		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					С	
		MHL034-309	B. WING		03/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
INDEDEN	DENT LIVING AT DANGO	355 RAN	SOM ROAD			
INDEPENI	DENT LIVING AT RANSO	M RD WINSTO	N SALEM, NC 27	106		
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	The complaint was su #NC00175127). Defice This facility is licensed category: 10A NCAC Living for Minors with The facilities identified Licensee #2. Staff and					
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112			
	PLAN (c) The plan shall be assessment, and in plegally responsible per of admission for client receive services beyon (d) The plan shall incomplete (1) client outcome(s) achieved by provision 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 achievemen (6) written consent of responsible party, or a session of the plant shall be achieved by the plant shall be achieve	developed based on the artnership with the client or erson or both, within 30 days is who are expected to and 30 days. It was a service and a evement; view of the plan at least on with the client or legally both; on or assessment of				

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	
			A. BUILDING:		
		MHL034-309	B. WING		C 03/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE. ZIP CODE	1
		355 RAN	SOM ROAD	,	
INDEPENI	DENT LIVING AT RANSO	M RD WINSTO	N SALEM, NC 2	7106	
(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 APPROPROFICIENCY)	D BE COMPLETE
V 112	Continued From page	e 1	V 112		
	obtained.				
	obtained.				
	This Rule is not met				
	Based on record reviews				
	interviews the facility	lients (#1, #2 and #3). The			
	findings are:	ments (#1, #2 and #3). The			
	Review on 2/15/21 of	client #1's record revealed:			
	- Admission Date: 12				
	•	Post Traumatic Stress			
	, ,	ention Deficit Hyperactivity d Moderate Intellectual and			
	Developmental Disab				
	- Age: 17	,			
		client #2's record revealed:			
	Admission Date: 9/2Diagnoses: Autism;				
	Attachment Disorder;				
		ation; Bipolar Disorder;			
	-	regulation Disorder; and			
		ental Disorder Not Otherwise			
	Specified (NOS) - Age: 17				
		s PCP (Person Centered			
	Profile) dated 6/1/20				
	,	ay supports individual when			
		ized Consulting Services to			
	maintain and update	his behavior plan."			
	Review on 2/3/21 of o	client #3's record revealed:			

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STATE FORM 6899 C9QZ11 If continuation sheet 2 of 9

