| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE C A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|--|---------------------------------|------------------------|
| | | | A. BUILDING: | | | R |
| | | MHL098-100 | B. WING | | | 03/2021 |
| AME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S ⁻ | TATE, ZIP CODE | | |
| IISS DA | ISY'S GENTLEMEN (| | RVIEW AVENUE , NC 27894 | E | | |
| (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 DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLE DATE |
| V 000 | INITIAL COMMEN | TS | V 000 | DEFICIENC | ") | |
| | completed on May | int and follow up survey was 3, 2021. The complaint was take #NC00175105). cited. | | | | |
| | category: 10A NCA | sed for the following service AC 27G .1700 Residential cure for Children or | | | | |
| V 109 | 27G .0203 Privilegi | ing/Training Professionals | V 109 | | | |
| | QUALIFIED PROF ASSOCIATE PROF (a) There shall be qualified profession (b) Qualified profe professionals shall and abilities require (c) At such time as employment syster then qualified profe professionals shall (d) Competence s exhibiting core skill (1) technical know (2) cultural awarer (3) analytical skills (4) decision-makir (5) interpersonal s (6) communication (7) clinical skills. (e) Qualified profe NCAC 27G .0104 (met the requirement employment syster MH/DD/SAS. | FESSIONALS no privileging requirements for hals or associate professionals ssionals and associate demonstrate knowledge, skills ed by the population served. is a competency-based in is established by rulemaking essionals and associate demonstrate competence. hall be demonstrated by ls including: dedge; ness; ; ng; kills; | 3 | | | |

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| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|---|---|-------------------------|--|----------------|--------------------|
| | | MHL098-100 | B. WING | | | R 03/2021 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| AISS DA | ISY'S GENTLEMEN (| | VIEW AVENUE NC 27894 | E | | |
| (X4) ID | SUMMARY ST | ATEMENT OF DEFICIENCIES | ID ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| V 109 | Continued From pa | age 1 | V 109 | | | |
| | for the initiation of a plan upon hiring ea (g) The associate supervised by a qu population served f | ment policies and procedures an individualized supervision ach associate professional. professional shall be alified professional with the for the period of time as 0104 of this Subchapter. | | | | |
| | Based on record re Qualified Professio Director/Licensee) | failed to demonstrate nd abilities required by the | | | | |
| | record revealed: - 15 year old male : - Discharge date 2/ | /16/21. | | | | |
| | Defiant Disorder, M Post Traumatic Str Hyperactivity Disor - Comprehensive C dated 1/21/21 inclu home without perm elopement" | ed Disruptive Oppositional Mood Dysregulation Disorder; ess Disorder, Attention Deficit der, combined type. Clinical Assessment (CCA) ided " frequently left foster hission The main risk is ssment Note" dated 10/14/20 | | | | |
| | included " [FC # placement in the pa | 55777777777777777777777777777777777777 | | | | |
| | During interview or Coordinator stated | - | | | | |

STATE FORM

HGN611

If continuation sheet 2 of 10

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED |
|---------------|-------------------------------------|---|--|--|-----------------|--------------------|
| | | MHL098-100 | B. WING | | | R 03/2021 |
| AME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| IISS DA | ISY'S GENTLEMEN (|)F THE FUTURE | VIEW AVENUE , NC 27894 | 1 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 109 | Continued From pa | ge 2 | V 109 | | | |
| | - FC #5's extensive | history of elopement was | | | | |
| | | ne Director/Licensee prior to | | | | |
| | his admission to the | | | | | |
| | | nt history was documented in ded to the Director/Licensee | | | | |
| | prior to his admissi | | | | | |
| | | nsee did not contact her to | | | | |
| | | cessing additional resources | | | | |
| | for FC #5. | | | | | |
| | During interviews o | n 4/30/21 and 5/03/21 the | | | | |
| | Director/Licensee s | | | | | |
| | | ified Professional responsible | | | | |
| | | ment/habilitation plans for the | | | | |
| | clients. | om the facility on 2/11/21 and | | | | |
| | 2/12/21. | | | | | |
| | | his history of eloping; his | | | | |
| | elopement history w | | | | | |
| | | eceived prior to FC #5's | | | | |
| | flag." | elopement history was a "red | | | | |
| | 0 | nt he would elope" from the | | | | |
| | facility. | • | | | | |
| | | nagement Entity (LME) | | | | |
| | | aff for him while at school, but | | | | |
| | for him at the facilit | ey would authorize 1:1 staffing | | | | |
| | | st assistance from the Care | | | | |
| | Coordinator to acce | ess additional resources for FC | | | | |
| | #5. | | | | | |
| | | ator was involved in treatment | | | | |
| | planning for FC #5. | as at the facility for less than | | | | |
| | | discharge, no treatment team | | | | |
| | meeting was held; i | if a meeting had been held, the | | | | |
| | | ould have been more involved | 1 | | | |
| | in the treatment pla | inning process. | | | | |
| | | | II IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | | | 1 |

