Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. BOILBING.		
		MHL006-001	B. WING		01/26/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	JE ZIP CODE	
			ATOA AVENUE	, 6652	
YELLOW	MOUNTAIN ENTERPRISE	S	ID, NC 28657		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	
V 000	INITIAL COMMENTS		V 000		
	An annual and complor on January 26, 2022. unsubstantiated (Intal Deficiencies were cited)	ke #NC183624).			
	category: 10A NCAC	ocational Programs for			
	The survey sample co	onsisted of audits of 3			
V 106	27G .0201 (A) (8-18) POLICIES	(B) GOVERNING BODY	V 106		
	10A NCAC 27G .0201 POLICIES	I GOVERNING BODY			
		dy responsible for each I develop and implement e following:			
	with the rules in this S				
	or medication error;	cident, unusual occurrence mpensated work performed			
	by a client; (11) client fee assessi				
	practices; (12) medical prepared medical emergency;	dness plan to be utilized in a			
	(13) authorization for	and follow up of lab tests; cluding the accessibility of on for a client:			
	, ,	teers, including supervision			
	confidentiality;	-			
	(16) areas in which st nonprofessional staff,				

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		SURVEY LETED	
			D WING			
		MHL006-001	B. WING		01/	26/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STA	ΓE, ZIP CODE		
YELLOW	MOUNTAIN ENTERPRIS	ES	ATOA AVENUE ID, NC 28657			
(V4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID, NO 20037	PROVIDER'S PLAN	OF CORRECTION	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE / CROSS-REFERENCED 1 DEFICIE	ACTION SHOULD BE TO THE APPROPRIATE	COMPLETE DATE
V 106	Continued From page	e 1	V 106			
	continuing education: (17) safety precautior facility areas including areas; and (18) client grievance	ns and requirements for g special client activity policy, including procedures ition of client grievances.				
	failed to develop and regarding transportat (Clients #1, #2, and #	ew and interview, the facility implement written policy ion for 3 of 3 audited clients 43) The findings are:				
	Admission date: 6/1/2 Diagnoses: Spina Bif	ida, Cerebral Palsy, Developmental Disability				
	Admission date: 6/2/9 Diagnoses: Moderate	Intellectual Developmental d Arthritis, Osteoporosis,				
	Admission date: 2/12 Diagnoses: Mild Intel Disability, Depressive and Diabetes	lectual Developmental Disorder, Hypertension,				
	Review on 1/12/22 of August 2021 to Janua	facility incident reports from arry 2022 revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	(X3) DATE SURVEY		
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL006-001	B. WING		01/26/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
VELLOW!	MOUNTAIN ENTERDRIC	255 ESTA	TOA AVENUE		
YELLOW MOUNTAIN ENTERPRISES NEWLA			D, NC 28657		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 106	Continued From page	e 2	V 106		
	- on 9/30/21 at 12:30 transportation van wa wheelchair down the pulling [Client #1] ove-[Client #1] landed on was bleeding; -Emergency Medical and [Client #1] was tr Interview on 1/14/22 County Director of Trathey are a "curb to coresponsibility for whe ends at the sidewalk door;" -they do not have any facility about who is received in 1/20/22 of Director dated 1/20/2	om, "the driver of the as rolling [Client #1's] ramp, lost balance, fell, er as well; his back and his forehead Services (EMS) was called ansported to local hospital." and 1/21/22 with Local ansportation revealed: urb service" meaning their elchair clients starts and from the van or "to the			
	Director revealed: -they contracted with authority for transport the day program;	2 to 1/26/22 with Executive a local transportation tation for clients to and from a getting a policy in place tion.			
V 744	27G .0304(b) Safety		V 744		
	EQUIPMENT (b) Safety: Each facili constructed and equi	4 FACILITY DESIGN AND ity shall be designed, pped in a manner that safety of clients, staff and			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _	A. BUILDING:		LETED
		MHL006-001	B. WING		01	/26/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		255 ESTA	TOA AVENUE			
YELLOW	MOUNTAIN ENTERPRIS	ES NEWLAN	D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 744	Continued From page	e 3	V 744			
	ramp was constructed that ensured the physicients (#1). The find Review on 1/12/22 of Admission date: 6/1/2 Diagnoses: Spina Bif Moderate Intellectual (IDD), and Speech In Admission history incompliant of the property of the went and looked the discussed verball the Executive Director (ADA) compliant for well-ties compliant for a present the discussed that the form of the standard Operating From the evaluation of the standard	ew, observation, and a failed to ensure that the d and equipped in a manner sical safety of 1 of 3 audited ings are:  If Client #1's record revealed: 21; ida, Cerebral Palsy, Developmental Disability inpairment; cluded: history of Seizure a wheelchair for mobility.  and 1/24/22 with the local realed: at the ramp at the facility; by the recommendations with or and that the ramp was not wheelchairs; bedestrian ramp and "can't can be used for emergency facility needed to look at their Procedures and sent a letter; if a letter from the local ted 9/30/21 addressed to the selocal county inspection in of ramp serving rear of prompted by a call to the 130, 2021 for a wheelchair.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _	A. BUILDING:		EIED
		MHL006-001	B. WING		01/2	6/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
V5110W	MOUNTAIN ENTERDRIC	255 ESTA	TOA AVENUE			
YELLOW	MOUNTAIN ENTERPRIS	NEWLANI	D, NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETE DATE
V 744	include: slope of the of the ramp and hand and floor surface of rarequired rise.  -the ramp was listed a pedestrian ramp; -recommendations w structure ingress and addressed that two p individuals into the buentrance be utilized for the entrance be utilized for the entrance of the entra	eficiencies were noted to ramp, landing at the bottom drails not being complaint, amp not meeting the as meeting requirements for ere made that until new egresses could be aid facility staff assist uilding and that the front or client access.  If facility incident reports of January 2022 revealed: pm, "the driver of the as rolling [Client #1's] ramp, lost balance, fell,	V 744			
	footage from 9/30/21 revealed:	at approximately 12:21PM g 15 minutes and 1 second				
	- video footage show ramp, and road throu viewpoint of the rear behind day program) -12:21:21 PM: local of parked in front of the ground, driver's side -local county transpor	of the facility (from building ; county transportation van ramp with wheelchair lift on				

