Division of Health Service Regulation

AND DUAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			B. WING		
		MHL060-468	B. WING		10/19/2021
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	
THE TAYL	OR HOME		NSING DRIVE OTTE, NC 28270		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PRECEDED BY FULL PR  REGULATORY OR LSC IDENTIFYING INFORMATION)  T.			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS	IITIAL COMMENTS V 000			
	The complaint was ur (#NC0000182077). D  This facility is licensed category: 10A NCAC	eficiencies were cited. d for the following service 27G 5600C Supervised se Primary Diagnosis is a			
V 112	27G .0205 (C-D) Assessment/Treatmen	nt/Habilitation Plan	V 112		
	PLAN  (c) The plan shall be assessment, and in palegally responsible per of admission for client receive services beyon (d) The plan shall incurrence (1) client outcome (s) achieved by provision projected date of achieved by provision projected date of achieved (2) strategies;  (3) staff responsible;  (4) a schedule for responsible person or (5) basis for evaluation outcome achievement (6) written consent or responsible party, or a separation of the plan shall be assessed in the pl	developed based on the artnership with the client or rson or both, within 30 days is who are expected to and 30 days. Itude: I that are anticipated to be of the service and a evement;  view of the plan at least on with the client or legally both; on or assessment of			

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL060-468	B. WING		10	0/19/2021
			<b>!</b>		, ,	71072021
NAME OF PROVIDER OF	R SUPPLIER		DDRESS, CITY, STA	TE, ZIP CODE		
THE TAYLOR HOME			NSING DRIVE			
		CHARLO	OTTE, NC 28270			
	ACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
V 112 Continue	ed From page	e 1	V 112			
Based of failed to the need clients (0)  Review of record	n record reviewed develop treament with per called: so of the client #1). The condition of	as evidenced by: ew and interviews the facility tment strategies based on its, effecting one of four e findings are: and 10-19-21 of Client #1's  de: major depressive de unspecified, depression ysplasia, Mild Intellectual  ated 10-27-20 revealed; to prevent emotional behavior support plan to gersstaff changes, irective is given, conflicts om, or anxietymay display leeds some support with s or injuries to othersone taff did not implement the hrew water on her." eds assessment dated 11-12 aviors have increased. The sary to continue to follow the n." dated 1-21-21 revealed: "can lirsts if she has er, obsessed over a certain ctionCrisis plan; triggers; not having control over  argeted behaviors defined e of control over her				

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STATE FORM BL7Y11 If continuation sheet 2 of 5

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
AND FLAN	DF CORRECTION	IDENTIFICATION NOMBER.	A. BUILDING: _		COIVIE	LETED	
		MHL060-468	B. WING		10/	19/2021	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
THE TAVI	OR HOME	5026 LANS	SING DRIVE				
IIIL IAIL	OKTOME	CHARLOT	TE, NC 28270				
(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 CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE	
V 112	attentionand/or cor and talking louderTa aggression screaming with agitated tone, cu towards others she m may also throw obje -No documentation or Behavior Support F taken to the Day Prog Interview on 10-18-21 -"I have my stuff my hand." -She was told that take things to the day -Her guardian pu she wanted to keep it -Staff #1 wouldn' her. Interview on 10-18-21 -Client #1's day programmers and programmers to many bags with he - "I told her she call you need is your p -Client #1 became throwing things in the -Client #1 threw of	ver stimulated obtain staff atrol by interrupting other arget behaviors verbal g, yelling, talking extra loud rsing or any verbal reaction any stutter or threaten to tell ects or hit someone." on in Person Centered Plan Plan about limiting items gram.  I with Client #1 revealed: she (Staff #1) takes it out of at she was not supposed to program. rchased a phone for her and with her. It let her take her phone with the limit staff #1 revealed: program worker had told the lidn't want Client #1 to bring r to the day program.	V 112				
	breaking that alsoWhen asked if the items in Client #1's tracan't remember but I and she is not suppose she don't need."	nere were any limitations to eatment plan she replied; " I do know she is a hoarder sed to have stuff with her I with Staff #2 revealed:					

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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	
		MHL060-468	B. WING		10/19/2021	
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
THE TAYL	OR HOME		ING DRIVE			
			TE, NC 28270			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMP	LETE
V 112	Continued From page	3	V 112			
V 112	lunchbag, Client #1 si had a lot of items with -Client #1's one to program told Client # bags.  -" [Client #1] got screaming at us sayir wanted it was her right -There was nothing plan that limited the notate to the day progration -"She usually take lady that she had, here is the one that doesn't just leave it. I see she wallet, her phone, I	tarted getting upset. She in her. io one worker from the day if to stop taking to many  upset. [Client #1] started ing she could take what she int."  Ing in Client #1's treatment umber of bags she could iam.  es her things with her. The if 1:1, that picks her up, she if like it. That's why I said is has her pocketbook, her ist let her take it. Like she ist let her	V 112			
	about adding restriction plan to limit the amounday program.  -" I believe this harmonic about the second s	o the Qualified Professional ons to Client #1's treatment nt of bags she takes to the as been an on going nly been here since July				

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PRINTED: 10/22/2021 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ B. WING \_ MHL060-468 10/19/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5026 LANSING DRIVE** THE TAYLOR HOME CHARLOTTE, NC 28270 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY)

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