

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/28/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 complaint and limited follow up survey was completed on 2/28/22. The Complaints were substantiated (Intake #s NC 00185838, 00186167). Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.</p> <p>The survey sample consisted of audits of three current clients.</p>	V 000		
V 110	<p><b>27G .0204 Training/Supervision Paraprofessionals</b></p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> <li>(1) technical knowledge;</li> <li>(2) cultural awareness;</li> <li>(3) analytical skills;</li> <li>(4) decision-making;</li> <li>(5) interpersonal skills;</li> <li>(6) communication skills; and</li> <li>(7) clinical skills.</li> </ol>	V 110		

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>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 110	<p>Continued From page 1</p> <p>(f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure two of three audited staff (home manager &amp; former staff-FS #1) demonstrated knowledge, skills and abilities required by the population served. The findings are:</p> <p>Review on 2/25/22 of the home manager's record revealed: -Hire date of 5/8/19</p> <p>Review on 2/28/22 of FS #1's record revealed: -Hire date of 8/19/21 as a paraprofessional -Termination date of 2/15/22</p> <p>Interview on 2/18/22 client #4 stated: -Last week the home manager and FS #1 got into an argument. -FS #1 was working and the phone kept ringing with no one was answering it. -Then the home manager arrived and walked into the house yelling at FS #1. -The home manager had been trying to call the house and couldn't get an answer. -When the home manager walked in, he started cursing at FS#1 because the kitchen was a mess. -The home manager was saying he didn't leave the kitchen a mess when he worked and FS #1 needed to keep it clean.</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 110	<p>Continued From page 2</p> <ul style="list-style-type: none"> <li>-The home manager and FS#1 started cursing back and forth, saying "F**k you" to one another.</li> <li>-FS #1 told the home manager, "let's take it outside," and continued to call each other names.</li> <li>-FS #1 had a big iron pipe and she thought he was going to hit the home manager, but he did not.</li> <li>-FS#1 then left and the home manger stayed.</li> <li>-FS#1 had not been back to the home since.</li> <li>-"I didn't think it was right for them to be acting like that in front of us."</li> </ul> <p>Interview on 2/24/22 client #1 stated:</p> <ul style="list-style-type: none"> <li>-The home manager and FS#1 got into an argument recently.</li> <li>-The argument started because the home manager stopped by and saw dishes in the sink.</li> <li>-The home managers stated, "When I leave my shift, it's clean."</li> <li>-The home manager and FS #1 started a verbal exchange by cursing and threatening each other.</li> <li>-They (FS #1 and the home manager) were fighting about "who did what."</li> <li>-He stepped in and broke it up by saying, "ya'll are supposed to be role models for us."</li> <li>-"If ya'll doing this, what is this telling us?"</li> <li>-They (FS #1 and the home manager) stopped arguing and FS #1 left the home.</li> <li>-FS #1 had not been back since.</li> </ul> <p>Interview on 2/24/22 the home manager stated:</p> <ul style="list-style-type: none"> <li>-He and FS #1 had an argument on 2/16/22.</li> <li>-He had been calling FS #1 on his cell phone, but he was not answering.</li> <li>-So he decided to stop by the house to check on things.</li> <li>-They began to argue about FS #1 not answering his phone.</li> <li>-As they continued to argue, FS #1 just said, "Ya'll can have it."</li> </ul>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 110	<p>Continued From page 3</p> <ul style="list-style-type: none"> <li>-FS #1 walked outside and he followed behind to attempt to get him to stay.</li> <li>-FS#1 said he was leaving, so he just left.</li> <li>-There was no cursing or yelling at each other.</li> <li>-The clients were present during the argument, but most of it took place outside away from the clients.</li> <li>-Reported this argument to the Director.</li> <li>-FS #1 had not been back to work since the incident.</li> </ul> <p>Interview on 2/24/22 FS #1 stated:</p> <ul style="list-style-type: none"> <li>-Not employed at the facility anymore.</li> <li>-Worked for the last seven to eight months, until last week.</li> <li>-Last week, the home manger showed up at the house around 11:30 PM, yelling and cursing at him because he did not answer his phone.</li> <li>-Not sure why the home manager was stopping by to check on him.