	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		IDENTIFICATION NOMBER.	A. BUILDING: B. WING			
		MHL032-261				l-C 13/2021
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	F	GIS AVENUE M, NC 27705			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
		,				
	category: 10A NCA Living for Adults wit	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
	The survey sample current clients.	consisted of audits of 6				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be paraprofessionals. (b) Paraprofession associate profession professional as spe Subchapter. (c) Paraprofession knowledge, skills at	204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for tals shall be supervised by an onal or by a qualified ecified in Rule .0104 of this als shall demonstrate nd abilities required by the	r			
	employment system then qualified profe professionals shall (e) Competence shall	s a competency-based n is established by rulemaking ssionals and associate demonstrate competence. hall be demonstrated by	,			
	exhibiting core skill (1) technical know (2) cultural awaren (3) analytical skills (4) decision-makin	ledge; iess; ;				
	(5) interpersonal si(6) communication(7) clinical skills.	kills;				

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
		MHL032-261	B. WING			-C 13/2021
NAME OF	ME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
REGIS A	VENUE GROUP HOM	F	GIS AVENUE			
		DURHAN	M, NC 27705			1
(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 THE APPROPRIATE	(X5) COMPLET DATE
V 110	Continued From pa	ige 1	V 110			
	develop and implem for the initiation of t	body for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.				
	three audited staff (the knowledge, skil population served. a. Review on 12/10 revealed: -Admission date of -Diagnoses of Mild Developmental Disc	views and interviews one of (staff #1) failed to demonstrate Is and abilities required for the The findings are: /21 of client #1's record 11/4/78.				
	Osteoporosis and O					
	-Admission date of -Diagnoses of Mild Developmental Dis Disorder, Cognitive					
	revealed: -Admission date of -Diagnoses of Mild Developmental Dis					

Division of Health Service Regulation STATE FORM

Division	of Health Service Re	egulation	-			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
	MHL032-261		B. WING		R-C 12/13/2021	
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
	VENUE GROUP HOM	E 4425 RE	GIS AVENUE			
REGIS A	VENUE GROUP HOM	DURHAN	I, NC 27705			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE
V 110	Continued From pa	age 2	V 110			
		r, Chronic Kidney Disease, Bladder, Heartburn, and Gout.				
	revealed: -Admission date of -Diagnoses of Mod	erate Intellectual and ability, Diabetes, Hypertension				
	revealed: -Admission date of -Diagnoses of Mild Developmental Dis Blood Pressure, Ch Kidney Disease, Ins					
	revealed: -Admission date of -Diagnoses of Mild Developmental Dis	l Intellectual and ability, Schizophrenia, Type II us, Dyshidrotic Eczema and				
	revealed: - Staff #1 had a hire	1 of the facility's personnel files e date of 3/3/21. I as a Group Home Manager.	5			
	-She had an incider group home. -Staff #1 fussed at "b***h."	21 with client #1 revealed: nt with staff #1 last week at the her. Staff #1 called her a a "b***h" in front of the other				

Division of Health Service Regulation STATE FORM

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Division	of Health Service Re	egulation			1014	IAPPROVE
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL032-261	B. WING			R-C 13/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
REGIS A	VENUE GROUP HOM	F	GIS AVENUE			
		DURHAN	I, NC 27705			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 110	Continued From pa	ge 3	V 110			
	-Staff #1 got upset make an appointme -Staff #1 fussed at the doctor. -She does not like so the other clients in the -Staff #1 told her to November 2021. -She told the Division with staff #1, however Interview on 12/10/2 -Staff #1 yelled at her at -Staff #1 yelled at her at -She also heard staff #1 you." -Staff #1 and client client #1 was upset -Client #1 said "I ha Interview on 12/10/2 -"I don't like [staff # and yelled at all of t -"They really don't li away from this hom -"They have talked she will not do anyt Director] are tight, t Interview on 12/10/2 -Staff #1 also cusse client #1 to get her	when she called her doctor to ent to get shingles shot. her and asked why did she cal staff #1. Staff #1 also yelled at the home. get her butt to the table in on Director about the issues ver she did not believe her. 21 with client #3 revealed: er once or twice. She thought bout a week or two ago. er because she was trying get ner for her coffee. aff #1 yelling at client #1. Staff 1 a lot. tell client #1 "I'm done with #1 had a recent incident and ate [staff #1], I don't like her." 21 with client #4 revealed: 1's] ways." Staff #1 talked loud hem. ike [staff #1], they want her				

