

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p><b>INITIAL COMMENTS</b></p> <p>A limited follow up survey for the Type A1 was completed on December 28, 2021. This was a limited follow up survey, only 10A NCAC 27D .0304 Protection from Harm, Abuse, Neglect or Exploitation (V512) was reviewed for compliance. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G.1200 Psychosocial Rehabilitation Facility for Individuals with Severe and Persistent Mental Illness.</p> <p>The survey sample consisted of audits of 6 current clients.</p>	V 000		
V 512	<p><b>27D .0304 Client Rights - Harm, Abuse, Neglect</b></p> <p>10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION</p> <p>(a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66.</p> <p>(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.</p> <p>(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.</p> <p>(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.</p> <p>(e) Any violation by an employee of Paragraphs</p>	V 512		

Division of Health Service Regulation  
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:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 1</p> <p>(a) through (d) of this Rule shall be grounds for dismissal of the employee.</p> <p>This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility subjected clients to exploitation by neglecting to separate completely the residential component of Cleveland Psychosocial Services, Inc. from the operations of Adventure House, which is licensed as a Psychosocial Rehabilitation (PSR) facility for individuals with severe and persistent mental illness. The findings are:</p> <p>Observation and interview on 11/30/21 with the Executive Director revealed:</p> <ul style="list-style-type: none"> <li>-At 10:11 a.m.:</li> <li>-DHSR surveyor explained to the Executive Director that a Limited Follow Up survey was mandated due to the continued Type A1 administrative action.</li> <li>-DHSR surveyor explained this was the normal protocol.</li> <li>-The Executive Director stated, "I'm not sure that I want to do this. I'm sick of being harassed. This is already going to court."</li> <li>-The Executive Director attempted to reach his attorneys by phone.</li> <li>-At 10:39 a.m.:</li> <li>-The Executive Director stated that he would only speak with DHSR through his attorneys and he provided DHSR surveyor with the names and phone number of his legal counsel.</li> <li>-DHSR surveyor explained that licensed facilities were subject to inspection at all times and offered to give the Executive Director a copy of the Statutory Authority of Inspections memo.</li> <li>-The Executive Director replied that he was</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 2</p> <p>already aware of the memo and stated, "I am not putting staff or members through this again. Nothing has changed since the last time you were here. You're not going to find anything different than what you already have. This is a waste of state money to have you out here looking at the same documents." -The Executive Director reiterated that DHSR would have to go through his attorneys and until then there would be "no interviews and no looking at records." 11/30/21 at 10:45 a.m. DHSR surveyor exited the facility.</p> <p>Observation and interview on 12/2/21 with the Executive Director revealed: -At 9:40 a.m.: -DHSR surveyors attempted to conduct a Limited Follow Up survey at Adventure House, but were denied access to the facility by the Executive Director. -The Executive Director stated that his attorneys were filing a disposition at the courthouse to allow Adventure House to admit clients and to prevent DHSR from returning to the facility until after the court hearing.</p> <p>Review on 12/2/21 of an Administrative Inspection Warrant for Periodic Inspection revealed: -Division of Health Service Regulation (DHSR) Surveyors were authorized access to the facility "...as part of a legally authorized program of inspection which naturally includes that property." -The warrant was signed and issued by a Magistrate on 12/2/21 at 10:35 am. -It was executed by a local police officer on 12/2/21 at 10:50 am. -The warrant was returned to a Deputy Clerk of Superior Court on 12/2/21 at 3:05 pm.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 3</p> <p>Review on 12/2/21 of a Suspension of Admissions (SOA) Lifted letter dated 3/4/20 revealed: -The letter was sent via certified mail to the Executive Director from the DHSR Mental Health Licensure and Certification Section. -The SOA was lifted contingent on Adventure House agreeing to separate the residential component of Cleveland Psychosocial Services, Inc. from the operation of Adventure House. -The letter was signed by the Executive Director on 3/13/20 to indicate agreement.</p> <p>Review on 12/7/21 of an SOA letter dated 9/30/21 revealed: -The letter was sent via certified mail to the Executive Director from the DHSR Mental Health Licensure and Certification Section. -The facility was suspended from the admission of clients. -The SOA was effective immediately. -The SOA was to continue until conditions were documented to meet approved inspection status.