| | of Health Service Re | egulation (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | ECONSTRUCTION | (X3) DATE | SURVEY |
|--------------------------|--|---|------------------------|---|-----------|-------------------------|
| | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | | LETED |
| | | MHL098-100 | B. WING | | F 05/0 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| MISS DA | ISY'S GENTLEMEN C | OF THE FUTURE | VIEW AVENU NC 27894 | E | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY) | LD BE | (X5) COMPLET DATE |
| V 133 | Continued From pa | ge 3 | V 133 | | | |
| V 133 | G.S. 122C-80 Crim | inal History Record Check | V 133 | | | |
| | CHECK REQUIRED APPLICANTS FOR (a) Definition As u "provider" applies to program and any pr developmental disa services that is licer Chapter. (b) Requirement A provider licensed un applicant to fill a po applicant to fill a po applicant to have an conditioned on con- criminal history reco- the applicant has be less than five years is conditioned on co- criminal history reco- national criminal his include a check of the the applicant has be five years or more, on consent to a Sta check of the applican criminal history reco- section. Except as of subsection, within fi- the conditional offer shall submit a reque- Justice under G.S. criminal history reco- section or shall sub- entity to conduct a S- check required by the | | | | | |

If continuation sheet 4 of 10

| | of Health Service Re | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DATE SURVEY | |
|---------------|----------------------|---|------------------|---|---------------------------------|----------------|
| ND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | - COMPLETED R - 05/03/202 | |
| | | MHL098-100 | B. WING | | | |
| AME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, SI | TATE, ZIP CODE | | |
| | | 304 FAIF | | | | |
| IISS DA | ISY'S GENTLEMEN (| OF THE FUTURE WILSON | , NC 27894 | | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T | | COMPLE DATE |
| | | | | DEFICIENC | Y) | |
| V 133 | Continued From pa | age 4 | V 133 | | | |
| | - | - | | | | |
| | | f national criminal history | | | | |
| | | employment positions not | | | | |
| | covered by Public I | Ith and Human Services, | | | | |
| | | Check Unit. Within five | | | | |
| | | eceipt of the national criminal | | | | |
| | | on, the Department of Health | | | | |
| | | es, Criminal Records Check | | | | |
| | | e provider as to whether the | | | | |
| | | d may affect the employability | | | | |
| | of the applicant. In | no case shall the results of the | e | | | |
| | | story record check be shared | | | | |
| | | Providers shall make available | | | | |
| | | cation that a criminal history | | | | |
| | | mpleted on any staff covered | | | | |
| | | ounty that has adopted an | | | | |
| | | rdinance and has access to | | | | |
| | | hinal Information data bank half of a provider a State | | | | |
| | | ord check required by this | | | | |
| | | provider having to submit a | | | | |
| | | artment of Justice. In such a | | | | |
| | | all commence with the State | | | | |
| | | ord check required by this | | | | |
| | | ousiness days of the | | | | |
| | | employment by the provider. | | | | |
| | | information received by the | | | | |
| | provider is confider | ntial and may not be disclosed, | | | | |
| | | cant as provided in subsection | | | | |
| | | For purposes of this | | | | |
| | | m "private entity" means a | | | | |
| | | engaged in conducting | | | | |
| | | ord checks utilizing public | | | | |
| | | om a State agency. | | | | |
| | | oplicant's criminal history | | | | |
| | | Is one or more convictions of | | | | |
| | | the provider shall consider all | | | | |
| | hire the applicant: | tors in determining whether to | | | | |
| | | | | | | |

