Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA				X3) DATE SURVEY		
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	ETED		
		MHL0411068	B. WING		03/0	1/2022		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE				
	1513 LEXINGTON AVENUE							
VIRPARK	RESIDENTIAL FACILITY	, INC GREENSB	ORO, NC 2740	03				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)		
PREFIX		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE		
TAG	REGULATORY OR I	SCIDENTIFTING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	XIAI E	DATE		
V 000	INITIAL COMMENTS		V 000					
		s completed on March 1,						
	2022. A deficiency wa	as cited.						
	This facility is license	d for the following service						
	-	27G .5600C Supervised						
		Developmental Disabilities.						
	•	onsisted of audits of 3						
current clients.								
		.,,,,,,						
V 290 27G .5602 Supervised Living - Staff		V 290						
	10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d)							
	of this Rule shall be d	letermined by the facility to						
	· · · · · · · · · · · · · · · · · · ·	id to individualized client						
	needs.							
		e staff member shall be hen any adult client is on the						
	•	en the client's treatment or						
	· ·	ments that the client is						
	-	in the home or community						
	without supervision.	The plan shall be reviewed						
		s than annually to ensure						
		be capable of remaining in						
		ity without supervision for						
	specified periods of ti (c) Staff shall be pres							
		atios when more than one						
	child or adolescent cli							
		adolescents with substance						
	abuse disorders shall be served with a minimum							
	of one staff present for every five or fewer minor							
		vever, only one staff need be						
	· ·	ng hours if specified by the procedures determined by						
	the governing body; c	_						
		adolescents with						

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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:				B) DATE SURVEY COMPLETED	
MHL0411068		B. WING	B. WING				
NAME OF F	DOVIDED OD CLIDDLIED			ZID CODE	1 00	3/01/2022	
NAME OF P	ROVIDER OR SUPPLIER		ODRESS, CITY, STATE (INGTON AVENUE)	, ZIP CODE			
VIRPARK	RESIDENTIAL FACILITY	. INC	BORO, NC 27403				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 290	one staff present for present and two staff more clients present. need be present durin specified by the emer determined by the go (d) In facilities which diagnosis is substanc (1) at least one duty shall be trained is withdrawal symptoms secondary complicating addiction; and	lities shall be served with every one to three clients present for every four or However, only one staffing sleeping hours if gency back-up procedures verning body. serve clients whose primary to abuse dependency: a staff member who is on an alcohol and other drug and symptoms of ons to alcohol and other.	V 290				
	facility failed to docur capable of remaining without supervision a The findings are: Review on 2/24/22 of -An admission date o -Diagnoses of Diagno ADHD (Attention Defi Pervasive Developme Mild Mental Retardati -An assessment date guardian. He has spehomes, has been in hyears. Enjoys going to needs transportation,	ews and interviews, the ment that the client was in the home or community ffecting 1 of 3 clients (#1). I client #1's record revealed: f 12/17/09 oses of Mood Disorder, icit Hyperactivity Disorder), ental Disorder, Enuresis and					

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STATE FORM 8P7J11 If continuation sheet 2 of 6

Division of Health Service Regulation

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
		A. BUILDING: _					
		MHL0411068	B. WING		03	/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	TE, ZIP CODE			
			INGTON AVENU				
VIRPARK	RESIDENTIAL FACILITY	. INC	BORO, NC 2740				
040.15	CUMMADV CT		· ·	PROVIDER'S PLAN OF CORRE	CTION	0.50	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETE DATE	
V 290	Continued From page	2	V 290				
	attending all appoints boundaries and redire sometimes, needs me seek out food and hid enough food, urinary pornography, will hide from the mall, was ch stealing DVD (Digital in others rooms, redirealm him down, will s furniture, a few years the neighborhood afte (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminappropriate sexuallyoung girls in the neighborhood after (approximately 7 years AFL (Alternative Faminapp	nents, needs help with ection with decisions edication administration, will le it, has a fear of not having incontinence from his urine, has been banned arged with shoplifting due to Video Disc)s, is not allowed ection and walking helps lam doors when angry, kick ago, he snatched a girl in er watching pornography rs ago while residing at an ily Living) home), has language, will play with ghborhood and staff have to dles at times and this could in the law, attends counseling led 2/1/22 noted "will he home and community by o increase independence, by awareness in the lealth and safety, social, a law-abiding citizen, during the day and staff im around the clock on eractions and behaviors. The ays shopping where staff oney management and lere are no staff in place, he come inappropriate with left in situations that are high ble with the law, will his amount of maladaptive munity and at home., can be ie a lot, behavior is a					
	problem for him, social interactions and seeing his family can cause triggers for the urinary incontinence. Needs assistance with monitoring						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			. ,	TE SURVEY MPLETED	
		MHL0411068	B. WING		03/	01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE			
VIRPARK	RESIDENTIAL FACILITY	. INC	NGTON AVENU				
		GREENSE	ORO, NC 2740				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 290	Continued From page	e 3	V 290				
	use of pornography ir community, steals un assistance with monit be supervised as he t	ort to refrain from excessive in the home and the controllably and needs coring boundaries, needs to reases others when in a big it appropriateness on social					
	1 1 1						
	Interview on 2/24/22 with the House Manager revealed: -None of the clients had unsupervised time in the home or in the communityClient #1 will walk off and not listen to staff about being supervised in the community"It is not safe for him."						
Interview on 3/1/22 with the QP/L revealed:							

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING: _	A. BUILDING:		
MHL0411068		B. WING		03/01/2022		
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
VIDDADIA	DECIDENTIAL EACH ITY	1513 LEX	NGTON AVENU	JE		
VIRPARK	RESIDENTIAL FACILITY	, INC GREENSE	BORO, NC 2740	03		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLET	E
V 290	Continued From page 4		V 290			
V 290	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 -Last year (2021), client #1 had petitioned the court to be his own guardian -"Since that time, he will not follow staff's directives and will walk off into the community. He makes decisions that we feel are not safe. We constantly tell him he needs to stay with staff because it is dangerous and to not go out on his own." -Client #1 did not have any unsupervised time in the home or the facility. -"We don't give him any (unsupervised time). We tell him he can't do that (walk off). He will say 'okay' and then walks off." -Facility staff constantly reiterated to client #1 he must be supervised at all times." -Sometimes client #1 will be dropped off at the library by staff. -"He is supposed to call us to come pick him up, but after 30 minutes to 1 hour, he has walked back to the facility" -At times, client #1 had walked off and visited with neighbors. -"We do not know anything about the people next door and [client #1] does not have good boundaries. That is very concerning." -In the past, client #1 had downloaded pornography at the library and was banned for one year. -"We always try to have our eyes on him in the neighborhood." -Had been discussing his elopement behaviors with his Care Coordinator -The QP/L and the Care Coordinator are currently discussing a more appropriate setting for him. -"I have expressed my concerns. His behaviors have gone downhill since he became his own guardian. I don't want him to get in trouble. He just cannot make good decisions. There are too		V 290			
	with his Care Coordinator -The QP/L and the Care Coordinator are currently discussing a more appropriate setting for him. -"I have expressed my concerns. His behaviors have gone downhill since he became his own guardian. I don't want him to get in trouble. He					

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Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE S COMPLI		URVEY ETED			
AND I DAY OF CONTROL OF THE PARTY OF THE PAR		A. BUILDING:						
		MHL0411068	B. WING		03/0	1/2022		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
VIRPARK RESIDENTIAL FACILITY, INC 1513 LEXINGTON AVENUE GREENSBORO, NC 27403								
(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 SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 290	boundaries, the inabi decisions and issues	lity to make appropriate	V 290					

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