PRINTED: 09/20/2021 FORM APPROVED

Division of Health Service Regulation

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	ETED
		D WING	D. MINIC		
	MHL032-415	D. WING		09/1	6/2021
NAME OF PROVIDER OR SUPPLIER STREET A			TE, ZIP CODE		
S PLACE			ET		
	DURHAM,	NC 27703			
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD) BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
completed on Septem complaint (intake #N0	nber 16, 2021. The C00179840) was				
This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities					
27G .5603 Supervise	d Living - Operations	V 291			
(a) Capacity. A facili six clients when the condevelopmental disabition on June 15, 2001, and than six clients at that provide services at not licensed capacity. (b) Service Coordination maintained between the qualified professional treatment/habilitation (c) Participation of the Responsible Person. provided the opportunationship with her comeans as visits to the the facility. Reports annually to the parentlegally responsible per Reports may be in work conference and shall progress toward mee (d) Program Activities activity opportunities	ty shall serve no more than lients have mental illness or lities. Any facility licensed d providing services to more to more than the facility's tion. Coordination shall be the facility operator and the s who are responsible for or case management. The eramily or Legally Each client shall be nity to maintain an ongoing or his family through such the facility and visits outside thall be submitted at least the of a minor resident, or the terson of an adult resident. The iting or take the form of a focus on the client's ting individual goals. S. Each client shall have based on her/his choices,				
	SUMMARY ST. (EACH DEFICIENC' REGULATORY OR I. INITIAL COMMENTS An annual, follow-up a completed on Septem complaint (intake #NC substantiated. Deficience at egory: 10A NCAC Supervised Living for Disabilities 27G .5603 Supervise 10A NCAC 27G .5603 (a) Capacity. A facility is licensed category: 10A NCAC Supervised Living for Disabilities 27G .5603 Supervise 10A NCAC 27G .5603 (a) Capacity. A facility is clients when the conference at the provide services at not licensed capacity. (b) Service Coordinal maintained between the qualified professional treatment/habilitation (c) Participation of the Responsible Person. Provided the opporture relationship with her composition of the provided the opporture relationship with her composition in the facility. Reports seed and shall progress toward mee (d) Program Activities activity opportunities in needs and the treatment and the treatme	MHL032-415 ROVIDER OR SUPPLIER STREET ADI 2815 CASE DURHAM, SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual, follow-up and complaint survey was completed on September 16, 2021. The complaint (intake #NC00179840) was substantiated. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities 27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's	MHL032-415 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 2815 CASCADILLA STRE DURHAM, NC 27703 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) An annual, follow-up and complaint survey was completed on September 16, 2021. The complaint (intake #NC00179840) was substantiated. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600C Supervised Living for Adults with Developmental Disabilities 27G. 5603 Supervised Living - Operations V 291 10A NCAC 27G. 5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan.	MHL032-415 MHL032-415 B. WING	TOWNING OR SUPPLIER WHILD STREET ADDRESS, CITY, STATE, ZIP CODE 2815 CASCADILLA STREET DURHAM, NC 27703 SUMMARY STATEMENT OF DEFICIENCIES (ACACH DEFICIENCY MUST BE PRECIDED BY PULL REGULATORY OR LSC DEMTHEYING INFORMATION) INITIAL COMMENTS An annual, follow-up and complaint survey was completed on September 16, 2021. The complaint (intake #NC00179840) was substantiated. Deficiency cited. This facility is licensed for the following service category: 10A NCAC 27G, 5600C Supervised Living for Adults with Developmental Disabilities 27G. 5603 Supervised Living - Operations 10A NCAC 27G, 5603 OPERATIONS (a) Capacity. 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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

DIVISION	n nealth Service Negu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
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		MHL032-415	B. WING		09/1	6/2021
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NAIVIE OF PI						
MICHAEL	S PLACE	2815 CAS	CADILLA STRE	ET		
	0.2.02	DURHAM,	NC 27703			
(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 I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 291	Cantinual Framera	- 1	V 291			
V 291	Continued From page	9 1	V 291			
	inclusion. Choices m	ay be limited when the court				
		olved or when health or				
	safety issues become	e a primary concern.				
	This Rule is not met	as evidenced by:				
	Based on record review	ew and interviews the facility				
	failed to ensure clients be provided the opportunity to maintain an ongoing relationship					
		through such means as				
	-	•				
	telephone calls and visits to the facility and visits					
	•	ecting one of three audited				
	clients (FC#3).					
		FC#3's record revealed:				
	-Admission date of 3/	1/21.				
	-Diagnoses of Modera	ate IDD, Intermittent				
	Explosive Disorder, D	own Syndrome and				
	Cerebral Palsy.	,				
	-Parent had guardian	chin				
		sillp.				
	-Discharged 9/10/21.					
		:II FO//01 O I:				
	Interview on 9/16/21	with FC#3's Guardian				
	revealed:					
	-Guardian contacted	surveyor during visit with her				
	worker.					
	-She was FC#3's biol	ogical mother and guardian.				
	-She reported limited	amount of contact with				
	FC#3 since admitted.					
		speak to FC#3 on the phone				
	when she called the					
	_					
	-Most of the time ther					
		nessage and never received				
	a call back.					
	-She denied calling th	ne home all hours of the day				
	and night.	-				
		abusing and making verbal				
	threats to harm the O					
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Division of Health Service Regulation