</li> <li>-The home manager was in the house calling him names like, "white, Mother F****r and cracker."</li> <li>-The home manager stated he was going to "go get his gun and shoot him."</li> <li>-Asked the home manager to go outside because clients #1, #4 and #5 were present during this.</li> <li>-He and the home manager were standing at the bottom of the steps when client #1 physically got in between them.</li> <li>-The home manager told client #1, "get the F**k out of the way."</li> <li>-Client #1 stated to them, "chill out."</li> <li>-Tried to call management but could not get an answer, so he just left.</li> <li>-"Felt" like he or the home manager needed to leave before things got out of hand, so he left.</li> <li>-The next day, he emailed the Director to let her know what happened.</li> <li>-Never heard from anyone in management, now they say "I quit" because he left his shift.</li> </ul>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/28/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 110	<p>Continued From page 4</p> <p>Interview on 2/28/22 the Qualified Professional (QP) stated:                      -Was aware of a disagreement between the home manager and FS #1.                      -The Director informed her that FS#1 would not be returning to the facility.                      -The Director had attempted to call FS #1 multiple times to discuss the situation, but never could get an answer.                      -FS #1 is no longer employed at the facility.</p> <p>Interview on 2/24/22 the Director of Special Project and Operation stated:                      -Not sure of all the details surrounding what happened with the home manager and FS #1.                      -Was told by the home manager that FS #1 walked out and left while working.                      -The home manager stated FS #1 was "hot headed" and pacing when he stopped by the home to check on things.                      -The home manager stated FS #1 asked him to go outside like he wanted to fight him.                      -Currently doing an investigation into the incident.                      -Had only spoken to staff and no clients at this point.                      -Did not recall receiving an email from FS #1 regarding the incident.</p> <p>Review on 2/28/22 of the Plan of Protection dated 2/28//22 completed by the QP revealed:                      -"What immediate action will the facility take to ensure the safety of the consumers in your care? Staff will be trained on neglect, abuse and exploitation of a client. Staff will also be trained on decision making skills, analytical skills, interpersonal skills and communication skills through supervision.                      -Describe your plans to make sure the above</p>	V 110		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/28/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 110	Continued From page 5  happens. The trainings will be provided on an ongoing basis during supervision."  Two clients with diagnosis of Schizoaffective-Bipolar type witnessed the home manager and FS #1 engage in a verbal altercation where they threatened physical harm to each other. FS #1 was the staff on duty when the home manager stopped by. Client #1 had to physically step in between the home manager and FS#1 to diffuse the altercation. After the altercation, FS #1 left the facility, leaving the clients in the care of the home manager. The home manager and FS #1 engaging in a verbal altercation with threats in front of the clients was detrimental to their health, safety and welfare. This deficiency constitutes a Type B rule violation which is detrimental to the health, safety and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.	V 110		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect  10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>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 (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 record review, interview and observation one of one three audited staff (home manager) abused and neglected one of three audited clients (#1). The findings are:</p> <p>Review on 2/18/22 of client #1's record revealed: -Admission date of 10/23/20 -Diagnosis of Schizoaffective- Bipolar type</p> <p>Review on 2/25/22 of the home manager's record revealed: -Hire date of 5/18/19 -Job description "Manages the treatment and coordinates the services for adults with mental illness, developmental disabilities and substance abuse."