Division of Health Service Regulation						
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
MHL034-382		B. WING		R-C 10/08/2021		
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE	10/00/2021	
HOME CA	DE SOLUTIONS AT FOLL	VSTONE BIDGE 1166 FOI	KSTONE RIDGE	LANE		
HOIVIE CA	RE SOLUTIONS AT FOL	WINSTO	N SALEM, NC 27	7127		
(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 COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	on 10/8/21. The comp (intake #NC00181029) This facility is licensed category: 10A NCAC	w up survey was completed blaint was substantiated 9). Deficiencies were cited.  d for the following service 27G .5600C Supervised Developmental Disabilities.				
V 364	G.S. 122C- 62 Additi Facilities	onal Rights in 24 Hour	V 364			
	§ 122C-62. Additional Rights in 24-Hour Facilities.  (a) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-61, each adult client who is receiving treatment or habilitation in a 24-hour facility keeps the right to:  (1) Send and receive sealed mail and have access to writing material, postage, and staff assistance when necessary;  (2) Contact and consult with, at his own expense and at no cost to the facility, legal counsel, private physicians, and private mental health, developmental disabilities, or substance abuse professionals of his choice; and  (3) Contact and consult with a client advocate if there is a client advocate.  The rights specified in this subsection may not be restricted by the facility and each adult client may exercise these rights at all reasonable times.  (b) Except as provided in subsections (e) and (h) of this section, each adult client who is receiving treatment or habilitation in a 24-hour facility at all times keeps the right to:  (1) Make and receive confidential telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;  (2) Receive visitors between the hours of 8:00					

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

TITLE (X6) DATE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
		MHL034-382	B. WING			R-C 0/ <b>08/2021</b>
	ROVIDER OR SUPPLIER	KSTONE RIDGE	DDRESS, CITY, STATE LKSTONE RIDGE L N SALEM, NC 271:	ANE		
(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 ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	hours daily, two hours p.m.; however visiting over therapies; (3) Communicate ar supervision with indivupon the consent of t (4) Make visits outsi unless:  a. Commitment prothe result of the client violent crime, includir assault with a deadly respondent was found insanity or incapable b. The client was vocommitted to the facilic commitment to a corr Division of Adult Corr Public Safety; or c. The client is being to proceed pursuant to a court order may expotherwise prohibited by conditions prescribed (5) Be out of doors of facilities and equipments as week (6) Except as prohibited personal clothing and client is being held to proceed pursuant to (7) Participate in reliation (8) Keep and spend own money; (9) Retain a driver's prohibited by Chapter and	r a period of at least six sof which shall be after 6:00 g shall not take precedence and meet under appropriate iduals of his own choice the individuals; de the custody of the facility ceedings were initiated as as a crime involving an weapon, and the donot guilty by reason of of proceeding; coluntarily admitted or ity while under order of ectional facility of the ection of the Department of the gheld to determine capacity to G.S. 15A-1002; cressly authorize visits by the existence of the by this subdivision; daily and have access to ent for physical exercise; itted by law, keep and use a possessions, unless the determine capacity to G.S. 15A-1002;	V 364			

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		JOWN LETED		
		MHL034-382	B. WING		R-C <b>10/08/2021</b>	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
		1166 FOL	KSTONE RIDGE	LANE		
HOME CA	RE SOLUTIONS AT FOL	KSTONE RIDGE	I SALEM, NC 2			
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE	
V 364	Continued From page	e 2	V 364			
V 304	his private use.  (c) In addition to the 122C-51 through G.S. 122C-59 through G.S. who is receiving treat 24-hour facility has the proper adult supervise recognition of the minimidividual, the minor supportunities to enable emotionally, intellectual imma 24-hour facility shall particular, supervision the rights given to the The facility shall also reasonable efforts to client receives treatmedult clients unless the minor client dictate of Each minor client who habilitation from a 24 (1) Communicate and guardian or the agencustody of him;  (2) Contact and confort to the facility, leg physicians, private medisabilities, or substate his or his legally respective in the rights specified in restricted by the facility may exercise these rights and the service of the service of the service of the service of the facility and conformation of the facility and conformation of the facility of the rights specified in restricted by the facility and exercise these rights and the service of the facility and th	a rights enumerated in G.S. 3. 122C-57 and G.S. 3. 122C-61, each minor client ament or habilitation in a peright to have access to ion and guidance. In mor's status as a developing shall be provided le him to mature physically, and peright of the physical, emotional, and control consistent with a minor pursuant to this Part.  In where practical, make ensure that each minor pursuant to the part and separate from the treatment needs of the analysis.  In is receiving treatment or chour facility has the right to and consult with his parents or and consult with his own expense esponsible person and at no and counsel, private ental health, developmental nece abuse professionals, of onsible person's choice; and sult with a client advocate, if	V 304			

