Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		K3) DATE SURVEY COMPLETED	
		MHL001-200	B. WING		09/	03/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	E, ZIP CODE		
LIFE CYC	LES RESIDENTIAL FACI	LITY LEVEL III	HIGHWAY 70 E, NC 27302			
(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 CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	3, 2021. Deficiency of					
	category: 10A NCAC	d for the following service 27G. 1700 t Staff Secure for Children				
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 clien receive services beyond the plan shall incomplete the plan shall incomplete the projected date of ach (2) 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 responsible party, or services.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Slude: I that are anticipated to be a of the service and a lievement; I view of the plan at least on with the client or legally r both; ion or assessment of				

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL001-200	B. WING		09.	03/2021
NAME OF P	ROVIDER OR SUPPLIER	STREE	T ADDRESS, CITY, STAT	E, ZIP CODE		
LIFE CYC	LES RESIDENTIAL FAC		US HIGHWAY 70			
		MEB/	ANE, NC 27302			1
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From pag	e 1	V 112			
	failed to develop and strategies to address	as evidenced by: ew and interview the facility implement goals and one of three audited clients ng elopement. The findings				
	-Age 15 years old Admission date of 7 - Diagnoses of Disrul Conduct Disorder an Stressor Related Dis - Treatment plan date -Treatment plan faile	ptive Impulsive Control, d Unspecified Trauma and order ed 6/30/21. ed to provide interventions lress the elopement and hout permission.				
	dated 8/22/21 revealured to specific to day. [Client #1] that was ready. Staff obeyon [Client #1] the [Qualified Profess today. [Staff #4] state purchase any type of #2] and [Staff #3] quewhere [Client #1] graffinally [Client #1] graffinally [Client #1] graffinally [Client #1] and that it was not right to [Client #1] to follow the specific staff #2] and that it was not right to [Client #1] to follow the specific staff #2] and that it was not right to [Client #1] to follow the specific staff #2] and that it was not right to follow the specific staff #2] and that it was not right to follow the specific staff #2] and that it was not right to follow the specific staff #2] and that it was not right to follow the specific staff #2] and the specif	e client aware that dinner served a necklace with a tag as not [Client #1's]. [Client bought when [staff #4] and sional] went out to store				

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, , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL001-200	B. WING		09/03/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STA	TE, ZIP CODE		
LIFE CYC	LES RESIDENTIAL FACI	LITY LEVEL III	HIGHWAY 70 E, NC 27302			
(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 APPROPE DEFICIENCY)	BE COMPLETE	
V 112	explained to [Client # consequences for [Cl stated, "Okay I under [Staff #2] off the alarm housemates throw tra outside, [Client #1] imback door begin to ru wooded area. [Staff #2 [Client #1] to return be #2's] request by runni First [Staff #2] called Director] to assist with #1]. The [Program Director] co [Staff #3] continued to consumers while [Stasearch of [Client #1]. around the surroundin approximately 30 min locating [Client #1]. A contacted [Client #1] as well. O [Client #1] as well. O [Client #1] for about a surrounding area and file a missing/amber a from Solutions CSA. continued to drive arounsuccessful locating Director] directed [Staff etc.]	at that [Client #1] will have itent 3's] actions. [Client #1] istand." At 5:15 p.m. when it so [Client #1's] istand in the big trash can imediately stormed out the indown the street into the itent down the street into the itent down the street into the itent [Client #1] ignored [Staffing into the wooded area. On the call [Program in the elopement of [Client rector] stated he would be at 0 minutes because ming from the grocery store. On monitor the other if #2] assisted with the [Program Director] drove in the intention of the i	V 112			

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Review on 8/25/21 of Client #1's

