there. is shaking when the adult wall. It was [client #2] who				
	gets mad and uses p					
	<ul> <li>He was 17 years of school at a local high</li> <li>He had been doing Center for Creating C COVID-19 started las learning Monday-Frid</li> <li>Normally there was virtual learning progr</li> <li>He did his virtual learning</li> </ul>	virtual learning at The Dpportunities since st year. He attended virtual day from 8:30 am to 2:30 pm. only one staff present in the				
	seeing adults hurt ea	with client B2 revealed:				
		old and has worked to obtain				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			С
		MHL034-299	B. WING		03/09/2021	
AME OF PF	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
HE CENT	ER FOR CREATING OF	PPORTUNITIES	ORTH POINT BOUL			
			ON SALEM, NC 271			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL & LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 283	Continued From pag	ge 10	V 283			
	<ul> <li>her General Equivalence Degree (GED).</li> <li>She just started attending virtual learning today at The Center for Creating Opportunities.</li> <li>She had no concerns for her safety.</li> </ul>					
	revealed:	on 2/12/21 with client A3				
	respond to any ques					
	- She was 17 years	with client C1 revealed: old and normally attended				
		ig virtual learning at The Opportunities since October				
	Monday-Friday from	8:30 am to 2:30 pm. " one staff who supervised				
	- The adults in the da	ay program destroyed things. s hit walls and windows and				
	Interview on 2/18/21 revealed:	with the Licensee #1				
		ating Opportunities always Iren in a separate room for				
	children to be at the	been told it was ok for the same program, they just wn dedicated space." She did				
		old her this information.				
	revealed:	with the Licensee #2				
		ating Opportunities was nor children in the program if rom the adults.				
	- Prior to the COVID	-19 pandemic, when the the group homes had been				

STATE FORM

TATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL034-299	B. WING		C 03/09/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, Z	ZIP CODE		
	TER FOR CREATING OF	PORTUNITIES 7748 NO	RTH POINT BOULE	/ARD		
	TER FOR CREATING OF	WINSTO	N SALEM, NC 2710	6		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIE!	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 283	Continued From pag	e 11	V 283			
	on school break, the for Creating Opportu	y would come to The Center nities.				
	2/24/21 written by the "What immediate act ensure the safety of Effective today the a accommodations for the age of 18 such a (if weather permitting will obtain permit from to be served at the d then ensure as we have minors have a space that's separate from The agency will ensu- on the van by ensuring staffing during transp Describe your plans happens.	f the Plan of Protection dated e Licensee #1 revealed: ion will the facility take to the consumers in your care? gency will make different the people we serve under s the group home, the park g), or the library. The agency m the zoning to allow minors ay program. The agency will ave previously that the e as well as entrance/exit people over the age of 18. ure there is adequate staffing ng those who need extra portation have it. to make sure the above				
	Autism; ADHD; Read and Impulse Control Bipolar Disorder; Ma Moderate Disruptive Disorder; Pervasive Otherwise Specified; Schizophrenia; Intern Oppositional Defiant Disorder; Severe ID Reactive Attachment	d to: Autism, PTSD; ADHD; ctive Attachment Disorder; Disorder; Suicidal Ideation; jor Depressive Disorder, Mood Dysregulation Developmental Disorder Not Impulse Control Disorder; mittent Explosive Disorder; Disorder; Adjustment D; Mood Disorder NOS; Disorder; Major Depressive DD, Seizure Disorder;				

6899

Division of Health Service Reguest STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED C 03/09/2021	
AME OF P	ROVIDER OR SUPPLIER	STREET A				
	TER FOR CREATING OP	PPORTUNITIES	RTH POINT BOULE			
			N SALEM, NC 2710			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
V 283	Continued From pag	e 12	V 283			
	was not zoned for ch adults who would no program had been at Monday-Friday from virtual learning but w this program. There adult clients that indi- one staffing or close of aggressive/violent sexualized behaviors indicated he had a " which includes oral s was providing superv "virtual learning." Th residential treatment required close monitor This deficiency const violation for serious r corrected within 23 d penalty of \$3,000 is i corrected within 23 d	ttending the program 8:30 am to 2:30 pm to do vere not considred clients of were treatment plans for 11 cated they needed one on monitoring due to histories behaviors and inappropriate s. FC #6's treatment plan history of sexual aggression sex with a child." One staff vision to 6 clients who were in aree of the 6 clients had plans that indicated they oring or one on one staffing. titutes a Type A1 rule neglect and must be lays. An administrative imposed. If the violation is not lays, an additional cy of \$500.00 per day will be y the facility is out of				