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MHLOC	ATION NUMBER:  06-001	A. BUILDING: _		COMPLE	-120
<b>'</b>	06-001				
MHL006-001		B. WING		01/2	6/2022
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
VELLOW MOUNTAIN ENTERPRISE	255 ESTAT	OA AVENUE			
YELLOW MOUNTAIN ENTERPRISES	NEWLAND	NC 28657			
(X4) ID SUMMARY STATEMENT OF DE PREFIX (EACH DEFICIENCY MUST BE PRECEDED TO THE PROPERTY OF LSC IDENTIFYING CONTROL OF THE PROPERTY OF THE PROPERT	CEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 744 Continued From page 5		V 744			
Continued From page 5  -12:21:37 PM: transportation staff top of the ramp to back door of fact -12:21:42 PM: transportation staff the facility; -12:23:30 PM: transportation staff back door of the facility, bringing C to ramp in wheelchair; -12:23:43 PM: transportation staff door after bringing Client #1 out, b top of facility ramp; -12:24:03 PM: transportation staff #1 in wheelchair down ramp; -12:24:24 PM: transportation staff landing with Client #1 and turning wheelchair to go down second por -12:24:30 PM: transportation staff forward and appearing to look like control of Client #1's wheelchair as -12:24:39 PM: transportation staff and pushing wheelchair at the san -Client #1's wheelchair at the san -Client #1's wheelchair flips backw ground and transportation staff fall pavement on her knees and then to -12:24:44 PM: movement from transtaff from ground; -12:24:48 PM: what appears to be staff talking to Client #1; -12:25:03 PM: transportation staff facility ramp and then same staff to before reaching first landing; -transportation staff then walks dow #1 and behind transportation van oview; -12:25:52 PM: transportation staff up ramp to the top where door is left and process to the staff tup ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top where door is left and process to the staff up ramp to the top	coming out the client #1 out on going to close oth are at the pushing Client reaching first Client #1's tion of ramp; pushing Client starting to bend she is losing it speeds up; falling forward ne time; reards to the so her side; es to the to her side; especially in transportation trying to get up; walking up urns around wen past Client walking back pocated;	V 744			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN	OF CORRECTION	IDENTIFICATION NOWBER.	A. BUILDING: _		COMPLE	IIED
			P WING			
		MHL006-001	B. WING		01/2	6/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE		
YELLOW!	MOUNTAIN ENTERPRISI	255 ESTA	ATOA AVENUE			
1222011	MOONTAIN ENTERN TOO	NEWLAN	D, NC 28657			
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPED DEFICIENCY)		DATE
				DEFICIENCY)		
V 744	Continued From page	e 6	V 744			
	-12:26:38 PM: transp	ortation staff and facility staff				
	•	ility and down ramp to Client				
	#1;					
	-12:26:46 PM: three f	acility staff coming to assist				
	-12:27:02 PM: facility	staff on phone;				
		ore facility staff coming down				
	ramp;					
	-12:27:34 PM: transp	ortation staff out of camera				
	•	er facility staff coming over to				
	assist Client #1;					
		ortation staff at rear of van;				
		ck pulling up beside van;				
		st responders going to no had multiple facility staff				
	with him;	io nad multiple racility stall				
	,	st responder walking out of				
	camera view;					
		ty staff giving another facility				
	staff a chair over the	top of the ramp; sponder appearing to talk to				
	transportation staff;	sponder appearing to talk to				
		staff bringing over chair for				
	transportation staff;					
	-12:33:34 PM: transp	ortation staff sitting down in				
	-12:34:29 PM: first re	sponder waving to				
	something off camera	a;				
	•	ency Medical Services				
	(EMS) vehicle coming -12:34:56 PM: EMS v					
	transportation van;	ssio panoa ap by				
		Iriver getting out of vehicle to				
	attend to Client #1					
	-12:35:22 PM: video f	footage ends.				
	Observation on 1/12/2	22 at 2:45PM of facility				