</p> <p>Review on 12/8/21 of Client #6's record revealed: -Diagnoses included Attention Deficit Hyperactivity Disorder, Reactive Attachment Disorder, Post Traumatic Stress Disorder and Depression. -She was admitted to the facility on 10/6/21. -An Annual Fee Evaluation Data Collection Form and Financial Agreement Statement from the Local Management Entity (LME) was signed and dated by Client #6 on 10/6/21. -A New Member Orientation Checklist indicated a start date of 10/6/21. -The Adventure House Consent for Services was signed and dated by Client #6 and an Adventure House Rehabilitation Specialist on 10/7/21.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 4</p> <p>-An Adventure House Photo/Visual Media Release form was signed and dated by Client #6 and an Adventure House Rehabilitation Specialist on 10/7/21.</p> <p>-The Adventure House Privacy and Confidentiality Practices Notice was signed and dated by Client #6 and an Adventure House Rehabilitation Specialist on 10/7/21.</p> <p>-A Member Agreement form was signed and dated by Client #6 on 10/6/21.</p> <p>-The Adventure House Screening/Assessment/Admission Form for Client #6 was dated 10/7/21 and signed by an Adventure House Rehabilitation Specialist and the Qualified Professional on 10/7/21.</p> <p>Review on 12/6/21 of a Program Description for Adventure House operated by Cleveland Psychosocial Services, Inc. (CPS, Inc.) revealed: -"Adventure House is a Clubhouse Model Rehabilitation Day Program for persons with severe and persistent mental illness. It is operated by Cleveland Psychosocial Services, Inc ...opportunities include ...residential services ..." -"3. Supported Housing Program ...Adventure House opened a Supported Housing Program in 1989, with an eleven unit apartment complex, built through a HUD (Housing and Urban Development) grant and operated with State Mental Health Dollars ...In 2003, the Supported Housing Program was expanded, with the addition of eight additional units funded through Tax Credits and Section 8. Two years later in 2005, the Clubhouse added ten more HUD units ...In 2020, The Supported Housing Program of CPS, Inc. was separated from the Clubhouse for licensing purposes ..."</p> <p>Review on 12/6/21 of the Adventure House Member Handbook revealed:</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 5</p> <p>-Supported Housing: "Adventure House Supported Housing currently has three apartment complexes ...During the hours that the Clubhouse is not open, emergency On-Call is available 24 hours a day through a cell phone. Supported Housing is available to members of Adventure House through our assistance to find suitable Housing in the Community and/or we also assist members in applying for Supported housing waiting list for Apartments managed through our Non-profit Organization ...If an individual applies for Supported housing preference may be given to Adventure House members ..."</p> <p>Review on 12/8/21 of the New Member Orientation Checklist revealed: -An option to "Visit Apartments" with an area for this task to be dated and checked off as completed. -The following apartment complexes were listed on the form: "[a local road #1 and #2], [a local road #3] and [a local road #4]" apartments. -The checklist was initialed and dated by Client #4 on 7/29/21, Client #5 on 9/21/21 and Client #6 on 10/6/21.</p> <p>Review on 12/6/21 of Policy Number 3.C.01 for Cleveland Psychosocial Services, Inc. (CPS, Inc.) Supported Housing Program Admission Criteria revealed: -Date Established: 3/24/20. -Date Reviewed: 4/20/20. -Approved by Board: 4/20/20. -Date Revised was left blank. -Policy: -5. " ...Actual Resident selection will be the responsibility of the CPS, Inc. Executive Director or his designee and the Supported Housing Specialist ...Participation in the Adventure House program is not required, though preference is</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 6</p> <p>given to Members of that program."</p> <p>-6. "Screening of all referrals to the Supported Housing Program is performed by a Qualified Professional (QP) on the CPS, Inc. staff ..."</p> <p>-History and Reference: "This is a new Policy to demonstrate that the Supported Housing Program is separate from Adventure House PSR Program. It has been assigned a new number and put into the new policy format."</p> <p>-Procedure:</p> <p>-6. "Adventure House members have the guaranteed right to immediate re-entry into the Clubhouse after any length of absence ..."</p> <p>-7. "If a member has not been in attendance for 90 days a Termination Summary will be completed by the Rehabilitation staff of record. This Termination Summary will be placed in the member's medical record."</p> <p>-8. "If a Clubhouse member presents for services after a Termination Summary has been completed, readmission information is obtained on the Admission Assessment Supplement and entered into the management information program."