| Division | of Health Service Re | egulation | | | FORM | APPROVED |
|--------------------------|--|---|-------------------------------|--|--------------|--------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
| | | MHL098-100 | B. WING | | | R 03/2021 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| | ISY'S GENTLEMEN C |)F THE FUTURE | VIEW AVENUE | = | | |
| | | WILSON, | NC 27894 | | | - |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE | (X5) COMPLETE DATE |
| V 133 | Continued From pa | ge 5 | V 133 | | | |
| | (1) The level and set (2) The date of the provident of the provident of the provident of the person and the filled. (4) The circumstance commission of the person and the filled. (5) The nexus betwith person and the filled. (6) The prison, jail, rehabilitation, and experson since the dat (7) The subsequent a relevant offense. The fact of convictions shall not be a bar to listed factors shall to the provider disqualification of the criminal history to the disqualification of the criminal history (2) Failure to check criminal offenses if history record check compliance with this (e) Relevant offense" in federal criminal history | eriousness of the crime. crime. berson at the time of the ces surrounding the crime, if known. een the criminal conduct of job duties of the position to be probation, parole, employment records of the te the crime was committed. t commission by the person of on of a relevant offense alone of employment; however, the be considered by the provider. tailifies an applicant after e relevant factors, then the se information contained in record check that is relevant on, but may not provide a copy ry record check to the y A provider and an officer ovider that, in good faith, ection shall be immune from e provider to employ an sis of information provided in record check of the individual. an employee's history of the employee's criminal k is requested and received in | | | | |

| Division | of Health Service Re | gulation | • | | |
|---------------|--------------------------------------|---|---------------------------------|---|--------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | | E SURVEY PLETED |
| | | MHL098-100 | B. WING | | R 03/2021 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | |
| | | | | | |
| AISS DA | ISY'S GENTLEMEN C | WILSON | I, NC 27894 | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 | COMPLET DATE |
| | | | | DEFICIENC | |
| V 133 | Continued From pa | ge 6 | V 133 | | |
| | | - | | | |
| | | pon an individual's fitness to for the safety and well-being c | .f | | |
| | | ental health, developmental | | | |
| | | tance abuse services. These | | | |
| | | criminal offenses set forth in | | | |
| | | Articles of Chapter 14 of the | | | |
| | | Article 5, Counterfeiting and | | | |
| | Issuing Monetary S | ubstitutes; Article 5A, | | | |
| | Endangering Execu | itive and Legislative Officers; | | | |
| | | Article 7A, Rape and Other | | | |
| | | le 8, Assaults; Article 10, | | | |
| | | duction; Article 13, Malicious | | | |
| | | y Use of Explosive or or Material; Article 14, Burglary | | | |
| | | eakings; Article 15, Arson and | | | |
| | | icle 16, Larceny; Article 17, | | | |
| | | , Embezzlement; Article 19, | | | |
| | | d Cheats; Article 19A, | | | |
| | | or Services by False or | | | |
| | | Credit Device or Other Means | ; | | |
| | | al Transaction Card Crime | | | |
| | | uds; Article 21, Forgery; Article | e | | |
| | | st Public Morality and | | | |
| | | A, Adult Establishments; | | | |
| | | ion; Article 28, Perjury; Article | | | |
| | | 31, Misconduct in Public Offenses Against the Public | | | |
| | | Riots and Civil Disorders; | | | |
| | | on of Minors; Article 40, | | | |
| | | amily; Article 59, Public | | | |
| | | ticle 60, Computer-Related | | | |
| | | es also include possession or | | | |
| | | ation of the North Carolina | | | |
| | Controlled Substan | ces Act, Article 5 of Chapter | | | |
| | | statutes, and alcohol-related | | | |
| | | ale to underage persons in | | | |
| | violation of G.S. 18 | B-302 or driving while | | | 1 |
| | | | | | |
| | impaired in violation G.S. 20-138.5. | n of G.S. 20-138.1 through | | | |