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		· · · ·	SURVEY PLETED
			A. BOILDING.			_
		MHL034-309	B. WING		03	C 3/ 12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STATE	, ZIP CODE		
INDEDEN	DENT I 11/11/0 AT DANGE	355 RAN	SOM ROAD			
INDEPEN	DENT LIVING AT RANSC	WINSTO	N SALEM, NC 271	06		
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO ' DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 2	V 112			
V 112	- Admission Date:10/ - Diagnoses: Autism - Age: 14 - Review of Client #3' revealed: " require consistent care due to disorder While in the be within arm's reach not wander off and he computers of the provider (Sister fa 2/12/21 and 2/19/20 arevealed: - On 2/12/21 at approday Program clients individuals in a back computers Clients #1, #2, and the back room doing - Virtual learning took am- 2:30 pm, in the sprogram (Day Activity - Staff A2 was the onleach day from 8:30 a van, monitored the clients with the lndependent Livir home therefore was residential treatment - The clients were in Activity-All Disabilities	Is PCP dated 8/1/19 Is 24/7 supervision and to his autism spectrum to also ensure that he does to can be easily exploited." Is 400 Day Program owned by acility A) and interviews on the at 11:22 am with staff A2 Eximately 11:22 am observed the alarge room and 6 to moment sitting at tables with It alarge room and 6 to moment sitting at tables with It alarge room and 6 to moment sitting at tables with It alarge room and 8 to moment sitting at tables with It alarge room and 8 to moment sitting as the 5400 to All Disabilities). It staff who worked there in m-2:30 pm. He drove the itents in virtual learning, and the heir schoolwork. It be a program and not for a table and a room of a room Road group not familiar with the client's				
	Interview on 2/12/21 - He was 17 years old school at a local high	and 3rd shift. with client #1 revealed: d and normally attended				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
						С
		MHL034-309	B. WING		03	3/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
INDEDEN	DENT LIVING AT DANCE		ISOM ROAD			
INDEPEN	DENT LIVING AT RANSO	WINSTO	N SALEM, NC 271	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 OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ΓΙΟΝ SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Communication pag		V 112			
	beginning of the scho - He did virtual learni Monday-Friday from - While in virtual learn the room with 6 stude	ng at the day program 8:30 am-2:30 pm. ning there was one staff in ents.				
	- He was 17 years old school at a local high - He had been doing program (Day Activity)	with client #2 revealed: d and normally attended school. virtual learning at the 5400 / - All Disabilities) since st year. He attended virtual				
	learning Monday-Frid	lay from 8:30 am to 2:30 pm. only one staff present in the				
	Attempted interview of revealed: - Client #3 was unable questions.	on 2/12/21 with client #3 e to respond to any				
	records from the 540 revealed: - Five clients had a h behavior. Some of th	15/21-2/17/21 of 11 client 0 Day Program (Facility A) istory of inappropriate sexual eir histories included, " blic, inappropriate gesturing ren, aberrant sexual				
	behavior including pe in public areas, sexu- oral sex with a child." - Nine clients had a h and violent behavior. - Many required one- - No admission asses	eeping and exposing himself al aggression which includes istory of serious aggressive on-one supervision.				
	goals for client #1, #2 Interviews on 2/10/27 revealed:	2 nor #3.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED
			A. BUILDING: _		
		MIII 024 200	B. WING		C
		MHL034-309			03/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE	
INDEPEN	DENT LIVING AT RANSO	M RD	SOM ROAD		
	T		N SALEM, NC 2		T
(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 CORRI (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETE
V 112	Continued From page	e 4	V 112		
V 112	- He rode the van to a with the adult clients On 1/22/21, there w and former client (FC The altercation was in tried to bite client #1. face and neck in defe - "[FC A6] was destro [FC A6] tried to break A6] went to sleep and home." Interviews on 2/9/21 and Driver revealed: - On 1/22/21 FC A6 do at the day program to because he thought his sister FC A6 had extreme 1/22/21. FC A6 took him the van seat. He bit van While driving the van.	and from the day program as an altercation with him) A6 (who was an adult). nstigated by FC A6 when he Client #1 scratched FC A6's	V 112		
	and FC A6 were sittin	A6 to calm down. Client #1 ag on the same row in the (4th row) and client #3 was			
	sitting in front of FC A - Due to FC A6's beh dropped FC A6 off fire	aviors on the van he st.			
	 - He drove 12 clients from 5 different group homes to and from the Day Program by himself. - "I am new, and no one offered to help. I thought I was supposed to manage the situation as best as possibleIt was becoming overwhelming." 				
	- On 1/22/21 FC A6 w program on the van.	n the Licensee #1 revealed: was going home from the day FC A6 stripped off his d on the van. FC A6 had			

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_ ` · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED
		MHL034-309	B. WING		C 03/12/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	E, ZIP CODE	•
MDEDEN		355 RAN	ISOM ROAD		
INDEPEN	DENT LIVING AT RANSO	WINSTO	N SALEM, NC 271	06	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 112	Continued From page	÷ 5	V 112		
	well. Client #1 fought scratched She was aware that identified that for FC who rode the van, the but she indicated the one care during trans-She was also aware behaviors. Interview on 2/18/21 A revealed: - She was the Licens (Day Activity - All Discibildren doing virtual program "They (the clients in one staff for the virtual This deficiency is cron NCAC 27G .5602 Staff.)	the treatment plans A6 and several of the clients ey needed one on one care, clients did not "get one on port." of the client's issues and with the Licensee for Facility ee for the 5400 program abilities) which had minor learning with the adult virtual learning) only need			
V 290	27G .5602 Supervise	d Living - Staff	V 290		
	of this Rule shall be of enable staff to response needs. (b) A minimum of one present at all times we premises, except who habilitation plan docu capable of remaining without supervision.				

