ision of	Health Service Regu	lation	(X2) MULTIPLE CO	INSTRUCTION	(X3) DATE SUF	ED
STATEMENT OF DEFICIENCIES (X1) PROVIDENCE IN IMPER		A BUILDING	A. BUILDING:		COMPLETED	
PLAN OF	CORRECTION	IDENTIFICATION NOMBER	A. BUILDING.			
			a wing		03/01	/2022
		MHL0411068	B. WING			
		STREETAL	DDRESS, CITY, STATE	, ZIP CODE		
ME OF PR	OVIDER OR SUPPLIER	1513 LEX	(INGTON AVENUE			
RPARK F	RESIDENTIAL FACILIT		BORO, NC 27403		ON	(X5)
			ID	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL	D DE	COMPLETE
(X4) ID		SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL ACH DEFICIENCY AS DESIZION OF INFORMATION)		CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
PREFIX	REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
TAG						
	WITH COMMENT	9	V 000			
A 000	INITIAL COMMENT	3				
	An annual ounters	vas completed on March 1,				
	2022. A deficiency	was cited.				
	This facility is licen	sed for the following service				
	togony 104 NCA	C 27G 56000 Supervised				
	Living for Adults wi	th Developmental Disabilities.				
	The survey sample	e consisted of audits of 3				
	current clients.					
		Ctoff	V 290			
V 29	0 27G .5602 Superv	rised Living - Stari				
	104 11040 070	senz STAFF				
	10A NCAC 27G .5	tios above the minimum				
	numbers enerified	lin Paragraphs (b), (c) and (d)				
	of this Rule shall	be determined by the facility to				
	enable staff to res	spond to individualized client				
	noode					
	(b) A minimum o	f one staff member shall be				
	procent at all time	es when any adult client is on the				
	promises except	when the client's treatment of				
	habilitation plan	documents that the client is				
	capable of remai	ning in the home or community				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	without supervisi	on. The plan shall be reviewed of less than annually to ensure				
	as needed but no	les to be capable of remaining in				
	the home or com	nmunity without supervision for				
	specified periods	of time.				
	(a) Staff shall be	present in a facility in the				
	following client-s	staff ratios when more than one				
	child or adolesce	ent client is present:				
	(1) childre	n or adolescents with substance				
	abuse disorders	shall be served with a minimum	and the same of th			
	of one staff pres	ent for every five or fewer minor		10 1.		
	clients present.	However, only one staff need be			/	
	present during s	sleeping hours if specified by the		11/10/11/11/11		-1. 1
	emergency bac	k-up procedures determined by		( honny while	A Y	15/10/
	the governing b	en or adolescents with		- WINN COUPS &	-11	119
	(2) childre			TITLE		(X6) DATE √

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE (	(X3) DATE SURVEY COMPLETED		
		B. WING		03/01/2022	
		MHL0411068		F 710 000F	00/01/2022
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STAT XINGTON AVENUI		
VIRPARK	RESIDENTIAL FACILITY	INC	SBORO, 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 OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETE
V 290	developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body.  (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:  (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and  (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.		V 290		
	facility failed to docucapable of remaining without supervision. The findings are:  Review on 2/24/22 of An admission date -Diagnoses of Diagrad ADHD (Attention Depervasive Developm Mild Mental Retardarian An assessment data guardian. He has sphomes, has been in years. Enjoys going needs transportation	riews and interviews, the iment that the client was g in the home or community affecting 1 of 3 clients (#1).  of client #1's record revealed: of 12/17/09 hoses of Mood Disorder, efficit Hyperactivity Disorder), mental Disorder, Enuresis and		Jum Bull	2P 3/19/2

