	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X D. PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			R-		·C	
		MHL023004	B. WING			9/2021
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	TS .	V 000			
	completed on Septe complaints were un #NC00170707 and were cited.	aited follow up survey was ember 9, 2021. The substantiated (Intake #NC00177735). Deficiencies				
	category: 10A NCA	C 27G.1200 Psychosocial ity for Individuals with Severe				
V 512	27D .0304 Client R	ights - Harm, Abuse, Neglect	V 512			
	(a) Employees sha abuse, neglect and with G.S. 122C-66. (b) Employees sha sort of abuse or neg 27C .0102 of this C (c) Goods or service purchased from a cestablished governing (d) Employees shanecessary to repel aggressive client are governing body polis necessary dependent of aggressive and physical and more of aggressiveness of intervention proced Subchapter 10A NC (e) Any violation by	EGLECT OR EXPLOITATION Ill protect clients from harm, exploitation in accordance Ill not subject a client to any glect, as defined in 10A NCAC hapter. Les shall not be sold to or client except through Ing body policy. Ill use only that degree of force for secure a violent and and which is permitted by licy. The degree of force that ds upon the individual le client (such as age, size ental health) and the degree displayed by the client. Use of ures shall be compliance with CAC 27E of this Chapter. In an employee of Paragraphs is Rule shall be grounds for				

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

AND DLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
			R-C			
		MHL023004	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
A DVENT	TUDE LIQUEE	924 N. LA	FAYETTE ST	REET		
ADVENTURE HOUSE SHELBY, I		NC 28150				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' 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	(X5) COMPLETE DATE
V 512	Continued From pa	ge 1	V 512			
	subjected clients to separate completely Cleveland Psychoso operations of Adver as a Psychosocial Findividuals with sevillness. The findings Review on 8/19/21 Admissions (SOA) revealed: -The letter was sent Executive Director of Service Regulation Licensure and Certitation Licensure and Li	view and interview, the facility exploitation by neglecting to by the residential component of ocial Services, Inc. from the nature House, which is licensed Rehabilitation (PSR) facility for ere and persistent mental are:  of a Suspension of Lifted letter dated 3/4/20  It via certified mail to the from the Division of Health (DHSR) Mental Health (DHSR) Mental Health (Ification Section. It contingent on Adventure separate the residential eland Psychosocial Service, tions of Adventure House.				
	Services, Inc./Adve Regulations for a [lo signed by Client #1 - Rule #2 - "An Advo 'on-call' to the Resion a 24-hour basis	of Cleveland Psychosocial nture House Rules and ocal road #1] Apartments and Client #3 revealed: enture House staff member is dent for facility emergencies to report issues that cannot				
	wait until the next be the purpose of on-commintenance, and rowhere Adventure Householder obtaining emergence advocate on your be only available to research.	usiness day'Emergency' for all services shall include nental health emergencies, ouse Staff can assist you in cy mental health services and ehalfOn-call services are sidents of our supervised partment Program."				

Division of Health Service Regulation

STATE FORM 6899 N4DB11 If continuation sheet 2 of 10

	Of Fleatin Service IN				ı	1
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
			R-C HL023004 B. WING 09/09/2		C	
		MHI 022004				
		MHL023004	<u> </u>		1 09/0	3/2U21
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			FAYETTE ST			
ADVENT	URE HOUSE		_	REEI		
		SHELBY,	NC 28150			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		' MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI		COMPLETE DATE
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROP		INAIL	D/ (I L		
V 512	Continued From pa	ge 2	V 512			
		ng or substituting for				
		with your apartment must				
		oval of Adventure House.				
	Adventure House w	vill make every effort to allow				
	residents to use the	eir own furnishings"				
	-Rule #22 B) "Any f	urniture that is placed on front				
		l also need to be approved by				
	Adventure House to					
	respectable appear					
		re House wishes to make the				
		ity a pleasant place for you to				
	reside. Please feel					
		naintenance of the apartment				
	community with the					
		ments are the physical				
		vised Independent Apartment				
		pperated by Adventure House				
	(Cleveland Psychos	social Services, Inc.)Along				
	with tenant's applica	ation, a letter from tenant's				
		stating that the tenant is				
		lependently, with minimal				
		quired. If for any reason,				
		nt for supervision exceeds the				
	•	rogram, as determined by a				
		enant may be discharged from				
	the program and the	,				
		e lease agreement				
	terminated."	stions shall be a result of the				
		ations shall be a part of the				
		be given thirty - (30) day				
	notification by Adve					
		ny house rule change."				
		1 and Client #3 on 11/14/19.				
		een made to the Rules and				
	Regulations since the	he previous survey.				
		social Services, Inc./Adventure				
		s the operator of the				
	apartments.					
	5.Fai. (11101110)					
	Review on 8/13/21	of "Lease Cleveland				

