STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
0.1.1.201.011		A. BUILDING:			
	MHL049-123	B. WING			0/2021
IDER OR SUPPLIER	STREET ADD	ORESS, CITY, S	STATE, ZIP CODE		
SE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
TIAL COMMENT	S	V 000			
A complaint survey was completed on 3/10/21. The complaints were unsubstantiated (intakes # NC00174454; NC00174824 and NC00174952). A deficiency was cited.					
This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents.					
G .0201 (A) (8-18 LICIES	B) (B) GOVERNING BODY	V 106			
LICIES The governing be a service shall the policies for the rules in this reporting of any medication error. It is a client; I client fee assertices; I medical preparation for the policies preparation, a client; I client fee assertices; I medical preparation preparation for the profession formation of the professional stationing education.	pody responsible for each sall develop and implement the following: ons by clients in accordance is Section; incident, unusual occurrence compensated work performed essment and collection redness plan to be utilized in a collection of a client; including the accessibility of tion for a client; unteers, including supervision or maintaining client staff, including and n;				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE  TIAL COMMENT  omplaint survey e complaints wer 00174454; NC0 iciency was cited as facility is licens egory: 10A NCA atment Staff Sec olescents.  G.0201 (A) (8-18 LICIES  A NCAC 27G .02 LICIES The governing be iten policies for t use of medication the rules in this reporting of any medication error; ) voluntary non-o a client; ) client fee asses ctices; ) medical prepar dical emergency ) authorization for ) transportation, ergency informa ) services of volutal frequirements for frequ	SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TIAL COMMENTS  omplaint survey was completed on 3/10/21. e complaints were unsubstantiated (intakes # 00174454; NC00174824 and NC00174952). A iciency was cited. es facility is licensed for the following service egory: 10A NCAC 27G .1700 Residential atment Staff Secure for Children or olescents.  G. 0201 (A) (8-18) (B) GOVERNING BODY LICIES  A NCAC 27G .0201 GOVERNING BODY LICIES  A NCAC 27G .0201 GOVERNING BODY LICIES  The governing body responsible for each ility or service shall develop and implement ten policies for the following: use of medications by clients in accordance in the rules in this Section; reporting of any incident, unusual occurrence medication error; ) voluntary non-compensated work performed a client; ) client fee assessment and collection ctices; ) medical preparedness plan to be utilized in a dical emergency; ) authorization for and follow up of lab tests; ) transportation, including the accessibility of ergency information for a client; ) services of volunteers, including supervision if requirements for maintaining client	DER OR SUPPLIER  SE  STREET ADDRESS, CITY, S 611 PRESBYTERIAN R MOORESVILLE, NC 2  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TIAL COMMENTS  Omplaint survey was completed on 3/10/21. Expectation of the comp	STREET ADDRESS, CITY, STATE, ZIP CODE  611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115  SUMMARY STATEMENT OF DEFICIENCIES  SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TIAL COMMENTS  Omplaint survey was completed on 3/10/21. e complaints were unsubstantiated (intakes # 00174454; NC00174824 and NC00174952). A lociency was cited. Stacility is licensed for the following service egory: 10A NCAC 27G .1700 Residential atment Staff Secure for Children or olescents.  3. 0201 (A) (8-18) (B) GOVERNING BODY LICIES  The governing body responsible for each litty or service shall develop and implement ten policies for the following: use of medications by clients in accordance the rules in this Section; reporting of any incident, unusual occurrence medication error; ) voluntary non-compensated work performed a client; ) client fee assessment and collection ctices; ) transportation, including the accessibility of ergency information for a client; ) services of volunteers, including supervision I requirements for maintaining client (fidentiality; ) areas in which staff, including professional staff, receive training and tinuing education; safety precautions and requirements for	STREET ADDRESS, CITY, STATE, ZIP CODE 611 PRESBYTERIAN ROAD MOORESVILLE, NC 28115  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  TIAL COMMENTS  Omplaint survey was completed on 3/10/21. c complaints were unsubstantiated (intakes # 00174451; NC 00174852). A liciency was cited.  Facility is licensed for the following service gargory: 10A NCAC 27G .1700 Residential atment Staff Secure for Children or plescents.  G. 0201 (A) (8-18) (B) GOVERNING BODY LICIES The governing body responsible for each lity or service shall develop and implement ten policies for the following: use of medications by clients in accordance in the rules in this Section; reporting of any incident, unusual occurrence nedication error; ) voluntary non-compensated work performed a client; ) client fee assessment and collection ctices; ) medical preparedness plan to be utilized in a dical emergency; ) authorization for and follow up of lab tests; ) transportation, including the accessibility of ergency information for a client; ) services of volunteers, including supervision requirements for maintaining client fidentiality; ) areas in which staff, including approfessional staff, receive training and titnuing education; safety precisions.