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Division of	of Health Service Regu	lation			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
MHL0411068		B. WING		03/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, ST	TATE, ZIP CODE	
TVAINE OF T	NO VIDEN ON OUT LIEN		INGTON AVEN		
VIRPARK	RESIDENTIAL FACILITY	INC	BORO, NC 274		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETE
V 290	boundaries and redin sometimes, needs m seek out food and hid enough food, urinary pornography, will hid from the mall, was ch stealing DVD (Digital in others rooms, redin calm him down, will sfurniture, a few years the neighborhood aft (approximately 7 years AFL (Alternative Faminappropriate sexual young girls in the nei redirect him, panhan get him in trouble wit weekly."  -A treatment plan darenhance his skills in learning more skills in learning more skills the will increase his safe community through him protection and being "currently volunteers members work with appropriate social in Also goes out on Frieworks with him on m problem solving, if the will stare and may be females, putting him risk for getting in troucontinue to decrease behaviors in the comsneaky and tends to problem for him, social	ments, needs help with ection with decisions edication administration, will de it, has a fear of not having incontinence from e his urine, has been banned harged with shoplifting due to Video Disc)s, is not allowed rection and walking helps slam doors when angry, kick ago, he snatched a girl in er watching pornography urs ago while residing at an hily Living) home), has language, will play with ghborhood and staff have to dles at times and this could her he law, attends counseling ted 2/1/22 noted "will the home and community by the increase independence, thy awareness in the health and safety, social, a law-abiding citizen, during the day and staff him around the clock on teractions and behaviors. days shopping where staff oney management and here are no staff in place, he ecome inappropriate with self in situations that are high uble with the law, will this amount of maladaptive munity and at home., can be lie a lot, behavior is a sital interactions and seeing	V 290	Plan of Correction:  QP will review all current ISP and PCI any adult who can be left alone in the has that information written in their plathey can be alone.  When: March 4, 2022  Who: Virpark QP, Virginia Parker  QP will do in-service training with staf coverage requirements for 24-hour sustaff will be reminded to follow all ISP when people supported leave home winclude notifying the police.  When: March 3, 2022  Who: Virpark QP, Virginia Parker  Monitoring: The QP monitors homes twisits multiple times per week and at staff are on site and people are being communication logs between staff and clinical supervision regularly.	home or community an, including how long  If to remind them of the spervision in all homes. Is and behavior plans without supervision to  Ithrough unannounced various times to verify that supervised QP monitors
		triggers for the urinary assistance with monitoring		Jum raifs	44 0/10/08

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Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: B. WING 03/01/2022 MHL0411068 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1513 LEXINGTON AVENUE VIRPARK RESIDENTIAL FACILITY, INC GREENSBORO, NC 27403 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 V 290 Continued From page 3 boundaries and support to refrain from excessive use of pornography in the home and the community, steals uncontrollably and needs assistance with monitoring boundaries, needs to be supervised as he teases others when in a big group, needs help with appropriateness on social media sites." Interview on 2/24/22 at approximately 10:21am with client #1 revealed: -" ... Sometimes I can stay here by myself. It depends. Like sometimes it might be 15 minutes or maybe an hour. It is usually not long ...sometimes staff may go to the store, but the majority of the time I go with them ..." -Staff #1 had left him but cleared it with the Qualified Professional/Licensee (QP/L). -Stated the facility had cameras -"That is why we have cameras here. For safety purposes ..." -Was last left alone on 2/23/22 -Stated yesterday, he walked around the neighborhood to get fresh air. -"I can walk alone because I can be trusted ...sometimes I walk to the library. It is not that far at all. Staff drops me off and I take the bus back because I have a bus pass." -When asked about other places he had been in the community, client #1 stated "sometimes I go to the mall ..." Interview on 2/24/22 with the House Manager revealed: -None of the clients had unsupervised time in the home or in the community. -Client #1 will walk off and not listen to staff about being supervised in the community. purvouel -"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  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0411068	B. WING		03	/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE			
VIRPARK	RESIDENTIAL FACILITY	INC 1513 LEX	(INGTON AVENU	E			
		GREENS	BORO, NC 2740	3			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE ITO THE APPROPRIATE EIENCY)	(X5) COMPLETE DATE	
V 290	-Last year (2021), clie court to be his own gu-"Since that time, he was directives and will wal makes decisions that constantly tell him he because it is dangero own."  -Client #1 did not have the home or the facility. "We don't give him at tell him he can't do the 'okay' and then walks. Facility staff constant must be supervised a -Sometimes client #1 library by staff.  -"He is supposed to could after 30 minutes to back to the facility"  -At times, client #1 han eighbors.  -"We do not know any door and [client #1] do boundaries. That is we lin the past, client #1 pornography at the lib one year.  -"We always try to have neighborhood."  -Had been discussing	ent #1 had petitioned the pardian will not follow staff's lik off into the community. He we feel are not safe. We needs to stay with staff us and to not go out on his e any unsupervised time in y. In y (unsupervised time). We at (walk off). He will say off." lity reiterated to client #1 he trail times." will be dropped off at the all us to come pick him up, or 1 hour, he has walked did walked off and visited with other and all us to come pick him up, or 1 hour, he has walked walked off and visited with other and all us to come pick him up, or 1 hour, he has walked array and was banned for the our eyes on him in the his elopement behaviors	V 290	4			
	discussing a more apparall have expressed my have gone downhill singuardian. I don't want just cannot make good	re Coordinator are currently propriate setting for him. y concerns. His behaviors note he became his own him to get in trouble. He decisions. There are too m to live independently."		() Maria	Ind/av	3/11/2	

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL0411068 B. WING 03/01/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1513 LEXINGTON AVENUE** VIRPARK RESIDENTIAL FACILITY, INC GREENSBORO, NC 27403 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (X5) COMPLETE DATE PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) V 290 Continued From page 5 V 290 boundaries, the inability to make appropriate decisions and issues with his safety. -"I am worried about him being exploited ..."

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