</p> <p>Review on 2/18/22 of "Accident/Incident Report" dated 2/17/22 at 12:15 AM regarding client #1 revealed: -"On this date and time, [client #1] decided to leave the facility and go out into the community. The staff attempted to redirect [client #1] first of all by explaining to him that it was to late/early to be going out into the community, secondly was</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>that he doesn't have any unsupervised time. [Client #1] had no response for the staff and he did leave the facility."</p> <p>Interview on 2/18/22 client #1 stated:</p> <ul style="list-style-type: none"> <li>-On 12/17/22 around midnight he had been watching an infomercial that made him sad.</li> <li>-He decided to go outside and smoke a cigarette to calm down.</li> <li>-While outside he smoked three cigarettes.</li> <li>-The home manager told him, "I'm done, if you want to stay out here and smoke, I am tired, you have been in and out of the house and the fridge, you are the only one up and everyone is sleeping. I tried to give you leeway, so this is your night out."</li> <li>-The home manager then went back into the house and locked the door.</li> <li>-Attempted to get back in, but the door was locked.</li> <li>-Knocked on the glass door, but the home manager did not come to the door.</li> <li>-"I didn't think he would do me like that, but he did."</li> <li>-Had his cell phone and called his brother to let him know what was going on.</li> <li>-His brother tried to call inside the house, but could not get an answer.</li> <li>-His brother tried to get him a hotel for the night, but he did not have his identification card, it was inside the house.</li> <li>-Just decided to stay outside and sleep in the chair on the back porch.</li> <li>-Had his coat on, did not get cold or scared.</li> <li>-The next morning a peer support worker arrived at approximately 7:00 am and let him in the back door.</li> <li>-Told her he had locked himself out when he went to smoke, "I was too embarrassed to tell her what happened."</li> </ul>	V 512		



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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> <ul style="list-style-type: none"> <li>-When he went into the house, the home manager gave him his medications and told him to go lay down.</li> <li>-This was the first time this had happened.</li> <li>-Later that morning, the home manager took him to the office to speak with management about what happened.</li> <li>-Told the Director of Special Projects and Operations about sleeping outside all night.</li> <li>-They did a drug test on him because he had a history of substance use.</li> <li>-Had tried to apologize to the home manager about not following the rules, but he still "seems to be upset."</li> </ul> <p>Interview on 2/23/22 client #1's brother stated:</p> <ul style="list-style-type: none"> <li>-Client #1 called him around 12:30 AM on 2/17/22 to tell him he was locked out of the home.</li> <li>-Client #1 told him he went outside to smoke and could not get back into the home.</li> <li>-Client #1 told him the home manager was upset with him for smoking so late and they had "words."</li> <li>-After that the home manager locked client #1 out of the home.</li> <li>-"I was shocked by this."</li> <li>-Tried to call the home to contact staff, but did not get an answer.</li> <li>-Was very concerned that he could not get in touch with anyone in the home as he called twice.</li> <li>-Client #1 told him he had knocked on the door and could not get anyone to answer, so he could not get in the home.</li> <li>-Called several hotels to find him a room, but it was difficult because client #1 did not have his identification on him.</li> <li>-Was going to get a taxi to pick him up and transport him to the hotel.</li> <li>-Finally found a room and when he called client #1 back, he could not get him to answer his</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>phone.</p> <p>-Called client #1 at 7:00 AM the next morning to check on him, he said he just fell asleep in a chair on the back porch.</p> <p>-"I was furious" when he heard that he had slept all night outside.</p> <p>Review on 2/23/22 of Weather.com revealed the weather on 2/17/22 in the morning hours was 49 degrees Fahrenheit.</p> <p>Interview on 2/18/22 client #3 stated:</p> <p>-Had heard that client #1 slept outside a few nights ago because the home manager locked him out.</p> <p>-The home manager knew client #1 was outside all night.</p> <p>-They are not supposed to go out to smoke after 10:00 PM.</p> <p>Interview on 2/18/22 client #4 stated:</p> <p>-Been living in the home for two months.</p> <p>-They have a curfew for smoking to be in by 10:00 PM</p> <p>-The home manager had told her a few weeks ago, "If you don't come in the house, I am going to lock you out."