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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL034-323 NAME OF PROVIDER OR SUPPLIER			(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 10/06/2021		
		MHI 034-323					
		DDRESS, CITY, ST	ATE. ZIP CODE	107			
IOME C	ARE SOLUTIONS AT	RHUE ROAD 1234 RH	UE ROAD N SALEM, NC				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	CTION SHOULD BE COMPLE		
∨ 000	INITIAL COMMENTS		V 000				
	A Complaint Survey was completed on October 6, 2021. One complaint was substantiated (Intake #NC00181192) and One complaint was unsubstantiated (intake #NC00181243). A deficiency was cited.		,				
	This facility is licensed for the following service category:						
		7G .5600C: Supervised Living elopmental Disabilities					
V 539	27F .0102 Client R	ights - Living Environment	V 539				
	uninterrupted sleep hours, consistent w provided and the ty (2) accessibl for at least limited p determined inappro- habilitation team. (b) Each client sha his room, or his por with respect to choo and with respect for restrictions on this						
		et as evidenced by: and record review, the facility cessible areas for personal					

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Division of Health Service Re STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 10/06/2021		
		MHL034-323					
			ADDRESS, CITY, STATE, ZIP CODE				
HOME C	ARE SOLUTIONS AT	RHUE ROAD 1234 RHU WINSTOI	JE ROAD N SALEM, NC	27105			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENT	CTION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 539	Continued From page 1		V 539				
	privacy for at least limited periods of time, for one (former client #1) of five current and former clients surveyed. The findings are: Review on 10-6-21 of former client #1 ' s facility record revealed: - admitted 4-7-20 - 18 years old - discharged 6-20-21 - diagnosed with: - Autism Spectrum Disorder - Bipolar Disorder - Bipolar Disorder - Major Depressive Disorder, Moderate - Oppositional-Defiant Disorder - Attention-Deficit/Hyperactivity Disorder						
	and interview with t Services Investigate revealed: - former client a telephone (date not - the speakerph was the only way to - fc1 had telephone, - until a new tel fc1 's medical appor using the speakerp - "by having to confidentiality was	none function of the telephone o use it ealth (medical appointments not in-person) appointments ephone could be purchased, pintments were conducted					
	legal guardian (g/lg	1 with fc1 ' s grandmother and) revealed: vas currently hospitalized and					

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AND PLAN OF CORRECTION IDENTIFICA		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-323	B. WING		10/	06/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
НОМЕ С	ARE SOLUTIONS AT	RHUF ROAD	JE ROAD N SALEM, NC	27105		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 539	therefore unable to - the facility pho and only the speaker - fc1 was gettir - the speakerph to conduct her cour - "the other p calls. I told them (fr and they told me it for broken" Interview on 10-6-2 revealed: - she used to liv - fc1 talked to h using the speakerp - she remember - she had to us "she broke the phot things" Interview on 10-6-2 Administrator/Licem - "I don 't know but she pulled the of the handset" - "I had to purch - "In the meantif another phone, she appointment on speaker Review on 10-6-21 purchases revealed	be interviewed be interviewed one was not working properly, erphone function was operable ing counseling over the phone none function was used by fc1 iseling sessions beople there could hear the acility staff) this wasn ' t right, was because the phone was 1 with former client #2 (fc2) we with fc1 at the facility her grandmother and therapist hone ared at least 3 times the speakerphone because, ine, she broke things, threw 1 with the see revealed: what it was about phones, cord out of the wall and broke hase another phone" ime, before I could purchase a did do a telehealth eakerphone" of two receipts for telephone	∨ 539	DEFICIENC	ΣΥ)	

HMJ511