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| STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--|---|--|-------------------------|--|----------------|--------------------|
| | | | A. BUILDING: _ | | | |
| | | MHL098-100 | B. WING | | | R 03/2021 |
| AME OF F | PROVIDER OR SUPPLIER | STREET AL | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| IISS DA | ISY'S GENTLEMEN (| | VIEW AVENUE NC 27894 | 1 | | |
| (X4) ID | SUMMARY STA | ATEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| V 133 | Continued From pa | age 7 | V 133 | | | |
| | applicant for emplo supplies, or otherw an employment app criminal history rec shall be guilty of a 0 (g) Conditional Em- employ an applicar obtaining the result check regarding the following requirement (1) The provider sh prior to obtaining th criminal history rec subsection (b) of the fingerprint cards as (2) The provider sh criminal history rec business days after conditional employ 2001-155, s. 1; 200 2005-4, ss. 1, 2, 3, This Rule is not me Based on record rec failed to request a | ishing False Information Any oyment who willfully furnishes, ise gives false information on plication that is the basis for a ord check under this section Class A1 misdemeanor. ployment A provider may at conditionally prior to is of a criminal history record e applicant if both of the ents are met: hall not employ an applicant the applicant's consent for ord check as required in his section or the completed as required in G.S. 114-19.10. hall submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.) et as evidenced by: eview and interview, the facility national criminal background ints for 1 of 2 direct care staff | | | | |
| | (Staff #3) who had | been a resident of North an 5 years at the time of | | | | |
| | revealed: | of staff #3's personnel record e Staff, hire date 2/05/21. | | | | |

STATE FORM

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED |
|---|--|--|---------------------------|---|-----------------------------------|------------------------|
| | | | | | | R |
| | | MHL098-100 | B. WING | | 05/ | 03/2021 |
| AME OF F | PROVIDER OR SUPPLIER | | DDRESS, CITY, ST | | | |
| ISS DA | ISY'S GENTLEMEN (| OF THE FUTURE | VIEW AVENUE , NC 27894 | 1 | | |
| (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 AC CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| V 133 | Continued From pa | age 8 | V 133 | | | |
| | | 2/20/20 and 2/05/21. n of a national criminal with fingerprints. | | | | |
| | - He moved to Nort - He did not submit | 5/03/21 Staff #3 stated: h Carolina in November 2020. fingerprints for a national d check prior to being hired. | | | | |
| | Director/Licensee s - Staff #3 moved to 202 or January 202 - She requested a s check and did a na background check - She did not have a national criminal forgot." | North Carolina in December 21. state criminal background me based national | | | | |
| | This deficiency con and must be correc | stitutes a re-cited deficiency sted within 30 days. | | | | |
| V 736 | 10A NCAC 27G .03 EXTERIOR REQU (c) Each facility and maintained in a saf | ity and Grounds Maintenance 303 LOCATION AND IREMENTS d its grounds shall be e, clean, attractive and orderly be kept free from offensive | V 736 | | | |
| | This Rule is not m | et as evidenced by: | | | | |

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| STATEMENT OF DEFICIENCIES | | | | (X2) MULTIPLE CONSTRUCTION | | (X3) DATE SURVEY COMPLETED | |
|---------------------------|---|--|---------------------|--|----------------------------------|-------------------------------|--|
| ND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | | | |
| | | MHL098-100 | B. WING | | | R 03/2021 | |
| AME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | ISY'S GENTLEMEN (| SE THE EUTURE 304 FAIF | RVIEW AVENUE | E | | | |
| 133 DA | IST S GENTLEMEN | WILSON | , NC 27894 | | | | |
| (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 DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| | Continued From pa | age 9 | V 736 | | | | |
| | | Based on observation and interviews the facility was not maintained in a safe manner. The findings are: | | | | | |
| | Observations on 4/27/21 between approximately 10:00 am and 3:00 pm and on 4/29/21 between approximately 1:00 pm and 3:00 pm revealed the smoke detector in the bedroom shared by client #2 and client #3 emitted a chirping sound approximately every 30 seconds, typically an indicator the batteries needed to be replaced. | | | | | | |
| | The smoke detec since I got here."The sound did no | n 4/27/21 client #2 stated: tor had been chirping "ever t interfere with his sleep. he batteries needed to be | | | | | |
| | smoke detector in | n 4/29/21 client #3 state the his bedroom needed new ing sound did not bother him. | | | | | |
| | stated she was awa chirping. She was | n 5/03/21 the Director/Licensee are of the smoke detector not sure why the batteries had but she would ensure new into the detector. | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |