Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: _ C B. WING 12/29/2021 MHL032-621 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 EBON ROAD MORETZ MANOR DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES iri (X4) ID COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 000 V 000 INITIAL COMMENTS A complaint survey was completed on December 29, 2021. The complaint (intake #NC00184152) was unsubstantiated. Deficiency cited. V 367 -LSC/moretz Manor V 367 27G .0604 Incident Reporting Requirements group nome will report all reportable incidents 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS to the State and all (a) Category A and B providers shall report all level II incidents, except deaths, that occur during necessary parties the provision of billable services or while the consumer is on the providers premises or level III or authorities are incidents and level II deaths involving the clients required by the State, according to 10A NCAE 27G to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following - LSC Will do this by information: ensuring that all staff are properly trained on docuctation and (1) reporting provider contact and identification information; client identification information; (2)(3) type of incident; (4) description of incident; (5)status of the effort to determine the cause of the incident; and incident reporting other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that

Division of Health Service Regulation

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

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032-621		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
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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: __ C B, WING MHL032-621 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 EBON ROAD MORETZ MANOR DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Moretz Manor V 367 Continued From page 2 V 367 group home will incidents that occurred; and a statement indicating that there have report all reportable been no reportable incidents whenever no incidents have occurred during the guarter that incidents to the state meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) and all necessary through (4) of this Paragraph. parties or authorities are required by the state, according to 10 A West 279 This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: - LSC Will do this by ensuring that all staff will be properly trained on documentation Review on 12/29/21 of the Facility Incident report dated 12/17/21 revealed: -"[Client #2] accused [FC#1] of sexually touching [Client #2]." Review on 12/29/21 of Former Client #1's record revealed: -Admission Date: 8/3/21 -Diagnoses of Traumatic Brain Injury with Loss of and uncident Consciousness (greater than 14 hours), without return to pre-existing level of functioning, Initial Encounter and Unspecified Seizure Disorder. -Discharged 12/8/21. Review on 12/29/21 of Client #2's record revealed: -Admission date of 8/31/21. -Diagnoses of Diffuse Traumatic Brain Injury

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PRINTED: 01/02/2022 FORM APPROVED 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: __ C B. WING MHL032-621 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 EBON ROAD** MORETZ MANOR DURHAM, NC 27713 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) V 367 Continued From page 3 V 367 SC/Moretz Manor group home will report all reportable incidents to the without loss of Consciousness, Schizoaffective Disorder, Bipolar Type, Major Neurocognitive Disorder, Seizure Disorder, Mood Disorder by Traumatic Brain Injury, Vision Loss, Right Eye, Nocturia. state all necessary Interview on 12/29/21 with the Program parties or authorities Director/Qualified Professional revealed: -Clien#2 never said anything about FC#1 are required by the State, according to touching him. -Client #2's guardian also spoke to him and he continued to deny it. 10A NEAC 279 -Client #2 denied saying any such thing. -Client #2 when he got upset would say anything and it was usually not true. -FC#1 had made inappropriate comments to staff and other residents. -After the allegation an internal investigation was completed and documented. -She held a staff meeting on 12/10/21 and -LSC will do this
by ensuring that All
staff are property
trained on documentation
and incidents
reporting. informed staff to document any comments made by FC#1 -She confirmed the incident report was not completed and submitted withing 72 hours.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER A. BUILDING: _ COMPLETED C B. WING MHL032-621 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **409 EBON ROAD** MORETZ MANOR DURHAM, NC 27713 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (0.05)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint survey was completed on December 29, 2021. The complaint (intake #NC00184152) was unsubstantiated. Deficiency cited. V 367 27G .0604 Incident Reporting Requirements V 367 -LSC/Moretz Manor group home will report all reportable incidents 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS to the state and all (a) Category A and B providers shall report all level II incidents, except deaths, that occur during necessary parties or the provision of billable services or while the authorities are required by the state, according consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME to loancac 27G responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, - LSC will do this by in person, facsimile or encrypted electronic means. The report shall include the following ensuring that an staff are properly trained on documentation and information: reporting provider contact and (1) identification information; (2)client identification information; (3)type of incident; uncident reporting. (4) description of incident; status of the effort to determine the (5) cause of the incident; and (6)other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that

