Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, <i>'</i>	CONSTRUCTION	(X3) DATE SURVEY COMPLETED				
					R			
		MHL098-100	B. WING		03/11/2022			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE				
	304 FAIRVIEW AVENUE							
MISS DAIS	SY'S GENTLEMEN OF TH	HE FUTURE WILSON	, NC 27894					
(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 APPROPF DEFICIENCY)	BE COMPLETE			
V 000	INITIAL COMMENTS		V 000					
	on March 11, 2022. Tunsubstantiated (Intal deficiency was cited.	w up survey was completed The complaint was ke #NC00186390). A d for the following service						
		27G .1700 Residential						
		d for 4 and currently has a vey sample consisted of ents, 1 former client.						
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112					
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for client receive services beyond (d) The plan shall incomplete the projected date of achieved by provision projected date of achieved (2) strategies; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievements.	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Blude: I that are anticipated to be a of the service and a devement; I wiew of the plan at least on with the client or legally reboth; I on or assessment of t; and						
	responsible party, or	or agreement by the client or a written statement by the such consent could not be						

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		A. BOILBING.	7. BOLESING.		R	
	MHL098-100	B. WING			11/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MISS DAISY'S GENTLEMEN OF TH	E FUTURE	VIEW AVENUE NC 27894				
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 112 Continued From page obtained. This Rule is not met a Based on record revier facility failed to develo based on assessment clients (#2, #3 and #4) clients (FC) (#5). The strict of the strict o	as evidenced by: ws and interviews, the p and implement strategies for three of three current and one of one former findings are: f client #2's record 8/02/21. ct Disorder, Attention Deficit c, Combined type, Cannabis Use Disorder f client #2's Admission rral Assessment revealed: Reason for Admission: ubstance abuse. Dated at dated: 3/2/21 Presenting past substance abuse."	V 112				