-She reported there was no in person visits with

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Division of	of Health Service Regu	lation				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SU	
ANDILAN	O CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COMITEE	ILD
			D MANAGE		R	
		MHL032-415	B. WING		09/16	5/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
MICHAEL	SDIACE	2815 CA	SCADILLA STRE	ET		
MICHAEL'S PLACE DURHAI		II, NC 27703				
(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 291	Continued From page	2	V 291			
	FC#3.					
		he Owner there was always				
	an excuse why FC#3					
	-	as trying to take FC#3 away				
	from her.					
		re if FC#3 lived at the group				
	home because she w					
	-She wanted FC#3 ou	• .				
		s discharged on 9/10/21. with FC#3's new placement.				
	-one lest connectable	with the shew placement.				
	Interview on 9/15/21	with FC#'s Care Coordinator				
	revealed:					
		e coordinator since 2019.				
		o the group home March				
	2021.	·				
	-	ficulties contacting the				
	Owner and visiting.	oup home would not let				
	FC#3's guardian visit.					
	-The Owner never an					
	returned messages e	•				
	-The guardian did not	know where FC#3 stayed				
	because she was una					
	-	dian initially had a rapport.				
	_	" the shots" before FC#3				
	was admitted.	n November 2020, the				
		ted the client to move into				
	her group home.	ted the chefit to move into				
		tell her that for months.				
		vn the family for over 20				
	years.	•				
	-The Owner had beer	n working and helping them				

for years.

-She did not know what happened, but the guardian wanted FC#3's out the group home.
-She knew the guardian wanted FC#3 in a group

-FC#3 was always living with the grandmother

home because lack of contact.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED			
	MHL032-415	B. WING	R 09/16/2021			

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2815 CASCADILLA STREET

SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCIES TAG	I MICHAEL'S PLACE		SCADILLA STREE	T	
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 291 Continued From page 3 and guardian. -The grandmother and guardian did not want FC#3 to go to a group home for no longer than a month. -There was a different understanding regarding the underlining reason for placement. -When the FC#3's guardian learned her benefits would go to the group home they did not want to admit client. -FC#3's guardian and her worker called the Provider the day of attempted visit on 7/28/21. -FC#3's guardian told her the van was in the parking space and seen someone walking in the house. -FC#3's guardian told her there was no answer and left message. -She was on the phone while FC#3's guardian went to the house. -She encouraged FC#3's guardian to call the police to conduct a wellness check. -FC#3's guardian and her worker left before the police arrived. -The guardian had not been able to see FC#3 since admitted. -The Owner never informed her of any verbal threats made by FC#3's guardian until the attempted visit. -Owner never informed her of any verbal threats made by FC#3's guardian nutil the attempted visit. -After an attempted visit the guardian's worker scheduled a visit for 8/13/21. -The guardian met with the FC#3 on 8/13/21 in the park. -Prior to the visit the guardian had concerns because she was unable to visit and talk to FC#3. -The guardian met with the FC#3 on the guardian had concerns because she was unable to visit and talk to FC#3. -The guardian wated FC#3 out the group home.		DURHAN	M, NC 27703		
and guardian. -The grandmother and guardian did not want FC#3 to go to a group home for no longer than a month. -There was a different understanding regarding the underlining reason for placement. -When the FC#3's guardian learned her benefits would go to the group home they did not want to admit client. -FC#3's guardian and her worker called the Provider the day of attempted visit on 7/28/21. -FC#3's guardian and her worker showed up at the home. -The guardian told her the van was in the parking space and seen someone walking in the house. -FC#3's guardian told her there was no answer and left message. -She was on the phone while FC#3's guardian went to the house. -She encouraged FC#3's guardian to call the police to conduct a wellness check. -FC#3's guardian and her worker left before the police arrived. -The guardian had not been able to see FC#3 since admitted. -The Owner never mentioned the threats to her. -She spoke with the Owner regarding the attempted visit. -Owner never informed her of any verbal threats made by FC#3's guardian until the attempted visit. -After an attempted visit the guardian's worker scheduled a visit for 8/13/21. -The guardian wanted FC#3 on 8/13/21 in the park. -Prior to the visit the guardian had concerns because she was unable to visit and talk to FC#3. -The guardian wanted FC#3 out the group home.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
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-FC#3 was discharged on 9/10/21The guardian and her worker picked up FC#3	V 291	and guardian. -The grandmother and guardian did not want FC#3 to go to a group home for no longer than a month. -There was a different understanding regarding the underlining reason for placement. -When the FC#3's guardian learned her benefits would go to the group home they did not want to admit client. -FC#3's guardian and her worker called the Provider the day of attempted visit on 7/28/21. -FC#3's guardian and her worker showed up at the home. -The guardian told her the van was in the parking space and seen someone walking in the house. -FC#3's guardian told her there was no answer and left message. -She was on the phone while FC#3's guardian went to the house. -She encouraged FC#3's guardian to call the police to conduct a wellness check. -FC#3's guardian and her worker left before the police arrived. -The guardian had not been able to see FC#3 since admitted. -The Owner never mentioned the threats to her. -She spoke with the Owner regarding the attempted visit. -Owner never informed her of any verbal threats made by FC#3's guardian until the attempted visit. -After an attempted visit the guardian's worker scheduled a visit for 8/13/21. -The guardian met with the FC#3 on 8/13/21 in the park. -Prior to the visit the guardian had concerns because she was unable to visit and talk to FC#3. -The guardian wanted FC#3 out the group home. -FC#3 was discharged on 9/10/21.	V 291		
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Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL032-415	B. WING	R 09/16/2021
	070557.400	DECO CITY OTHER TIP CODE	·