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wheelchair accessible ramp revealed:
-a ramp going out the back of the building;

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL006-001	B. WING		01/2	6/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
YELLOW	MOUNTAIN ENTERPRISI	ES 255 ESTATI NEWLAND	OA AVENUE , NC 28657			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 744	Interview on 1/12/22 value in the reported that his of facility for what happens of facility	with Client #1 revealed: e leaving the facility in the graph of the properties of th	V 744			
		on the concrete; right away because "[Client shunt in his headso we				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _		
		MHL006-001	B. WING		01/26/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	ΓE, ZIP CODE	
		255 ESTA	ATOA AVENUE		
YELLOW MOUNTAIN ENTERPRISES  NEWLA			ID, NC 28657		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE
V 744	Continued From page	÷ 8	V 744		
	waited for the paramethe paramedics came threatening" and he w	edics;" e, "nothing was life vas taken to the hospital; ed to the facility before for a			
	revealed: -Client #1 presented on 9/30/21 at 1:23pm his wheelchair and hi-Client #1 had a histor shunt; -Client #1 sustained a of the head; -Client #1 received a (CT) scan and the resignificant injury from there were findings relating to malformation, possible and scattered foci of	cry of Hydrocephalus with a can abrasion on the right side.  Computerized Tomography sults did not indicate a his fall; elated to Client #1's physical incerning Chiari le worsening Hydrocephalus, intracranial fat but exam and prior images were			
	had come to get him the ramp and not sur- slipped first or he was flipped, and he hit his -she contacted Client sent to the emergenc -she followed up with evening and " he had -she was under the in	al #1 revealed: e incident occur; fall, "transportation staff and was taking him down e if transportation staff s getting awaybut his chair			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPLETED	
		MHL006-001	B. WING		01/26/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
VELLOW	MOUNTAIN ENTERPRIS	255 ESTAT	OA AVENUE			
IELLOW	WOONTAIN ENTERPRIS	NEWLAND	), NC 28657			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	Έ
V 744	Continued From page	e 9	V 744			
	-Client #1's caretaker use the back ramp fo incident, they have no -when facility staff ha i.e. for fire drills, two	requested the facility not r Client #1 and since the				
	County Director of Tra- they are a "curb to come a the sidewalk coming from the van; they are not suppose sometimes "we help the transportation staget Client#1 on 9/30/ she reported that the transportation staff god the transportation staff god the transportation draw company anymore; she reported that the	ed to go inside facilities, but them out" at the facility; aff went inside the facility to 21; a facility was still responsible sidewalk despite				
	Director revealed: -a new ramp was cor 2021; - just learned that the the ramp did not pull they shut down the rwhen Client#1 had hi inspector and fire mature asked what the him when he came or building inspector told.	amp immediately, that day s fall and the local building				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			
		MHL006-001	B. WING		01/26	/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
YELLOW	MOUNTAIN ENTERPRISI	ES	OA AVENUE , NC 28657			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE	(X5) COMPLETE DATE
V 744	pitch on the bottom p should be but that it p his recommendation with non-ambulatory that any one in a whe front and one in the b-since that time, they' and enter the facility they' which wheelchairs cathey've had two staff on the van; he was under the imback of the facility wathe local building insolok at the ramp; he denied receiving received a letter from that indicated the ram Review on 1/26/22 of and signed on 1/26/2 revealed:  "What immediate actiensure the safety of the conversation Building Inspector, [Blocal Fire Marshall [name] told us that if conon-ambulatory (usin ramp located on the twould be advisable to the clients. If a client advised that we have the ramp with them he	nem; inspector told him that the art is higher than what it bassed inspection and that was to have staff go down clients so they didn't fall and belchair have one staff in the ack; ve been having clients exit from the front entrances in roll straight in; fassist Client#1 with getting pression that the ramp in the is (ADA) compliant; pector has not been back to a letter or that the licensee the local building inspector in was not ADA compliant; Plan of Protection written 2 by Executive Director  on will the facility take to the consumers in your care?  had with the local County uilding Inspector land in protector  had with the local County uilding Inspector land in protector  had with the local County uilding Inspector	V 744			