</p> <p>Review on 12/6/21 of Policy Number 3.C.04 for Support Provided to CPS, Inc. Apartments revealed:</p> <p>-Date Established: 1989.</p> <p>-Date Reviewed: 3/23/20.</p> <p>-Approved by Board: 4/20/20.</p> <p>-Date Revised: 4/20/20.</p> <p>-"Policy: Cleveland Psychosocial Services, Inc. (CPSI) provides Supported Housing Services to the Residents of its apartments and understands that Supported Housing services addresses the desires, goals, strengths, abilities, needs, health and safety of the persons living in the apartments managed by CPSI."</p> <p>-Procedure:</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 7</p> <p>-1. "CPS, Inc. shall maintain an On-Call staff member 24/7/365 for those Members living in Supported Housing ...The On-call worker shall be backed up by a Qualified Professional (QP) at all times."</p> <p>-2. "CPS, Inc. On-Call staff may also be contacted by Members working Transitional Employment when the placement manager is not available. On-Call staff are paid to be available and should be able to insure that a CPS, Inc. staff person is present in person within 30 minutes of crisis call. "</p> <p>-3. "CPS, Inc. shall provide regularly scheduled transportation to the Clubhouse ..."</p> <p>-5. " ...All shall be instructed in how to contact the CPS, Inc. On-Call worker. Telephones shall be available in the common area of all CPS, Inc. apartment complexes ..."</p> <p>-6. "All Residents must pay their rent according to their Lease. CPS, Inc. will set up accounting procedures to document rent payments ...Rent may be paid at the Supported Housing Office located at [street address], or the CPS, Inc. Administrative Office located at Adventure House, or by mail."</p> <p>Review on 12/6/21 of Policy Number 3.C.05 for Cleveland Psychosocial Services, Inc Apartment Management revealed:                      -Date Established: 1989.                      -Date Revised: 3/23/20.                      -Approved by Board: 4/20/20.                      -Last Reviewed: 4/20/20.                      -Policy:                      -" ...CPS, Inc. has management responsibilities for 3 Apartment Complexes ...CPS, Inc. serves as the local managing agent ...Files on each Resident are kept by the Residential Specialist ...An unofficial waiting list is maintained of all People with a documented mental illness who</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 8</p> <p>apply for a CPS, Inc. apartment. A selection committee selects from this list ...A preference is also given to those currently working on goals through Adventure House or other such programs ...All maintenance is performed by CPS, Inc. or is contracted out to local vendors/contractors ...The 24 hour On-Call staff of CPS, Inc. may also be contacted for any issue requiring immediate attention. CPS, Inc. is responsible for rent collection and insuring these funds are dispersed according to the complex within which each resident lives. Rent is collected at the CPS, Inc. Housing office, at CPS, Inc. Administrative office or by mail ..."</p> <p>Review on 12/6/21 of Policy Number 3.C.06 for Evictions and other Adverse Actions to Residents of CPS, Inc. Supported Housing Program revealed:</p> <ul style="list-style-type: none"> <li>-Date Established: 1989.</li> <li>-Last Reviewed: 4/20/20.</li> <li>-Approved by Board: 4/20/20.</li> <li>-Date Revised: 4/20/20.</li> <li>-Policy: "CSP, Inc. is obligated to report violations of a Resident's Lease to the Owner ...CPS, Inc. staff do not have the authority to terminate any Lease between the Residents and the Owner. All decisions regarding evictions, warnings, and other adverse actions is the responsibility of [the Owners]. As the local managing agent, CPS, Inc. staff shall only carry out the instructions of the Owners in such matters."</li> <li>-Procedure: <ul style="list-style-type: none"> <li>-1. "All violations of the Lease by a Resident of the Supported Housing Program shall be immediately reported to the Executive Director and the Residential Specialist of CPS, Inc. Small infractions that can, when accumulated, lead to warnings or other adverse actions, up to and including Lease Termination and eviction shall</li> </ul> </li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 9</p> <p>also be reported."</p> <p>-2. "The Owner ...shall be made aware of all such reports by the Residential Specialist ..."</p> <p>-3. "Behavior of a Resident in another Program of CPS, Inc. shall only be used ...in an effort to assist the Resident in keeping their Housing."</p> <p>-4. "CPS, Inc. staff will only carry out the instructions of Owner in matters related to warnings, Lease terminations, an Evictions."</p> <p>Review on 12/6/21 of a blank Property Management Agreement for Cleveland Psychosocial Services, Inc. revealed: -"This Property Management Agreement, entered into this the 1st day of March, 2020, by [agency] and Cleveland Psychosocial Services, Inc. In Consideration of the Mutual covenants and promises each to the other made herein, [agency] does hereby contract with Cleveland Psychosocial Services, Inc. to manage the property described ..."