		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL042-087	B. WING	B. WING		12/02/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
AMILY A	DVANTAGE, LLC		DE ROAD IND NECK, NC	27874		
(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 ACTI CROSS-REFERENCED TO T DEFICIENC [\]	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	ГS	V 000		,	
	An annual and complaint survey was completed on 12/2/21. Intake # NC 00183357 was unsubstantiated. Deficiencies were cited.					
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or				
V 108	27G .0202 (F-I) Per	rsonnel Requirements	V 108			
	 (g) Employee train provided and, at a r following: (1) general organiz (2) training on clier delineated in 10A N 10A NCAC 26B; 	cation shall be documented. ing programs shall be minimum, shall consist of the zational orientation; nt rights and confidentiality as ICAC 27C, 27D, 27E, 27F and				
		t the mh/dd/sa needs of the n the treatment/habilitation tious diseases and				
	bloodborne pathoge (h) Except as perm .5602(b) of this Sub member shall be av times when a client					
	to provide cardiopu trained in the Heim techniques such as the American Hear	anagement, currently trained Imonary resuscitation and lich maneuver or other first aid those provided by Red Cross Association or their				
vision of He	(i) The governing b	eving airway obstruction. body shall develop and and procedures for identifying	,			

PTBZ11

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL042-087		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING.			
		B. WING		12/	12/02/2021	
IAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
AMILY	ADVANTAGE, LLC		DE ROAD ND NECK, NC	27874		
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 108	Continued From page 1		V 108			
		ting and controlling infectious diseases of personnel and				
	This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure three of three audited staff (#5, #6, & #7) received training to meet the MH/DD/SA needs of the clients. The findings are:		Ą			
	revealed: -Date of hire- 1/21/2	ng with adolescents with				
	and worked first shi -Had not had any tr sex offenders -Spoke to another s	e home since February 2020				
	-Had not noticed cli to the other clients	ent #2 attempting to get close during her shift				
	revealed: -Date of hire-8/3/21	ng with adolescents with				
	C. Review on 11/29 revealed:	/21 of staff #7's record				

STATE FORM

PTBZ11

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MUL 040 007			401	
	MHL042-087				12/	02/2021
NAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST DE ROAD	TATE, ZIP CODE		
AMILY /	ADVANTAGE, LLC		ND NECK, NC	27874		
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 108	Continued From pa	ge 2	V 108			
	-Date of hire-7/1/21 -No training in dealing with adolescents with sexually aggressive behavior.					
	Interview on 11/30/21 staff #7 stated: -Been working in the home since 6/2021 and worked first shift -Since employed had not had training in dealing with sex offenders					
	-Had a training a lo facility she was em -Had some issues v getting "wound up" -Would remind him	ng time ago from another ployed with with client #2 sometimes and dance "hoochie coochie" to calm down or go to his				
	room -Never observed cli the other boys	ient #2 trying to "mess" with				
	-Admission date of -Diagnoses of Oppo (ODD), Attention Do (ADHD), Autism Sp Attachment Disorde	ositional Defiant Disorder eficit with Hyperactive Disorde ectrum and Reactive				
	sexual offense on r	nale child family member 21 the Associate Professional				
	(AP) stated: -Client #2 was adm	itted a few months ago and he sexually assaulting his little	e			
	with sex offenders	ed staff specifically on dealing				
	-Had worked with the not trained in last fe	nat population in the past, but ew years.				
	(QP) stated:	1 the Qualified Professional ed working as the QP at this				

AND PLAN OF CORRECTION IDENTIFIC		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL042-087	B. WING		12/	02/2021
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
AMILY A	ADVANTAGE, LLC		DE ROAD	27874		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	, ID	PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 108	Continued From pa	ge 3	V 108			
	offenders -Had a power point the behavior -Had spoke with a f when she was there -They were plannin 2022, but no date s	s history trained in the area of sex and some notes herself on we staff that were present e, but not all staff g a training on this in January				

PTBZ11