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MHL006-001 B. WING 01/26/20:	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	
V1/20/20/		01/26/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	OF PROVIDER OR SUPPLIER	
255 ESTATOA AVENUE		
YELLOW MOUNTAIN ENTERPRISES  NEWLAND, NC 28657	OW MOUNTAIN ENTERPRISE	
	IX (EACH DEFICIENCY	LD BE COMPLETE
V744  Continued From page 11  building location, the decision was made to take any clients who are non-ambulatory, regardless of the device they use, out the in and out of the front entrance. This allows easy access to the facility.  In addition, following the conversation on 1/25; I have contacted several building contractors to have the ramp issues repaired or replaced.  Describe your plans to make sure the above happens:  Having clients use the front exit began on October 1st, following the above mentioned conversation.  The repairs or replacement of the ramp will take place as soon as possible. I am currently working with building contractors to have this done."  Yellow Mountain Enterprises is an Adult Developmental and Vocational Day Program for Individuals with Developmental Disabilities. This program supports adults in increasing self-sufficiency, independence, and maintaining relationships. The program serves adults with a wide range of abilities and needs with diagnoses including Cerebral Palsy, Mood Disorder, Intellectual Disabilities and Nutsim. Client #1 had a shunt in his head due to a history of Hydrocephalus, Chiari malformation, seizure disorder, and utilized a wheelchair for mobility.  Yellow Mountain Enterprises has a ramp out of the back of their facility that was re-built in September 2021 to accommodate non-ambulatory clients. Client #1 sustained a fall in his wheelchair on 9/30/21 while being pushed down the ramp by transportation staff, lipped over backwards and was transported to a local	building location, the cany clients who are not the device they use, or entrance. This allows  In addition, following the have contacted several have the ramp issues  Describe your plans to happens:  Having clients use the October 1st, following conversation.  The repairs or replace place as soon as possibilities with building contractors.  Yellow Mountain Enter Developmental and Volindividuals with Developmental and Volindividuals with Developmental and Volindividuals with Developmental and Volindividuals. The program supports aduself-sufficiency, independent of abilities including Cerebral Pal Intellectual Disabilities a shunt in his head du Hydrocephalus, Chiari disorder, and utilized a Yellow Mountain Enter the back of their facilities September 2021 to accompany the ramp by transport of the program o	

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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	
		MHL006-001	B. WING		01/26/2022	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  255 ESTATOA AVENUE  NEWLAND, NC 28657						
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	TION SHOULD BE CONTINUE CONTIN	
V 744	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		V 744			

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