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

(X6) DATE TITLE

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL049-123	B. WING		03/1	0/2021
HELMS HOUSE 611 PRES		DRESS, CITY, S BYTERIAN I VILLE, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 106	areas; and (18) client grievance for review and dispe	e policy, including procedures osition of client grievances. overning body shall be	V 106			
	This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to implement its policy to ensure AWOL (Absent Without Leave) precautions were met affecting 4 of 4 clients (#1, #2, #3 and #4). The findings are:  Observation on 2/17/21 at approximately 1:05 pm of the window in client #2's bedroom revealed:  When the window was lifted, no alarm					
	of the window in clie	7/21 at approximately 1:10 pm ent #4's bedroom revealed: rindow was lifted, no alarm				
	and Human Service Improvement Syste - An incident IRIS on 2/16/21 by #2) documented client #1 and client permission on 2/13 "Incident Prreport revealed: "The working condition. I	report last submitted to the Qualified Professional #2 (QP #2 left the facility without				

Division of Health Service Regulation

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL049-123	B. WING		03/4	; 0/2021
NAME OF I				STATE, ZIP CODE	03/1	0/2021
	PROVIDER OR SUPPLIER		BYTERIAN I	•		
HELMS I	HOUSE		VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 106	Continued From pa	ge 2	V 106			
	different way"					
	Review on 2/17/21 - An admission Disorder (D/O) and Review on 2/17/21 - An admission Diagnoses of Hyperactivity D/O, Ospecified Trauma at Trichotillomania  Review on 2/17/21 - An admission Diagnoses of Post Traumatic Street Review on 2/17/21 - An admission Diagnoses of Hyperactivity D/O; Estress D/O and Opposite Traumatic Street Diagnoses of Hyperactivity D/O; Estress D/O and Opposite Traumatic Street Diagnoses of Hyperactivity D/O; Estress D/O and Opposite Traumatic Street Diagnoses of Hyperactivity D/O; Estress D/O and Opposite Traumatic Street Diagnoses of Hyperactivity D/O; Estress D/O and Opposite Traumatic Street D/O and Opposite Traumati	of client #4's record revealed: on date of 12/28/20 of Attention Deficit Bipolar D/O; Post-Traumatic positional Defiant D/O  1 with client #1 revealed: ot go out of her own bedroom ring herself to leave out of client #4's ecause she knew that window				
	window and door hat former client had m - She could n time of when the formula is a second or should be seen to be seen t	othe alarms on client #4's and been inoperable since a oved out of the facility ot provide an approximate rmer client had left the facility i, including [the owner of the the alarm on the door or the				

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T8AQ11 If continuation sheet 3 of 7

Division of Health Service Regulation						
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL049-123	B. WING		03/1	; 0/2021
NAME OF PROVI	IDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
TW WILL OF THOU	DER OR OUT LIER		BYTERIAN I	,		
HELMS HOUS	SE		VILLE, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 106 Cor	ntinued From pa	ge 3	V 106			
Inter- ask was the alar 2/13 bed out clie bed Inter- staf 2/13 by g the adn Inter- win alar san ope doo and	There was no won Once when she ded staff if she consisted staff if s	1 with client #2 revealed: working alarm on her window was cleaning her room, she buld open her window and it ed that there was no alarm on taff #1 about the inoperable client #1 left the facility on nosen to go out of her own and client #1 had chosen to go an client #4's bedroom, because was no alarm on client #4's andow.  1 with client #3 revealed: aff (the House Manager and king on clients (#1 and #2) on een able to leave the facility dows at the facility tampered with the alarms on her room oped from the facility since her  1 with client #4 revealed: but of client #4's bedroom he knew the window had no d that client #2 went out of the use it was "already halfway mpered with the alarms on her hew the alarms on her door work, she had not eloped be her admission				

Interview on 2/17/21 with staff #1 revealed:

