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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
			A. BOILDING.			R	
		MHL074-140	B. WING		l l	03/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
WILLOW I	MANOR	1419 SE	GREENVILLE BOL	JLEVARD			
GREEN			VILLE, NC 27858				
(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 AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	on September 3, 202 This facility is license	up survey was completed 1. Deficiencies were cited. d for the following service 27G .1700 Residential re for Children or					
V 120	27G .0209 (E) Medica	ation Requirements	V 120				
	and 86 degrees Fahre (B) in a refrigerator, if degrees and 46 degre refrigerator is used fo shall be kept in a sep or container; (C) separately for eac (D) separately for ext (E) in a secure manne for a client to self-mee (2) Each facility that r controlled substances registered under the l	ge: all be stored: ed cabinet in a clean, d room between 59 degrees enheit; frequired, between 36 ees Fahrenheit. If the or food items, medications arate, locked compartment ch client; ernal and internal use; er if approved by a physician dicate. maintains stocks of s shall be currently North Carolina Controlled . 90, Article 5, including any					
	This Rule is not met Based on observatior interviews, the facility	n, record reviews and					

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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		(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _			
MHL074-140		B. WING		R 09/0	3/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
WILLOW !	MANOR		REENVILLE BO			
			LE, NC 27858			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 120	Continued From page	: 1	V 120			
	affecting 3 of 4 audite and failed to keep into medications stored se audited clients (#3).	eparately affecting 1 of 3				
	Finding #1					
	Review on 09/01/21 of client #1's record revealed: -Admission date of 03/23/21Diagnoses of Bipolar Disorder, Paraphilic Disorder, Attention Deficit Hyperactivity Disorder, Sexualized behaviors with family members and sexual abuse as a child. Review on 09/01/21 of client #2's record					
	revealed: -Admission date of 02	2/09/21.				
	-Diagnoses of Post Traumatic Stress Disorder, Oppositional Defiant Disorder, Impulse Control Disorder and Conduct Disorder.					
	Specific Learning Dis					
	medication revealed: -A large black box wit box.	1, client #2 and client #3's h a lock on the front of the was stored in the box for				

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During interview on 09/02/21 the Program

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
					R	
		MHL074-140	B. WING		09/03/2021	
NAME OF PF	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STA	TE, ZIP CODE		
		1419 SE	GREENVILLE BO	OULEVARD		
WILLOW N	MANOR		ILLE, NC 27858			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N (X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	BE COMPLETE	
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE DATE	
	<u> </u>		+	·		
V 120	Continued From page	e 2	V 120			
	Manager revealed:					
	-He would ensure the	e medication was stored				
	separately for each cl	lient.				
	L Finding #0					
	Finding #2 Review on 09/01/21 of	of client #3's record				
	revealed:	n chefft #33 fecold				
	-Admission date of 08	3/12/21.				
	-Diagnoses of Post Ti	raumatic Stress Disorder,				
		ability, with an impairment in				
		ect, physical and sexual				
	abuse.					
	Review on 09/01/21 of client #3's current drug					
		red in a large black locked				
	box revealed:	3				
	-Guanfacine HCL ER	. 3mg				
	-Hydrochlorothiazide	•				
	-L-Methylfolate 15mg	ı				
	-Risperidone 1mg	t coffee!				
	-Vitamin D3 2000 unit -Docusate Sodium 10	•				
	-Ferrous Sulfate 325r	•				
	-Sertraline HCL 50mg	-				
	-Trazodone 50mg	•				
	-Triamcinolone 0.1% cream					
	1.01 1: 00/05					
	Observation on 09/02/21 at approximately 1:30pm of client #3's medications revealed the					
		cream was stored with the				
	internal medications.	yourn was stored with the				
	1					
		9/02/21 with the Program				
	Manager revealed: -He would ensure all of the medication were					
	stored separately.					
V 200	27G .1704 Residentia	al Tv. Child/Adal Min	V 296			
V 290	Staffing	ai TX. Chiid/Adoi - Min.	V 290			

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DIVISION	n Health Service Negu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
				_	R	
			D WING		1	
		MHL074-140	B. WING		09/0	3/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE. ZIP CODE		
WILLOW I	MANOR		REENVILLE BO			
		GREENVII	LE, NC 27858	T.		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	MAIE	DATE
				52.10.2.101)		
V 296	Continued From page	: 3	V 296			
	10A NCAC 27G .1704	MINIMUM STAFFING				
	REQUIREMENTS					
	(a) A qualified profes	sional shall be available by				
	telephone or page. A	direct care staff shall be				
		ity within 30 minutes at all				
	times.					
	(h) The minimum nur	mber of direct care staff				
	required when children or adolescents are present and awake is as follows:					
	•					
	` '	are staff shall be present for				
		r children or adolescents;				
		care staff shall be present				
	for five, six, seven or	eight children or				
	adolescents; and					
	(3) four direct c	are staff shall be present for				
	nine, ten, eleven or tv	velve children or				
	adolescents.					
	(c) The minimum nur	nber of direct care staff				
	during child or adoles	cent sleep hours is as				
	follows:					
	(1) two direct ca	are staff shall be present				
	• •	ke for one through four				
	children or adolescen					
	(2) two direct ca	are staff shall be present				
	and both shall be awake for five through eight					
		5 5				
	children or adolescents; and (3) three direct care staff shall be present					
		awake and the third may be				
		eleven or twelve children or				
	•	devention twelve dilitaten of				
	adolescents.	minimum number of direct				
	• •	minimum number of direct				
		Paragraphs (a)-(c) of this				
		e staff shall be required in				
		he child or adolescent's				
	individual needs as sp	pecified in the treatment				
	plan.					
	(e) Each facility shall	be responsible for ensuring				
		n or adolescents when they				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL074-140	B. WING	B. WING		
NAME OF P	ROVIDER OR SUPPLIER		.DDRESS, CITY, STATE	ZIP CODE	1 00	/03/2021
			GREENVILLE BOU			
WILLOW	MANOR		/ILLE, NC 27858			
(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 DEFICIENCED	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 296	Continued From page	Δ Δ	V 296			
V 250	are away from the fac	cility in accordance with the individual strengths and	7 250			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure the two direct care staff were present for one, two, three or four children or adolescents. The findings are: Review on 09/01/21 of client #1's record revealed: -An admission date of 03/23/21Diagnoses of Bipolar Disorder, Paraphilic Disorder, Attention Deficit Hyperactivity Disorder, Sexualized behaviors with family members and sexual abuse as a childA treatment plan dated 03/24/21No goals or strategies regarding transporting client #1 1:1 with facility staff.					
	Specific Learning Dis math, History of negle abuseA treatment plan dateNo goals or strategie client #3 1:1 with facili	f 08/12/21. raumatic Stress Disorder, ability, with an impairment in ect, physical and sexual ed 08/09/21. es regarding transporting				