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED	
		MHL032-261	B. WING			R-C 12/13/2021	
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE			
	VENUE GROUP HOM	F	GIS AVENUE				
		DURHAN	I, NC 27705				
(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 ACTI CROSS-REFERENCED TO T DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLE DATE	
V 110	Continued From pa	ige 4	V 110				
	-Staff #1 was alway throughout the grout the door in client #7 -Staff #1 also had h home. -Staff #1's grandso group home. He rat while she was nake -She talked with the #1 mistreating clien occasion. Interview on 12/13/ -There were days w did get frustrated. -She had a loud vo clients. -She did clash with since she worked a -The clients never s yelling or any other the home. -She had her grand about 12 hours, he -The Assistant Dire keep her grandson Interview on 12/13/ -The clients talked had with staff #1. -Client #1 would cry client #1 would say at her. -Client #1 would say	As slamming the doors up home. She saw her slam I's face. Ther grandson at the group in was running all over the in into client #2's bedroom and getting dressed. The Division Director about staff at #1 on more than one it with staff #1 revealed: when she was in pain and she ice, but does not yell at the client #1, it's been that way it that home. The say anything to her about issues when she is working at issues when she is working at issues when she is working at she was babysitting. The was babysitting. The was babysitting. The was babysitting is the staff #1 left her shift. I yelled and screamed is the wasted to call her the the staff #1 slammed is the staff #1 sl					
	the door in her face her attention.	when she was trying to get					

TATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
			_	· · · · · · · · · · · · · · · · · · ·	R	R-C
		MHL032-261	B. WING		12/13/2021	
AME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	VENUE GROUP HOM	F	GIS AVENUE			
		DURHAN	I, NC 27705			1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT 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 TH DEFICIENCY	ON SHOULD BE	(X5) COMPLET DATE
V 110	Continued From pa	ige 5	V 110			
	family members in forces of the clients -Some of the clients Director about their clients felt like their Interview on 12/10// -She worked as clie was at the home wid during the day. -She overheard sta more than one occa -Client #1 would ge sometimes cry. -Client #1 told her a staff #1. -Client #1 said staff Client #1 said staff Client #1 said staff Client #1 said staff Client #1 was upse about that incident. -She heard staff #1 in the house stays i -She also heard staf sometimes." -Staff #1 was very I clients. -She felt like some staff #1. -"The clients will go [staff #1] so she do -Client #4 were -She saw staff #1's was running all ove -Staff #1's grandso Client #2 just came getting dressed. Sh	t upset and she would about a recent incident with f #1 asked her for money. refused to give her any money. t and cried while she talked tell the clients "what goes on in the house." aff #1 say "I know I yell at you'll oud and controlling to the of the clients were afraid of o out of their way to be nice to n't get on them." eak up for herself. Client #1 not afraid of staff #1. grandchild in the home. He or the house. n ran into client #2's bedroom. out the shower and was ne thought the grandchild was				
	at the home a few r -The Division Direc ealth Service Regulation	nonths ago. tor knew staff #1's grandchild				

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		E SURVEY PLETED
		MHL032-261	B. WING			R-C
					12/	13/2021
IAME OF I	PROVIDER OR SUPPLIER		DDRESS, CITY, ST GIS AVENUE	ATE, ZIP CODE		
REGIS A	VENUE GROUP HOM		I, NC 27705			
(X4) ID			ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 110	Continued From pa	age 6	V 110			
	it was ok. -She felt like staff # work with these clie -The Division Direc address anything w -She knew staff #2 Division Director at #1. The issues wer Interview on 12/10/ revealed: -Staff #1 said that s really was not sure -Staff #1 said that s really was not sure -Staff #1 called her was trying to make -She had given clie doctor and staff #1 -Staff #1 seemed to know she had perm -Client #1 called her Client said staff #1 she called the Doct -Client #1 said staff -She was at the hor never heard her yel -Staff #1 had a loud being inappropriate -She was aware that visit the home.	tor really did not want to <i>i</i> th staff #1. and the clients talked to the bout some concerns with staff e not addressed. 21 with the Division Director she had "a motherly tone", she what that meant. recently and said client #1 an appointment. ant #1 permission to call her didn't know that. b be upset because she didn't hission. er the day after that incident. got upset with her because tor's office. f #1 was yelling at her. me a lot with staff #1 and lling at the clients. d voice, she can't say she was e with the clients. at staff #1 had family members w the family members were not				
	members in the hol -She was not aware running around the	the rules to have family me. e of staff #1's grandson home and going into client e was getting dressed.				
)/21 and 12/13/21 with the				

STATE FORM

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If continuation sheet 7 of 8

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _			
	MHL032-261		B. WING		R-C 12/13/2021	
IAME OF	PROVIDER OR SUPPLIER	ATE, ZIP CODE				
REGIS A	VENUE GROUP HOM	F	GIS AVENUE 1, NC 27705			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	COMPLET
V 110	Continued From pa	age 7	V 110			
	management abou -Staff #2 complaint issues. She had no abusive type issues -Staff #2 would "nit does. -Staff #2 would get staff. -They were aware to a recent incident. T about client #1 calli appointment. -Staff #1 admitted s that incident, howe agency did address -The Division Director home on and off fo Division Director has hearing anything in and the clients. -She was aware sta visit the home in th understanding the thome home for a short per	s were generally "petty" of complained about any s. pick" everything the other staf the clients upset with the othe that staff #1 and client #1 had "here was a misunderstanding ing to schedule a doctor's she yelled at client #1 during ver she apologized to her. The s that incident with staff #1. ctor had been working at the r the last three weeks. The ad not reported seeing and/or appropriate between staff #1 aff #1 had a few staff members	r 5			