Division of Health Service Regulation

Psychosocial Services, Inc. / Adventure House

STATE FORM 6899 N4DB11 If continuation sheet 3 of 10

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	A. BOILDING			R-		
		MHL023004	B. WING			9/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	FREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512	[Road Name Apartr #3 revealed: -"Witnesseth where Services, Inc., also acts as the landlord Name Apartments], North Carolina]." - #1 - The landlord tenant leases from - #5 - \$[rent amoun tenant for rent on a shall be subject to a in Cleveland Psychestablished schedur - Unless termin herein, the Agreement for succession - #9 - h) - "The land and conditions of the end of the initial terrolicity - Signed by Client # - Signed by	ments] for Client #1 and Client  as Cleveland Psychosocial known as Adventure House, for the property called [Road [street address, county and leases to the tenant, and the the landlord" t] shall be payable by the monthly basis. This amount change by reason of changes osocial Services, Inc. les and criteria" ated or modified as provided ent shall be automatically esive terms of one month" llord may modify the terms the Agreement, effective at the m or a successive term" 1 on 11/3/08. 3 on 1/4/02. een made to the lease	V 512			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED
			A. BUILDING:		_	
		MHL023004	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	REET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 512	you in the event you apartment. If you are there will be a charge time your rent is duritime your and pleasuritime your approval of Adventuriment. If you approval of Adventuriment your approval of Adventuriment your approval of Adventuriment. If you approval of Adventuriment your approval of Adventuriment. If you approval of Adventure House to respectable appearing approval. If you approval your your your your your your your your	u are locked out of your creess on-call staff to let you in, ge of \$5.00, payable at the e"  sport any unreasonable noises he Residential Coordinator, or se on call, which will be in ng orderly occupancy for your re."  substituting for furnishing apartment must have the prior are House."  In that is placed on front or lso need to be approved by the ensure a neat and ance"  Suse wishes to make the lity a pleasant place for you to to discuss the management of the apartment community ne."  Is are the physical location of a lent Program, which is lare House (Cleveland cres, Inc.)."  Il be a part of the lease will give tenants thirty- (30) ore implementation of any	V 512			

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STATE FORM 6899 N4DB11 If continuation sheet 5 of 10

AND DI AN OF CORRECTION \ \ \ \ IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED	
			A. BUILDING:	<del></del>	R-	
		MHL023004	B. WING	<del></del>		9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	TREET		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
V 512	Continued From pa	ge 5	V 512			
	managed by CPSI.' - Procedures: - 1. "CPS, Inc. shall member 24/7/365 ft Supported Housing backed up by a Quatimes." -5" Telephones common area of all complexes" -6. "All Residents matheir leaseRent of Housing Office locations of the complexes of the complexes The	maintain an 'On-Call' staff or those members living inThe On-call worker shall be alified Professional (QP) at all shall be available in the CPS, Inc. apartment nust pay their rent according to may be paid at the Support ated at [street address], or the rative Office located at or by mail."				
	Cleveland Psychos Supported Housing revealed: -5. " Actual Resid responsibility of the or his designee and Specialist" -6. "screening of all Housing Program is Professional (QP) of Review on 8/13/21 3.C.01 for Clevelan (CPS, Inc.) Supported History and Referer - "This is a new policy Supported Housing Adventure House Passigned a new nur policy format."					