</p> <p>-Believed the home manager when he told her that.</p> <p>-Had not been locked out because she followed the curfew.</p> <p>Interview on 2/24/22 the Peer Support Worker stated:</p> <p>-She arrived to work at the facility daily at 6:30 AM.</p> <p>-A few days ago, arrived at 6:30-6:35 AM and noticed client #1 standing on the back porch.</p> <p>-Asked client #1 what was he doing outside and he said, "I locked myself out."</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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> <ul style="list-style-type: none"> <li>-The home manager unlocked the door and let them both in.</li> <li>-Just assumed client #1 went out early that morning to smoke.</li> <li>-Not sure why he would have locked the door when he went out to smoke.</li> <li>-Had arrived before to clients outside smoking that early, but the door was not locked.</li> </ul> <p>Interview on 2/18/22 and 2/22/22 the home manager stated:</p> <ul style="list-style-type: none"> <li>-Had been employed by the company for twelve years.</li> <li>-Currently been working as a live in staff.</li> <li>-On 2/17/22 client #1 said he wanted to leave the facility.</li> <li>-Client #1 had got dressed and put on his coat to leave.</li> <li>-Attempted to talk him out of leaving, but he left anyway.</li> <li>-After client #1 left, called his (client #1's) peer support worker and left a message about him leaving.</li> <li>-Did not call the police.</li> <li>-Client #1 had left in the past and always returned a few hours later.</li> <li>-Protocol was to call the police after thirty minutes and contact the guardian.</li> <li>-Client #1 was his own guardian, so he did not contact anyone else.</li> <li>-Locked the doors because he needed to keep the clients and the medications secure, "don't know who may try to come in."</li> <li>-Never heard anyone knock on the door.</li> <li>-Was on the couch in the living room that is located beside the back porch.</li> <li>-Did not hear the phone ring during that time while client #1 was gone.</li> <li>-Did not look outside for client #1 after he left.</li> <li>-The next morning at 7:00 AM client #1 came</li> </ul>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>back into the house. -A peer support worker let client #1 in the home. -Asked client #1 where he had been all night, he did not answer.</p> <p>Interview on 2/18/22 the Qualified Professional (QP) stated: -Had not been made aware of the incident regarding client #1 sleeping outside. -If client #1 had eloped, the home manager should have followed their elopement policy. -If a client eloped, they were to call the police after thirty minutes to report the client's elopement. -The home manager had been trained on the elopement policy and was very aware of the protocol.</p> <p>Observation on 2/24/22 at 11:30 AM of the back porch revealed: -Chair sitting beside the glass door leading into the living area. -Couch in the living area to be approximately 12 steps to the glass door leading to the porch area.</p> <p>Interview on 2/24/22 the Director of Special Projects and Operations stated: -On 2/17/22 client #1 showed up at their office and stated someone had called him there to talk to him. -Spoke with him in her office and he stated the home manager sent him to the office to speak with management. -Client #1 told her he had been outside all night. -Client #1 told her it was about midnight when he wanted to go outside and smoke a cigarette. -The home manager told him it was too late and he was breaking the house rules and disrupting the house. -Client #1 stated he was frustrated and smoked</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>three to four more cigarettes.</p> <p>-Client #1 stated the home manager went back into the house and sat on the couch in the living area.</p> <p>-Client #1 stated when he finished smoking, it looked like the home manager was sleeping on the couch and he could not get back in the home.</p> <p>-Client #1 stated he tried to open the door and it was locked.</p> <p>-Client #1 then left to go get coffee at the store down the street.</p> <p>-When client #1 returned, the door was still locked, so he slept on the bench on the porch.</p> <p>-The next morning client #1 saw a staff who let him in the home.</p> <p>-Client #1 stated he was physically "ok," but that it was cold outside last night.</p> <p>-Client #1 denied any use of illicit drugs, but they tested him anyway due to his history of substance use.</p> <p>-After speaking with client #1, she called the home manager to get more details regarding the incident client #1 told her about.