</p> <p>-1. Property: 8 apartments.</p> <p>-4. F. "Cleveland Psychosocial Services, Inc. will be responsible for taking all applications for lease, making background checks, determining eligibility for renter and executing leases. All responsibility for collection of rent, obtaining rental subsidy funds or other rent income will be the responsibility of Cleveland Psychosocial Services, Inc."</p> <p>-5. Home Covenants: f. "[Agency] agrees to pay Cleveland Psychosocial Services, Inc. a quarterly management fee of \$1, 500 for rental property management as total compensation for all management duties performed as described in this agreement and reimburse Cleveland Psychosocial Services, Inc. for all repair and maintenance costs as described in this agreement ..."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 10</p> <p>Review on 12/6/21 of Cleveland Psychosocial Services, Inc./Adventure House Rules and Regulations for (local road #1) Apartments revealed:</p> <p>-Rule #2. "An Adventure house staff member is on call to the Residents for facility emergencies on a 24-hour basis to report issues that cannot wait until the next business day ...'Emergency' for the purpose of on-call services shall include maintenance, and mental health emergencies, where Adventure House Staff can assist you in obtaining emergency mental health services and advocate on your behalf ...Medical emergencies should be handled by first calling 911, and then notifying the Adventure House on-call staff ...Uncomfortable mental health symptoms, which cannot wait until the next business day, are appropriate to report to Adventure House staff on-call. On-call services are only available to residents of our supervised Adventure House Apartment Program."</p> <p>-Rule #15 " ...You may report any unreasonable noises or disturbances to the Residential Coordinator, or the Adventure House on call, who will be in charge of maintaining orderly occupancy for your comfort and pleasure."</p> <p>-Rule #22 A) "Adding or substituting for furnishing provided with your apartment must have the prior approval of Adventure House. Adventure House will make every effort to allow residents to use their own furnishings ..."</p> <p>-Rule #22 B) "Any furniture that is placed on front or back porches will also need to be approved by Adventure House to ensure a neat and respectable appearance ..."</p> <p>-Rule #39 "Adventure House wishes to make the apartment community a pleasant place for you to reside. Please feel free to discuss with management and maintenance of the apartment community with them at any time."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 11</p> <p>-Rule #40 "...Apartments are the physical location of a Supervised Independent Apartment Program, which is operated by Adventure House (Cleveland Psychosocial Services, Inc.). Along with tenant's application, a letter from tenant's psychiatrist (M.D.) stating that the tenant is capable of living independently, with minimum supervision, was required. If for any reason, tenant's requirement for supervision exceeds the capabilities of this program, as determined by a doctor (M.D.), the tenant may be discharged from the program and the lease agreement terminated. Adventure House staff will work with tenants in any way possible to avoid this termination ..."</p> <p>"...it is necessary that all of the rules and regulations are complied with, and the failure to comply with said rules and regulations by any resident might result in the issuance of a notice to vacate the premises. Such rules and regulations shall be a part of the lease ... Tenants will be given thirty - (30) day notification by Adventure House before implementation of any house rule change."</p> <p>-Policy "Violation of one or any of the house rules and regulations is material non-compliance to the leasing agreement and therefore can be cause to terminate tenant's leasing agreement."</p> <p>Review on 12/6/21 of House Rules for the apartment rented by Client #1 revealed:                      -"The purpose of these house rules is to clarify certain aspects of your lease ..."                      -Rule #1. "An Adventure House staff member is 'on-call' to the residents for facility maintenance on a 24 hour basis ...An Adventure House staff member is 'on-call' ...to all Adventure House members that are...Apartment residents ..."                      -Rule #2. "The Adventure House Staff have a key to assist you in the event you are locked out of your apartment. Any lost entry door keys should be reported to the Residential Coordinator of</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 12</p> <p>Adventure House immediately ..."