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STATE FORM 6899 N4DB11 If continuation sheet 6 of 10

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL023004	B. WING		R- <b>09/0</b>	C <b>9/2021</b>
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	REET		
(V4) ID	SLIMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION		(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	D BE	COMPLETE DATE
V 512	Continued From pa	ge 6	V 512			
		by CPS, Inc." was identical to the initial Supported Housing Admission				
	into this the 1st day and Cleveland Psyc Consideration of the promises each to the does hereby contra Psychosocial Service property described -1. Property: 8 apar -4. f. "Cleveland Pse be responsible for the lease, making back eligibility for renter a responsibility for corental subsidy funds the responsibility of Services, Inc."  5. Home Covenants Cleveland Psychosomanagement fee of management as tot	ement for Cleveland ce, Inc. revealed: nagement Agreement, entered of March 2020, by [ agency] chosocial Services, Inc. In a Mutual covenants and ne other made herein, [agency] ct with Cleveland ces, Inc. to manage the				
	Adventure House o Psychosocial Service "Adventure House i Rehabilitation Day p severe and persisted operated by Clevela	of a Program Description for perated by Cleveland ces, Inc. revealed: s a Clubhouse Model program for persons with ent mental illness. It is and Psychosocial Services, Inc uderesidential services"				

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STATE FORM 6899 N4DB11 If continuation sheet 7 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BOILDING.		R-C	
		MHL023004	B. WING			9/2021
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
V 512	Continued From pa	ge 7	V 512			
	3. Supported Housing ProgramIn 2020, The supported Housing Program of CPS, Inc. was separated from the Clubhouse for licensing purposes.  Interview on 8/11/21 with the Executive Director revealed: -Cleveland Psychosocial Services, Inc. was separated into two programsAdventure House PSR was one programSupported Housing was the other programHe did not own the apartments which were utilized for supported housingHe had a contract with Housing and Urban Development (HUD)HUD was the owner of the apartmentsTenants were not required to attend the PSR programHe could not evict tenantsRepair bills were separated and not part of Adventure HouseAll housing records were kept at a separate					
	revealed: -Leases were signe person moved into -A different form wa recertify for the apa	is used for clients to annually				
	revealed: -The rules and reguno longer required to program.	1 with the Executive Director ulations for supported housing tenants to attend the PSR te PSR program is under s not."				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BUILDING:		C		
		MHL023004	B. WING			9/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ADVENT	URE HOUSE		FAYETTE ST NC 28150	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
V 512	-He did not underst was violating state  Review on 8/30/21 requested on 8/19/3 signed by the Exec revealed: -"What immediate a ensure the safety of Adventure House of Conclusions that it was been suffered by the Exec revealed: -"What immediate a ensure the safety of Adventure House of Conclusions that it was been suffered by the Exec revealed: -"What immediate a ensure the safety of Adventure House of Conclusions that it was been suffered by the Exec revealed: - The Execution of Cleveland Psychos the Leases are not house, and therefore in or out of compliant Leases." - There was no respondered by the Execution of Cleveland Psychos to operate Adventure for adults with several illness. Client diagroup Dysthymic Disorder Generalized Anxiety Retardation and Surpsychosocial Servicum ilicensed support 2020, a Suspension contingent on an agresidential componingent on an agresidential c	and how the PSR program	V 512			

Division of Health Service Regulation

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL023004	B. WING		R- <b>09/0</b>	.C <b>9/2021</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	-	
ADVENT	URE HOUSE		FAYETTE ST NC 28150	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  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	(X5) COMPLETE DATE
V 512	apartment complex lease agreement fo Adventure House/C Services, Inc. continuanagement responsible. This deficiency conscorrect Type A1 rules serious exploitation	es along with review of the r the apartments revealed that cleveland Psychosocial nued as the landlord and had insibilities for the apartments.  Stitutes a Continued Failure to e violation originally cited for . An administrative penalty of ntinues to be imposed for the	V 512			

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