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MICHAEL'S DI ACE

2815 CASCADILLA STREET

MICHAEL'	'S PLACE	SCADILLA STREE 11, NC 27703	••	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 4	V 291		
	and her medication.			
	Interview on 9/15/21 and 9/16/21 with the			
	Owner/Clinical Director revealed;			
	-She called the police during FC#3's visit with			
	guardian on 8/13/21 and when discharge 9/10/21.			
	-She wanted the police to supervise the visit due			
	to reported verbal threats made towards her by			
	the guardian.			
	-FC#3's guardian came to the group home			
	unannounced on 7/28/21.			
	-She did not feel safe to open the door.			
	-She opened when the police arrived.			
	-The guardian contacted the police during the			
	attempted visitThe guardian and her worker left prior to the			
	police arriving			
	-She reported discharging FC#3 due to the			
	guardian violated the no violence policy.			
	-She then reported receiving a written notice of			
	discharge via email.			
	-There was no problems with FC#3 in the home.			
	-FC#3's guardian was the one with the problem.			
	-She reported FC#3 was threatening staff and			
	stated that she would bring down the group			
	home.			
	-This started in April 2021; client was admitted in			
	March 2021.			
	-The guardian apparently was upset; claiming			
	that the facility was taking FC#3 to different states			
	and hiding her.			
	-She reported FC#3's guardian was making			
	accusations about the group home and treatment of the client.			
	She denied mistreatment of FC#3.			
	-She reported contacted FC#3's care navigator			
	who supervised the care coordinator.			
	-She reported to the care navigator about FC#3's			
	guardian's behavior and how she was involuntary			
	committed 3-4x's this year.			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL032-415	B. WING	R 09/16/2021
NAME OF BROWERS OF GURBLUSE	0.70557.400	DEGO CITY OTATE 7ID CODE	

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

2815 CASCADILLA STREET

MICHAEL'S PLACE		SCADILLA STREE	T	
	DURHAN	M, NC 27703		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 291	Continued From page 5	V 291		
Division of He	-FC#3's guardian would call from the hospital all hours of the day and nightShe reported FC#3's was Moderate MR and the guardian's behavior caused client distressFC#3's guardian would ask client where she was and what stateShe reported after FC#3's guardian phone calls, the client would be very disturbedThe care coordinator emailed her asking for client to be dischargedThis is after she told them what was going onThe guardian was homelessShe reported FC#3's guardian was threatening her on the phone all hours of the dayShe reported FC#3's guardian was able to talk to the client every time she calledFC#3's guardian was as belligerent to the client as she was to herFC#3's guardian came to the group home unannounced with an unidentified personShe reported due to the continuous threats made by FC#3's guardian she did not open the doorFC#3's guardian called the policeThe police arrived and then she opened the door and spoke to the policeFC#'s guardian and her worker left before the police arrivedShe explained to the police of FC3's guardian arrived unannounced, how she made threats verbally and physically attacked people all for accusing them for killing her childrenShe reported she thought FC#3's guardian was there to make good on her threatsConfirmed there was no documentation regarding the threats madeConfirmed the verbal threats was not reported to the policeConfirmed she informed the police of the past verbal threats during the attempted visitConfirmed she did not contact the police for			

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Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2815 CASCADILLA STREET DURHAM, NC 27703 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PAGE 120 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) B. WING	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	CONSTRUCTION		E SURVEY PLETED	
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DEFICIENCY)	PREFIX	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 291 threats made because "she knew the guardian was crazy." -She reported there was communication via email with the care navigator and care coordinator regarding the threats. -Owner was not able to produce emails per surveyor's request and during exit.	V 291	threats made becaus was crazy." -She reported there with the care navigator regarding the threatsOwner was not able	e "she knew the guardian vas communication via email or and care coordinator to produce emails per	V 291			

Division of Health Service Regulation

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