</p> <p>-Rule #11. "...You may report any unreasonable noises or disturbances to the Residential Coordinator, or the Adventure House on call, which will be in charge of maintaining orderly occupancy for your comfort and pleasure."</p> <p>-Rule #17. A) "Adding or substituting for furnishing provided with your apartment must have the prior approval of Adventure House."</p> <p>-Rule #17. B) "Any furniture that is placed on front or back porches will also need to be approved by Adventure House to ensure a neat and respectable appearance ..."</p> <p>-Rule #31. "...If you would like assistance in securing this insurance, please inform Adventure House staff."</p> <p>-Rule #32. "Adventure House wishes to make the apartment community a pleasant place for you to reside. Please feel free to discuss the management and maintenance of the apartment community with them at any time."</p> <p>-Rule #33. "...Apartments are the physical location of a Supervised Apartment Program, which is operated by Adventure House (Cleveland Psychosocial Services, Inc.)."</p> <p>"...it is necessary that all of the rules are complied with, and the failure to comply with said rules by any resident could result in the issuance of a notice to vacate the premises. Such rules shall be a part of the lease."</p> <p>"...Tenants will be given thirty -(30) day notification by Adventure House before implementation of any house rule change."</p> <p>-Policy "Violation of one or any of the house rules and regulations is material non-compliance to the leasing agreement and therefore can be cause to terminate tenant's leasing agreement."</p> <p>-Signed by Client #1 on 11/18/02.</p> <p>Review on 12/6/21 of House Rules for the</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 13</p> <p>apartment rented by Client #2 revealed: --"The purpose of these house rules is to clarify certain aspects of your lease ..." -Rule #1. "An Adventure House staff member is 'on-call' to the residents for facility maintenance on a 24 hour basis ...An Adventure House staff member is 'on-call' ...to all Adventure House members that are... Apartment residents ..." -Rule #2. "The Adventure House Staff have a key to assist you in the event you are locked out of your apartment. Any lost entry door keys should be reported to the Residential Coordinator of Adventure House immediately ..." -Rule #11. " ...You may report any unreasonable noises or disturbances to the Residential Coordinator, or the Adventure House on call, which will be in charge of maintaining orderly occupancy for your comfort and pleasure." -Rule #18. "Adding or substituting for furnishing provided with your apartment must have the prior approval of Adventure House." -Rule #19. "Any furniture that is placed on front or back porches will also need to be approved by Adventure House to ensure a neat and respectable appearance ..." -Rule #34. " ...If you would like assistance in securing insurance, please inform Adventure House staff." -Rule #35. "Adventure House wishes to make the apartment community a pleasant place for you to reside. Please feel free to discuss the management and maintenance of the apartment community with them at any time." -Rule #36. "...Apartments are the physical location of a Supervised Apartment Program which is operated by Adventure House (Cleveland Psychosocial Services, Inc.)." -" ...it is necessary that you comply with all of the rules. Failure to comply with these rules could result in the issuance of a warning letter or a</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 14</p> <p>termination letter. These House Rules shall be part of the lease." " ...Adventure House will give tenants a thirty (30) day notification before implementation of any House rule change." -Policy "Violation of any of the house rules and regulations may constitute material non-compliance with the leasing agreement and therefore may be cause to terminate a tenant's leasing agreement." -Signed by Client #2 on 11/16/09.</p> <p>Review on 12/6/21 of the Project Rental Assistance Contract (PRAC) Lease for Client #1 and Client #2 revealed: -#25. "Attachments to the Agreement: The Tenant certifies that he/she has received a copy of the Agreement and the following attachments to the Agreement and understands that these attachments are part of the Agreement ...C. Attachment No. 3 - House Rules (if any)." -Signed by Client #1 on 11/18/02. -Signed by Client #2 on 11/16/09.</p> <p>Interview on 12/2/21 with Client #2 revealed: -He resided at one of the apartments which were managed by the licensee. -He believed that he could not reside in the apartments if he did not attend the PSR program.</p> <p>Interview on 12/8/21 with Client #6 revealed: -She started attending Adventure House in October 2021. -She signed facility documents on 10/7/21.</p> <p>Interview on 12/2/21 with the Executive Director revealed: -No new members had been admitted to the program since the last survey (9/9/21).