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Division of Health Service Regulation							
		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
					C	;	
		MHL049-123	B. WING	· · · · · · · · · · · · · · · · · · ·	03/1	0/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
			BYTERIAN I				
HELMS I	HOUSE		VILLE, NC 2				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	)N	(X5)	
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETE DATE	
TAG	REGOLATORT OR E	oo ibentii tiino iin onwation,	TAG	DEFICIENCY)	147412		
V 106	Continued From pa	go 4	V 106				
V 100	Continued From pa		V 100				
	- When clients (#	#1 and #2) left the facility on					
		rent out of client #4's bedroom #2 went out of her own					
	bedroom window	went out of her own					
		n alarms on these windows					
		become damaged and no					
	longer working						
		ormed the QP #1 that the					
		orking and requested they be s possible (no date provided)					
		sure as to why the alarms had					
	not been replaced prior to the clients' leaving the						
	facility on 2/13/21.	_					
	Interview on 2/24/21 with staff #2 revealed:						
		a history of damaging the					
	alarms	a motory or damaging the					
		ıs house manager regularly					
		ne alarms on the clients' doors					
	and windows were	working ers were aware of the					
		and had reported this					
	information to mana						
		o wait for things to be					
		nonitor people, but kids are					
	clever."						
	Interview on 2/24/2	1 with the Qualified					
		P #1) and the Operations					
	Manager (OM) reve	ealed:					
	- Clients tampere	ed with and damaged the					
		dows and doors quite regularly					
		owever, the owner of the alarms as soon as possible					
		es when less expensive					
		aced on the windows and					
		aborate and more expensive					
	ones could be insta	lled					
		xpensive ones cost					
	approximately fifty of	dollars or more; however, they					

STATE FORM 6899 If continuation sheet 5 of 7 T8AQ11

DIVISION OF RESIDENCE REQUIREMENT		()(0) 1	E CONOTRILOTION	()(0) 5 4 7 7	OLIDVE)	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
	2. 20		A. BUILDING:	<del></del>		· <b></b>
					C	
		MHL049-123	B. WING		03/1	0/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		611 PRES	BYTERIAN I	ROAD		
HELMS H	HOUSE		VILLE, NC 2			
(VA) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES	<u> </u>	PROVIDER'S PLAN OF CORRECTION	)N	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI	PRIATE	DATE
				DEFICIENCY)		
V 106	Continued From pa	ge 5	V 106			
	by the clients as ea	tampered with and damaged				
	by the chemis as ea	Sily.				
	Interview on 2/24/2	1 with the Licensed				
	Professional (LP) re					
	` ,	can and have tampered with				
	the alarms on their					
	- They clients	have also learned how to				
		r windows to keep the alarm				
	from sounding					
		arms on the doors and				
		aced on 2/19/21 and were now				
	in working order.					
	Interview on 3/10/21 with QP #1 and the OM					
	revealed:	I WILL QL # LANG THE OW				
		onsible for checking the				
		the alarms on the client's				
	doors and windows					
	- Staff informed t	the QP #1 or the OM when the				
		orking, and the OM reported				
	the information to the					
		ked with another individual to				
		hen the alarms were to be				
	replaced	es when the alarms were				
		es when the alarms were expensive ones (more easily				
		I the more expensive type				
		I and installed (less easy to				
	damage)					
		room window alarm was				
		t #2 was moved to her				
	bedroom in January					
		orting that she learned the				
		w was not working when she				
		while cleaning her room was				
		uld have turned the alarm off				
		s of the alarm) prior to				
	allowing her to oper					
	- I ne alarms on	client #4's bedroom and door				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7. BOILESING.		С	
		MHL049-123	B. WING			0/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
HELMS I	HOUSE		BYTERIAN I VILLE, NC 2			
(VA) ID	SHIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTI	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 106	Continued From pa	ge 6	V 106			
V 106	were not working as great deal of damage destroying the entire.  The owner had however, she could the window and document of the facility that the top half of hand in doing so, this source learning now installed an alabottom portion of the alarm would be trig	s a previous client had done a ge to the room, including e door to the bedroom replaced the alarms; I not recall when the alarm on or had stopped working orted that since client #2's; client #2 had explained to her ner window could be opened a action bypassed the alarm this information, the owner had arm that if either the top or the ne window were opened, the gered doors and windows had	V 106			
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