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MHL098-100 S. WING	· · · ·		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
NAME OF PROVIDER OR SUPPLIER **STREET ADDRESS. CITY, STATE, ZIP CODE** **304 FARRYLEW AVENUE** WILSO DAISY'S GENTLEMEN OF THE FUTURE **SUMMARY STATEMENT OF DEPICIENCISES** (X4) ID SUMMARY STATEMENT OF DEPICIENCISES** (EACH DEPICIENCY MASS EE PRECEDED BY FULL REPORT OF CARD CORRECTIVE ACTION SHOULD BE CARD DEPICIENCY MASS EE PRECEDED BY FULL PREPAY. TAO.** **V 112** **CONTINUED From page 2** Review on 03/08/22 of client #2's Person-Centred Plan (PCP) revealed: - Date of plan 03/08/22 No goals or strategies identified to address client #2's history of eloping behaviors. **Finding #2:* Review on 03/08/22 of client #3's record revealed: - 11 year old male Admission date of 05/04/21 Diagnoses of Oppositional Defiant Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder. **Review on 03/08/22 of client #3's CCA dated 07/14/21 revealed: - "[Client #3] got a consequence due to not following a simple rule. He became upset and began cursing at the staff member. [Client #3] then left the facility twice where we could not find him." **Review on 03/08/22 of client #3's PCP revealed: - Date of plan 02/08/22 No goals or strategies identified to address client #2's history of eloping behaviors. **Finding #3:* Review on 03/08/22 of client #4's record revealed: - 14 year old male Admission date of 10/21/21 Diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive				71. BOILBING.			R	
MISS DAISY'S GENTLEMEN OF THE FUTURE MILSON, NC 27894 DISCHARD PRICE SUMMARY STATEMENT OF DEFICIENCIES DISCHARD PRICE PREPIX TAG DISCHARD PRICE PROVIDENS PLAN OF CORRECTION DISCHARD PRICE PROVIDENS PLAN OF CORRECTION DISCHARD PRICE PROVIDENS PLAN OF CORRECTION DISCHARD PRICE DISCHAR			MHL098-100	B. WING		1		
MISSO ANSY'S GENTLEMEN OF THE FUTURE WILSON, NC 27894	NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE			
PREFIX TAG ((EACH DEFICIENCY MIST BE PRECEDED BY FILL TAG) (EACH CORRECTIVE ACTION ADOLD BE COMPLETE TO THE APPROPRIATE DATE DATE TO THE APPROPRIATE DATE DATE OF THE APPROPRIATE DATE DATE DATE DATE DATE DATE DATE D	MISS DAIS	SY'S GENTLEMEN OF TH	HE FUTURE					
Review on 03/08/22 of client #2's Person-Centered Plan (PCP) revealed: - Date of plan 03/08/22 No goals or strategies identified to address client #2's history of eloping behaviors. Finding #2: Review on 03/08/22 of client #3's record revealed: - 11 year old male Admission date of 05/04/21 Diagnoses of Oppositional Defiant Disorder, Intermittent Explosive Disorder, Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder. Review on 03/08/22 of client #3's CCA dated 07/14/21 revealed: - "Client #3] got a consequence due to not following a simple rule. He became upset and began cursing at the staff member. [Client #3] then left the facility twice where we could not find him." Review on 03/08/22 of client #3's PCP revealed: -Date of plan 02/08/22No goals or strategies identified to address client #2's history of eloping behaviors. Finding #3: Review on 03/08/22 of client #4's record revealed: - 14 year old male Admission date of 10/21/21 Diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder, Disruptive	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
Disorder Disorder	V 112	Review on 03/08/22 of Person-Centered Plata - Date of plan 03/08/2- No goals or strategic client #2's history of element #3's got a confollowing a simple rule began cursing at the element #3's got a confollowing a simple rule began cursing at the element #3's got a confollowing a simple rule began cursing at the element #3's history of element #3's history of element #2's history of element #2's history of element #3's Review on 03/08/22 of revealed: - 14 year old male Admission date of 1 - Diagnoses of Post Tattention Deficit Hype Mood Disorder, Persi	of client #2's in (PCP) revealed: 22. es identified to address eloping behaviors. of client #3's record 5/04/21. estional Defiant Disorder, e Disorder, Post Traumatic intion Deficit Hyperactivity of client #3's CCA dated esequence due to not e. He became upset and estaff member. [Client #3] erice where we could not find of client #3's PCP revealed: 2. es identified to address client g behaviors. of client #4's record 0/21/21. Fraumatic Stress Disorder, eractivity Disorder, Disruptive	V 112				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE	(X3) DATE SURVEY COMPLETED		
			A. BUILDING: _	A. BUILDING:		
		MHL098-100	B. WING		R 03/11/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ΓE, ZIP CODE		
MISS DAI	SY'S GENTLEMEN OF TH	IF FUTURE 304 FAIR	VIEW AVENUE			
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(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE COMPL E APPROPRIATE DATE	ETE
V 112	Continued From page	: 3	V 112			
	Assessment dated 10 -"Identify any risk taki elopements."	//21/21 revealed: ng behaviors: Fire setting,				
	10/15/21 revealed: -"[Client #4] struggles	without permission and				
	-Date of plan 02/09/22	s identified to address client				
	-11 year old maleAdmission date of 07 -Discharge date of 02 -Diagnoses of Opposi Disruptive Mood Dysr	/13/22. itional Defiant Disorder, egulation Disorder, Post order, Attention Deficit				
	Review on 03/10/22 of 02/17/22 revealed: -"While in his current on numerous occasio	placement, he has eloped				
	#5's history of eloping During interview on 0: -He moved into the fa	2. s identified to address FC behaviors. 3/08/22 client #2 revealed:				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION (X A. BUILDING:					
						R		
		MHL098-100	B. WING		03	/11/2022		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MISS DAI	MISS DAISY'S GENTLEMEN OF THE FUTURE 304 FAIRVIEW AVENUE WILSON, NC 27894							
(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 112	Continued From page	2 4	V 112					
	-He had lived at the fimonthsHe had eloped from During interview on 0 Professional (QP)#2 -The Licensee/QP #1 plans for each clientSeveral elopements current clients and a -If the clients elopes to extensive search and During interview on 0 revealed: -She was responsible treatment plans for each	3/10/22 the Qualified revealed: completed the treatment at the facility from the FC #5. The staff completes and then the police are called. 3/11/22 the Licensee/QP #1 or completing the each client at the facility. The elopement behaviors in						

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