Division of Health Service Regulation

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			B. WING		12/2	29/2021
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V 367	erroneous, misleadi (2) the provider equired on the incident unavailable. (c) Category A and upon request by the obtained regarding to the provider of the provider of all level III incident Mental Health, Deve Substance Abuse Substance	d in the report may be ng or otherwise unreliable; or er obtains information dent form that was previously. B providers shall submit, LME, other information the incident, including: cords including confidential other authorities; and er's response to the incident. B providers shall send a copy at reports to the Division of elopmental Disabilities and ervices within 72 hours of the incident. Category A a copy of all level III is client death to the Division of elopmental Disabilities and ervices within 72 hours of the incident. In cases of even days of use of seclusion ider shall report the death wired by 10A NCAC 26C C 27E .0104(e)(18). B providers shall send a lee LME responsible for the ere services are provided. Submitted on a form provided electronic means and shall ormation as follows: a errors that do not meet the lor level III incident; interventions that do not meet real II or level III incident; of a client or his living area; if client property or property in	V 367	- LSC / Moretz / group home will in our reportable in a to the state and nessessary parties as relay the state, accerts 10 10 A NCAC 276, - LSC Will do the ensuring that a staff are properly trained on document and incident reports and inc	report cidents all sor quired proling is by	

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: C 12/29/2021 B. WING MHL032-621 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 409 EBON ROAD MORETZ MANOR DURHAM, NC 27713 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 367 LSC/moretz Manor V 367 Continued From page 2 group home will report incidents that occurred; and a statement indicating that there have (6) all reportable incidents been no reportable incidents whenever no incidents have occurred during the quarter that to the state and all meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) necessary parties or through (4) of this Paragraph. authorities as required by the State, according to 10 A NCAE 27G This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was -LSC Will doubles by completed and submitted to the Local Managed ensuring that all Staff cure property Trained on documentation Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: Review on 12/29/21 of the Facility Incident report dated 12/17/21 revealed: -"[Client #2] accused [FC#1] of sexually touching and incident reporting [Client #2]." Review on 12/29/21 of Former Client #1's record revealed: -Admission Date: 8/3/21 -Diagnoses of Traumatic Brain Injury with Loss of Consciousness (greater than 14 hours), without return to pre-existing level of functioning, Initial Encounter and Unspecified Seizure Disorder. -Discharged 12/8/21. Review on 12/29/21 of Client #2's record revealed: Admission date of 8/31/21.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CON: IDENTIFICATION NUMBER:		(X3) DATE SURVEY	
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NAME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE ZIR CODE	12/29/2021	
MORETZ MANOR		ON ROAD	ATE, ZIF CODE		
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TAG REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	4OH I D DE	
erroneous, misleading (2) the provider required on the incider unavailable. (c) Category A and B upon request by the Li obtained regarding the (1) hospital reco- information; (2) reports by oth (3) the provider's (d) Category A and B of all level III incident re- Mental Health, Develop Substance Abuse Servi- becoming aware of the providers shall send a c- incidents involving a clie Health Service Regulati- becoming aware of the client death within sevel- or restraint, the provider immediately, as required .0300 and 10A NCAC 23 (e) Category A and B preport quarterly to the Li catchment area where s The report shall be subm by the Secretary via elec- include summary informat (1) medication erro- definition of a level II or le (2) restrictive inten- the definition of a level III (3) searches of a c-	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) nued From page 1 nation provided in the report may be eous, misleading or otherwise unreliable; or the provider obtains information red on the incident form that was previously silable, ategory A and B providers shall submit, request by the LME, other information red regarding the incident, including: hospital records including confidential		- LSC Moretz no group home we call reportable is to the state our necessary part authorities as lay state, accert to 10A NCAE a LSC will do the ensuring that is staff our propertiained on document incident very and incident very	nanor ill report incidents	