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			7 50.25 10		С	
		MHL034-309	B. WING		03/12/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
INDEDENI	DENT LIVING AT RANSO	M PD 355 RANS	SOM ROAD			
INDEPENI	DENT LIVING AT KANSO	WINSTON	I SALEM, NC 27	7106		
(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 290	Continued From page	e 6	V 290			
V 230	the client continues to the home or commun specified periods of ti (c) Staff shall be present for child or adolescent cl (1) children or a abuse disorders shall of one staff present for clients present. How present during sleeping emergency back-up put the governing body; (2) children or a developmental disability one staff present for present and two staff more clients present. need be present during specified by the emer determined by the go (d) In facilities which diagnosis is substance (1) at least one duty shall be trained in withdrawal symptoms secondary complicating addiction; and	be capable of remaining in ity without supervision for me. sent in a facility in the atios when more than one ient is present: adolescents with substance be served with a minimum or every five or fewer minor ever, only one staff need be ng hours if specified by the procedures determined by or adolescents with lities shall be served with every one to three clients present for every four or However, only one staffing sleeping hours if gency back-up procedures verning body. serve clients whose primary the abuse dependency: a staff member who is on an alcohol and other drug one to alcohol and other dr	V 250			
	interviews, the facility ratios enabled staff to	as evidenced by: ews, observations and failed to ensure staff-client respond to individualized 3 of 3 clients (#1, #2 and				

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					С	
		MHL034-309	B. WING		03/12/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
INDEPENI	DENT LIVING AT RANSO	M RD 355 RANS	OM ROAD			
INDEI EN	DENT LIVING AT RANGO	WINSTON	SALEM, NC 2	7106		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE	
V 290	Continued From page	e 7	V 290			
	#3). The findings are:					
	observations and inte					
	3/11/21 written by the "What immediate acti ensure the safety of t Effective today agency adequate staffing to row we serve while they a services as well as dowill use the information determine what those Describe your plans thappens. The Director will mon	the Plan of Protection dated Licensee #1 revealed: ion will the facility take to the consumers in your care? by will ensure that there is meet the needs of the people are receiving residential uring transport. The agency on provided in the ISP to e needs are. Ion make sure the above sitor the staffing patterns and ensure plans are being				
	17 with various diagn PTSD; ADHD; Moder Attachment Disorder; Suicidal Ideation; Bip Mood Dysregulation I Developmental Disortheir treatment plans, 1:1 staffing or close swere taken to a 5400 Licensee for virtual le 8:30 am - 2:30 pm be 1st shift staff at their gtransported to and from	ree male clients ages 14 and oses not limited to: Autism; rate IDD; Reactive Impulse Control Disorder; olar Disorder; Disruptive Disorder; and Pervasive der (NOS). According to two of the clients required supervision. The 3 clients Day Program owned by the earning Monday-Friday from ecause they did not have a group home. They were om the day program on a van adult clients of the program.				

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	FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			- WWW		С	
		MHL034-309	B. WING		03/12/2021	
NAME OF D		OTDEET AD	DDEGG OITY OTA	TE 710 000E		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	II E, ZIP CODE		
INDEDENI	DENT LIVING AT RANSO	M PD 355 RANS	OM ROAD			
INDEFENI	DENT LIVING AT KANSO	WINSTON	SALEM, NC 2	7106		
240.15	CLIMMADV CT	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION	1 0(5)	
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD	(*)	
TAG	,	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		
				DEFICIENCY)		
V 290	Continued From page	e 8	V 290			
		am served adult clients, five				
	of which had a history	y of inappropriate sexual				
	behavior. Some of the	eir histories included,				
	exposing self in public	c, inappropriate gesturing				
	and touching of childr					
	_	eping and exposing self in				
		aggression which includes				
		Nine of the adult clients had				
	a history of serious a					
	behavior and many re	equired one-on-one				
	supervision. While th	e 3 clients were at the adult				
	5400 program they w	ere in the same room with 3				
		erent group homes. All six				
		ed by 1 staff who worked for				
		im and was not aware of				
		, goals or strategies. This				
	_	a Type A1 rule violation for				
	serious neglect and n	nust be corrected within 23				
	days. An administrati	ve penalty of \$2,000.00 is				
	imposed. If the violati	on is not corrected within 23				
	I	dministrative penalty of				
	1	be imposed for each day the				
		liance beyond the 23rd day.				
	lacility is out of compl	nance beyond the 25rd day.				

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