</p> <p>-The home manager admitted he had been "frustrated" with client #1 the night before due to him being outside smoking after curfew.</p> <p>-The home manager stated he left client #1 outside and returned inside the home to sit on the couch where he fell asleep.</p> <p>-The home manager told her the door was not locked and client #1 could have come back in.</p> <p>-The home manager woke up and found client #1 had not returned, so he contacted his peer support.</p> <p>-Asked the home manager why he did not call the police, and "he had no explanation."</p> <p>-Had planned to meet with him to address the issue with some disciplinary action but was side tracked with an emergency issue with a client in a sister facility.</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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>-Then was notified the "state" was out on a complaint and assumed it was regarding the incident with client #1.</p> <p>-Had not informed the QP or the Director of the incident until 2/18/22 when the survey had started.</p> <p>-Not surprised that the home manager would provide different stories regarding the incident with client #1.</p> <p>-Very upsetting to know that client #1 was locked out and slept outside all night.</p> <p>-Will be addressing this with the home manager with disciplinary actions.</p> <p>Interview on 2/28/22 the Director stated:</p> <p>-Client #1 had been telling "17 different stories of what happened, and I do not believe any of them."</p> <p>-Did not believe the home manager about what happened either.</p> <p>-The home manager did not do what he was supposed to do, "but I don't believe he locked him (client #1) out."</p> <p>Review on 2/18/22 of Plan of Protection dated 2/18/22 completed by the QP revealed:</p> <p>- "What immediate action will the facility take to ensure the safety of the consumers in your care? The staff will be retrained on the elopement policy today 2/18 (2/18/22) at 4 pm.</p> <p>-Describe your plans to make sure the above happens.</p> <p>The Qualified Professional will continue to review the elopement policy with all staff on an ongoing basis."</p> <p>Client #1 had a diagnosis of Schizoaffective-Bipolar type. On 2/17/22 client #1 went out to smoke cigarettes after the smoking curfew hours. The home manager was upset with client #1 for</p>	V 512		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 02/28/2022</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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	Continued From page 14  being out so late smoking. The home manager went back inside the home where he locked the doors. Client #1 was locked out of the home the entire night and had to sleep in a chair on the back porch. Client #1 tried multiple routes to gain entry into the home but was unsuccessful. The temperature on 2/17/22 was 49 degrees Fahrenheit. Client #1 returned inside the home at 7:00 AM as a peer support worker found him outside upon her arrival to work. This deficiency constitutes a Type A1 rule violation for serious abuse and neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of \$500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day	V 512		
V 736	27G .0303(c) Facility and Grounds Maintenance  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor.  This Rule is not met as evidenced by: Based on observation and interview the facility failed to ensure the home was maintained in a safe, clean and attractive manner. The findings are:  Observation on 2/24/22 at 11:30 AM revealed: -Kitchen floor had two spots where the laminate	V 736		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL092-669</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R-C <b>02/28/2022</b>
--	---	---	--

NAME OF PROVIDER OR SUPPLIER  <b>ANN'S HAVEN OF REST</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1016 EAST MILLBROOK ROAD RALEIGH, NC 27609</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 736	<p>Continued From page 15</p> <p>was peeling up. -Client bathroom floor had two tiles missing. -Client bathroom had a missing light bulb in light fixture.</p> <p>Interview on 2/24/22 the house manager stated: -Had repaired a few things since last survey. -Still had to repair the client bathroom floor. -The kitchen floor was recently replaced and had not noticed the laminate lifting up. -Will get more light bulbs to place in the light fixtures.</p> <p>Interview on 2/28/22 the Qualified Professional stated: -They are continuing to work on repairs.</p> <p>[This deficiency has been cited four times since the original cite on 1/6/20 and must be corrected within 30 days.]</p>	V 736		