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: (X3) DATE SURVEY A. BUILDING: COMPLETED C MHL032-621 B. WING 12/29/2021 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 409 EBON ROAD MORETZ MANOR **DURHAM, NC 27713** (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETE PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 367 Continued From page 2 V 367 -LSC/Moretz Manor incidents that occurred; and group home will report a statement indicating that there have been no reportable incidents whenever no all reportable incidents incidents have occurred during the quarter that to the state and all meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) necessary parties or through (4) of this Paragraph. authorities as required by state, according to 10A NCAC 27G. - LSC Will do this by ensuring that all staff are properly trained on clocumentation and incident reporting. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure a Level II incident report was completed and submitted to the Local Managed Entity/Managed Care Organization (LME/MCO) within 72 hours. The findings are: Review on 12/29/21 of the Facility Incident report dated 12/17/21 revealed: -"[Client #2] accused [FC#1] of sexually touching [Client #2]." Review on 12/29/21 of Former Client #1's record revealed: -Admission Date: 8/3/21 -Diagnoses of Traumatic Brain Injury with Loss of Consciousness (greater than 14 hours), without return to pre-existing level of functioning, Initial Encounter and Unspecified Seizure Disorder. -Discharged 12/8/21. Review on 12/29/21 of Client #2's record revealed: -Admission date of 8/31/21. -Diagnoses of Diffuse Traumatic Brain Injury

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INSERVICE/TRAINING SIGNATURE SHEET

PRINTED NAME AND TE BRIEF DESCRIPTION OF		arry lam for sentation	ance Traps
Participant's Signature Makailah Young Veranica Tahoya Lonar Dillo Laigh Small Stricifits Followil J. Lucke Kat L. Res	Verenica labor Imani Dillon Asiyah Small Chevi Wills Nothanist J. Reservin KATPINA REID	Direct Care Direct Care (Julie 1) Direct Care (Julie 1) Direct Care Direct Care Direct Care Direct Care	Service Site Movetz Manor Moretz Manor

Staff Meeting Notes:

12/10/21 at 9am

- 1. Attendance
- 2. Paycom (clocking in/out)
- 3. Time off request
- 4. Documentation
- 5. Covid vaccinations/booster
- 6. Management
- 7. Staff Christmas potluck & gift exchange
- 8. Passing medication & med count

Please pay attention to your schedule and try to be on time to relief your co-worker

Please make sure that you are putting the right time in Paycom, there will be no holidays off request granted because we are short staff. If we get sufficient staff in before the holidays, then time off request will be granted based on seniority, sorry. It was brought to my attention that KG told his worker from Carolina Outreach that CD touched him inappropriately. Please make sure to document anything comments made by KG or any clients about any allegations, concerns about abuse and/or allegations. They were also informed to always document in all three communication logs (Kaleidacare, behavioral chart and the Dily communication log. I did speak to his Kenneth, KG's guardian and he said he will speak to KG as well, but make sure that you document these comments. Then don't forget to let Cherie know and let me know and I'll take it from there. HR is stating that anyone who does not have the covid vaccine will be taken off the schedule until they have been vaccinated or unless they have been exempted. Cherie is now the new program manager, which means she will be your new direct supervisor. Please talk to her about anything you need before coming to me. Please remember to count all control meds before leaving your shift. They will be a medication training on Saturday for everyone that needs it and it will be in the Raleigh office. I hope everyone likes their Christmas gifts, thanks for all your hard work.



STAFF MEETING AGENDA MORETZ MANOR

DATE 2.4.2022

INTORDUCTIONS

INTERACT WITH THE CLIENT'S; PLAYING BOARD GAMES, PLAYING MUSIC, MOVIE & POPCORN, ETC

APPROPRIATE TV SHOWS

INCREMENT WEATHER

SHIFT RESPONSIBILITIES

COOKING DETAILS

LAUNDRY-FIRST SHIFT PUT AWAY-THIRD WASH AND DRY AND FOLD

CONSISTENCY WITH CLIENTS

DOCUMENTATION

CELL PHONE USAGE

PICKING UP EXTRA HOURS

TAKING INITIATIVE

BEHAVIORAL SPECIALIST

Weekly Weight 3rd hift Body Checks

5712 Shattalon Drive, Apt. 47 · Winston-Salem, NC 27105 · (336) 744-7350



STAFF MEETING AGENDA MORETZ MANOR

Date: 2.4 2022 Ice Breaker: Client Specifics and Review:



STAFF MEETING AGENDA

MORETZ MANOR

Date: 1.7.2022

Name:	Position:
Furmilyo Owdersi	Dsp
Hakeld Tonas	_ DSD
Cherie Mcis	PM



STAFF MEETING AGENDA

MORETZ MANOR

Date: 1. 7. 2022
Ice Breaker:
Client Specifics and Review:
Documentation: Reporting and writing all incidents at the and of your shift. notify
your manager. The and of your shift. notify
Report all incidents in the incident notebook