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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		
					R	
MHL074-140		B. WING		09/03/2021		
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STAT	FE, ZIP CODE		
		1419 SE	GREENVILLE BO	DULEVARD		
WILLOW I	WANOR	GREENV	ILLE, NC 27858			
(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 APPROPF DEFICIENCY)	BE COMPLETE	
V 296	Continued From page	e 5	V 296			
	-If he attended any appointments outside of the facility one staff would transport him to his appointments. During interview on 09/01/21 the Program Manager revealed: -He was usually the staff that transported the clients to their appointmentsThe clients were transported by one staffHe was aware the 1:1 transport needed to be specified in each clients treatment planHe would contact the Qualified Professional to have the information added to each clients treatment plan.					
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	was not maintained ir and orderly manner.	n and interview, the facility n a safe, clean, attractive The findings are:				
	Observation on 09/01/21 at approximately 11:15am revealed: -The hall bathroom had several cracked tile on the floor throughout the bathroom and the air exchange vent was rusted and brown.					

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-Client #4's bathroom had cracked and broken tile

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1119 SE GREENVILLE BOULEVARD GREENVILLE, NO. 27888 SUMMARY STATEMENT OF DEFICIENCISES PARTICIPATE ADDRESS, CITY, STATE, ZIP CODE 1119 SE GREENVILLE, NO. 27888 SUMMARY STATEMENT OF DEFICIENCISES PREFIX TAG V 736 Continued From page 6 on the shower floor and the air exchange cover in the bathroom was rusted and dirty. -Client #2's bedroom had a red substance on the closed door and the walls next to the bed were damaged. -The vent cover behind the kitchen table was rusted on the cabinet doors and exterior of cabinets were dirty. During interview on 09/01/21 the Program Manager revealed: -The sister facility had been remodeled and a lot of work had been completed. -The Licensee was doing one house at a time and the facility needed a lot of updating due to being an older home. -The updates for the facility should begin soon. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		SURVEY PLETED	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1419 SE GREENVILLE BOULEVARD GREENVILLE, NC 27858 (A) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG COntinued From page 6 on the shower floor and the air exchange cover in the bathroom was rusted and dirtyClient #2's bedroom had a red substance on the closet door and the walls next to the bed were damagedThe vent cover behind the kitchen table was rusted on the cabinet doors and exterior of cabinets were dirty. During interview on 09/01/21 the Program Manager revealed: -The Licensee was doing one house at a time and the facility needed a lot of updating due to being an older homeThe updates for the facility should begin soon. This deficiency constitutes a re-cited deficiency							
WILLOW MANOR 1419 SE GREENVILLE BOULEVARD GREENVILLE, NC 27858 CAJID PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DPREFIX TAG COntinued From page 6			MHL074-140	B. WING		09	/03/2021
CALC DEPICIENCY SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) CACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY V 736	NAME OF P	ROVIDER OR SUPPLIER					
(X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 736 Continued From page 6 on the shower floor and the air exchange cover in the bathroom was rusted and dirtyClient #2's bedroom had a red substance on the closet door and the walls next to the bed were damagedThe vent cover behind the kitchen table was rusted on the cabinet were dirty. During interview on 09/01/21 the Program Manager revealed: -The sister facility had been remodeled and a lot of work had been completedThe Licensee was doing one house at a time and the facility needed a lot of updating due to being an older homeThe updates for the facility should begin soon. This deficiency constitutes a re-cited deficiency	WILLOW	MANOR			ULEVARD		
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	V 736	on the shower floor at the bathroom was rustice. Client #2's bedroom closet door and the widamaged. -The vent cover behind rusted on the cabinet cabinets were dirty. During interview on 0 Manager revealed: -The sister facility had of work had been corthe Licensee was dand the facility needs being an older home. -The updates for the	and the air exchange cover in sted and dirty. had a red substance on the valls next to the bed were and the kitchen table was a doors and exterior of a 19/01/21 the Program and been remodeled and a lot annual mpleted. oing one house at a time ed a lot of updating due to a lot of updating due to a facility should begin soon.	V 736			

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