</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 15</p> <p>Review on 12/28/21 of the Plan of Protection requested on 12/7/21 and received on 12/23/21 from the Counsel for Cleveland Psychosocial Services (CPS), Inc. revealed: -What immediate action will the facility take to ensure the safety of the consumers in your care? "CPS objects to the findings and conclusions that it violated the above regulation. Subject to and without waiving said objection, CPS is not a Party to the referenced Leases. The Leases run between the Resident and the Landlord, i.e. [agency name] and [2nd agency name], separate entities from Adventure House and CPS. As such, the Leases and Apartment Rules are not under the control of CPS, and therefore CPS cannot be in or out of compliance with respect to the Leases and Rules. Nonetheless, CPS is already working with [agency name] to accomplish two changes: (1) list CPS's Supported Housing Program instead of Adventure House in all leases and apartment rules, and (2) clarify in [agency name] Leases and Rules that there are no PSR (Psychosocial Rehabilitation) program requirements associated with housing. Regarding the apartments owned by [2nd agency name] (i.e., [local road 2] and [local avenue terraces]), HUD (Housing and Urban Development) has in place strict restrictions prohibiting any service or program requirements for their tenants. DHSR (Division of Health Service Regulation) is referred to HUD and [2nd agency name] for further clarification. CPS already has organizational management structured so that the Supported Housing Coordinator and Adventure House PSR Coordinator as coequals reporting to the CPS, Inc. board and executive. And CPS has already identified to its employees in its position descriptions what job duties fall under Adventure House PSR programming, and what job duties fall under the Supported Housing Program. CPS</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>12/28/2021</b>
--	--	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 16</p> <p>will further ensure that these job duty distinctions are communicated in any rules, handbooks, or other documents that are shared with apartment tenants and Adventure House members. CPS's attorneys will submit these documents to DHSR's attorneys after final review." -Describe your plans to make sure the above happens. "See above."</p> <p>This deficiency has been cited 3 times since the original cite on 11/14/19.</p> <p>Cleveland Psychosocial Services, Inc. is licensed to operate Adventure House, a Psychosocial Rehabilitation (PSR) day program for adults with severe and persistent mental illness. Client diagnoses included Schizophrenia, Schizoaffective Disorder, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Reactive Attachment Disorder, Depression, Bipolar Disorder, Personality Disorder and unspecified intellectual disability. Cleveland Psychosocial Services, Inc. also manages an unlicensed supported housing program. In March 2020, a Suspension of Admissions was lifted contingent on an agreement to separate the residential component of Cleveland Psychosocial Services, Inc. from the operations of Adventure House. On September 30, 2021 the Executive Director was ordered to immediately suspend all admissions to the facility until conditions were documented to meet approved inspection status. On 11/30/21 and 12/2/21 Division of Health Service Regulation (DHSR) Surveyors attempted to conduct a follow up inspection of the facility but were denied access by the Executive Director. On 12/2/21 DHSR surveyors obtained an Administrative Inspection Warrant and found Client #6 had been</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL023004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R</b> <b>12/28/2021</b>
--	--	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ADVENTURE HOUSE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>924 N. LAFAYETTE STREET</b> <b>SHELBY, NC 28150</b>
--	--

(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	<p>Continued From page 17</p> <p>admitted to Adventure House on 10/6/21. Furthermore, review of policies along with review of rules and regulations for all three of the apartment complexes and review of the Property Management Agreement for Cleveland Psychosocial Services, Inc. revealed that Adventure House/Cleveland Psychosocial Services, Inc. continued to have management responsibilities for all of the apartments. Adventure House staff provided 24 hour on call services to residents of the apartments for unreasonable noises, disturbances, residents being locked out of their apartments and maintenance issues. Apartment residents were required to obtain approval from Adventure House staff prior to adding, or substituting apartment furnishings. Additionally, members of Adventure House were given preference for Supported Housing over other individuals that applied for housing.</p> <p>This deficiency constitutes a Continued Failure to Correct Type A1 rule violation originally cited for serious exploitation. An administrative penalty of \$500.00 per day continues to be imposed for the failure to correct within 23 days.</p>	V 512		