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY IPLETED	
		MHL001-200		B. WING		0	9/03/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADDI	RESS, CITY, STA	TE, ZIP CODE	-	
			2541 US HI	GHWAY 70			
LIFE CYC	LES RESIDENTIAL FACI	LITY LEVEL III	MEBANE, N	IC 27302			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU LSC IDENTIFYING INFORMATION		ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 3		V 112			
	revealed: - "[Client #1] is a 15-y admitted to [Psychiat 2021 due to a series		was 25,				
	-Worked weekend 7a -Client #1 left the hou- Client #1 was "acting nothing was bothering -Client #1 got up and -Client #1 went shopp -Client #1 showed a r shopping about 2:30 -Client #1 purchased -Client #1 purchased -Client #1 purchased -Client #1 bought the reclient #1 bought the reclient #1 admitted the when staff was not lo -She told client #1 he consequencesClient #1 just laugher mentionedClient #1's conseque -Client #1 had early be -Prior to the elopeme good kidClients did not like early services.	ise about 5:20 - 5:30p.n g good and normal" like g him. did his morning chores sything unusual. bing with other staff. hecklace upon return fro- 3:00 p.m. tennis shoes and a belt d said he needed scissor lace. exceipt and didn't see whecklace. hat he took the necklace oking would get some everything was fine. d when consequences was early bedtime before. ht client #1 was a pretty early bed.	om t. ors ere e.				
	staff to prepare dinne	oms at from 4 -5 p.m. for. r. .m. medication for his	or				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A BOILDING.			
		MHL001-200	B. WING		09/03/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
LIFE CYC	LES RESIDENTIAL FACI	LITY LEVEL III 2541 US H MEBANE,	IGHWAY 70 NC 27302			
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETE	
	-Another client had the garbage out and clier -Client #1 did not say -She tried to call clier running into the wood -Client #1 tried calling received an answerClient #1's phone tim -Client #1 always talk answering the phone -She called the Progr	at #1 back but he kept on led area. g family days prior and never ne was at 6p.m daily. ed about family not				
	-Client #1 never discussed wanting to runClient #1 was interacting with the other clients before he ranThe consequence was starting that eveningClient #1 responded with yes ma'am and okay when consequences were discussedThe other clients was with the other staff.					
	-She worked since 7a -The weekends was - to 7p.mClient #1 left this pas permissionClient #1 had been s with other staffClient #1 returned fro p.mShe and staff #2 lean necklaceShe and staff #2 ask -The receipt only had informationClient #1 had consec	12 hours shift from 7:00 a.m. as Sunday without shopping for school clothes om shopping about 3:45 aned that client #1 stole a aned for the receipt. the receipt with the belt				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION		E SURVEY PLETED		
		MHL001-200		B. WING		09	0/03/2021
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
== 0.40	. = 0 = = 0 = 0 = 0 = 0 = 0		2541 US HI	IGHWAY 70			
LIFE CYC	LES RESIDENTIAL FACI	LITY LEVEL III	MEBANE,	NC 27302			
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V 112	Continued From page	e 5		V 112			
V 112	-The necklace was a diamond crossClient #1 had to go the Normal time is 10:00She and staff #2 cool-Clients had to go in the back out at 5:00About 5:15 they turnedThe clients had difference of the client's cooled the end of the roadClients had of list of the end of the roadClients had of list of the end of the roadClients had of list of the end of the roadThey turned off the end of the roadThe alarm had to be and get the mopThe- mop was on the road of the r	fake gold necklace we to bed early at 7:00 p. 20 pm. Doked for clients 4p.m. their rooms at 4 and of the alarm off. The rent chores the things to do. Alarm and client #1 rations. The back porch. The alarm was be the the door to the client #1 walking to the sent #1 never picting and 911 never picting and	m. come trash to in out t trash e ake out ent #1. wooded 911. ked up. t ing. ing.	V 112			
	-She denied client #1 -During phone time p	ever being aggressivarents never picked under the was talking to clie	ve. up. nts and				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		COMI LETED		
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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
LIEE CVC	LES RESIDENTIAL FACI	2541 US H	IGHWAY 70				
LIFE CTC	LES RESIDENTIAL FACI	MEBANE,	NC 27302				
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V 112	Continued From page	e 6	V 112				
	bought and how nice	they were.					
		on 9/1/21 and 9/2/21 of the er. Messages left and no call					
	Executive Director reduction - Confirmed the client permission. -The agency did not for elopement history under - They would continue the home. -Focus more on elopement admission proper - During pre-admission recommended a high	#1 left the facility without ind out about client #1's til the incident occurred. to maintain the alarms in ement issues during the process. In they would have ler level of care. to process with clients					
	-The agency would co with clientsStaff made the right back to process with -Staff followed the pro Program Director, pol -Treatment Plans woo and updated monthly -Client #1 was found member.	decision by calling client #1 him. btocol by contacting the lice and guardian. uld continue to be reviewed and located with a family					

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