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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	
		MHL034-382	B. WING		I	R-C <b>)/08/2021</b>
	ROVIDER OR SUPPLIER	KSTONE RIDGE	DDRESS, CITY, STATE LKSTONE RIDGE L N SALEM, NC 271:	ANE		
(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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	the right to:  (1) Make and receive distance calls shall be time of making the careceiving party;  (2) Send and receive writing materials, possible when necessary;  (3) Under appropriate visitors between the left p.m. for a period of all hours of which shall be visiting shall not take therapies;  (4) Receive special training in accordance (5) Be out of doors of recreation, and physical basis in accordance (6) Except as prohibit personal clothing and appropriate supervisional held to determine cape (8). 15A-1002;  (7) Participate in relift (8) Have access to a finite of this own money; and (10) Retain a driver's prohibited by Chapter (e) No right enumers of this section may be by the qualified profeformulation of the clieplan. A written statem	e telephone calls. All long e paid for by the client at the all or made collect to the e mail and have access to tage, and staff assistance te supervision, receive nours of 8:00 a.m. and 9:00 teleast six hours daily, two be after 6:00 p.m.; however precedence over school or education and vocational e with federal and State law; daily and participate in play, cal exercise on a regular with his needs; wited by law, keep and use a possessions under on, unless the client is being poacity to proceed pursuant to gious worship; and spend a reasonable sum and license, unless otherwise are 20 of the General Statutes. The area of the general Statutes are diministration in the shall be placed in the dicates the detailed reason	V 364			

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Division of Health Service Regulation

	or riealth Service Regu				T	
	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY	
AIND LEAN (	IDENTIFICATION NOWIDER.		A. BUILDING: _		COMPLETED	
	MHL034-382				R-	С
			B. WING			8/2021
					1 10/0	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
HOME CA	DE COLUTIONS AT FOL	METONE PIDGE 1166 FOL	KSTONE RIDGE	LANE		
HOWE CA	RE SOLUTIONS AT FOL	WINSTO!	N SALEM, NC 2	7127		
(V4) ID	SUMMARY ST	FATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)
(X4) ID PREFIX	_	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
V 364	Continued From page	o 1	V 364			
V 00-1	Continued From page	<del>6 4</del>	1004			
	reasonable and relate	ed to the client's treatment or				
	habilitation needs. A	restriction is effective for a				
	period not to exceed	30 days. An evaluation of				
	each restriction shall	be conducted by the				
		l at least every seven days,				
	at which time the rest	triction may be removed.				
	Each evaluation of a					
	documented in the cl	ient's record. Restrictions on				
	rights may be renewe	ed only by a written				
	statement entered by	the qualified professional in				
	the client's record that	at states the reason for the				
	renewal of the restric	tion. In the case of an adult				
	client who has not be	een adjudicated incompetent,				
	in each instance of a	n initial restriction or renewal				
	of a restriction of righ	its, an individual designated				
	_	oon the consent of the client,				
		triction and of the reason for				
		nor client or an incompetent				
		ly responsible person shall				
		stance of an initial restriction				
		ction of rights and of the				
		tion of the designated				
		esponsible person shall be				
		g in the client's record.				
	,					
	This Rule is not met as evidenced by: Based on record review and interviews, the					
		re clients were able to make				
		ting 3 of 3 current clients (#1,				
	#2, and #3). The find	- ,				
	,	<b>5</b> 1				
	Review on 10/7/21 of	f the telephone call policy				
	revealed:	totophono oan ponoy				
		ssigned two phone call days				
	- "Each resident is assigned two phone call days a week to make out going calls."					

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SI COMPLE	
			, 551 <u>-551.155</u>		R-C	
MHL034-382		B. WING		10/08/2021		
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
HOME CA	RE SOLUTIONS AT FOLL	KSTONE RIDGE 1166 FOLK	STONE RIDGE	LANE		
WINSTON			SALEM, NC 2	7127	Г	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 364	Continued From page	÷ 5	V 364			
	E CARE SOLUTIONS AT FOLKSTONE RIDGE  WINSTON S  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					
	approximately 1:05 pm on 10/6/21 with client #1 revealed: - Observed client to be hoarse and had difficulty talking.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE ( A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			_		R-C	
		MHL034-382	B. WING		I	/08/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
HOME CA	ARE SOLUTIONS AT FOL	KSTONE RIDGE	LKSTONE RIDGE N SALEM, NC 27			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From page	e 6	V 364			
	to make telephone ca - The clients could co anytime and could re anytime.  Interview on 10/7/21  - The clients have dif make telephone calls  - Client #1 could mak Wednesdays and Sa - Client #2 could mak Mondays and Sunda - Client #3 could mak Tuesdays and Friday Interview on 10/7/21 - Each client could or of the week. - The clients could re Interview on 10/7/21 Professional revealer - Clients had call day - Clients did not have	uled 2 days out of the week alls. ontact their legal guardians oceive telephone calls  with staff #1 revealed: ferent days that they could is. see telephone calls on turdays. see telephone calls on ys. see telephone calls on is. with staff #3 revealed: only make calls two days out increase calls anytime.  with the Qualified				

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