Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NOMBER.	A. BUILDING: _		COMPLETED			
MHL080-216		MHL080-216	B. WING		R 04/25/2022			
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE				
TMR RESI	TMR RESIDENTIAL 1335 WEST RIDGE ROAD							
			Y, NC 28147					
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
V 112	A limited follow up survey for the Type B rule violation was completed on April 25, 2022. The was a limited follow up survey only 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0209(c) Medication Requirements (V118) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296) were reviewed for compliance. The following were brought back into compliance 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0203 Competencies of Qualified Professionals and Associate Professionals (V109), 10A NCAC 27G .0209(c) Medication Requirements (V118) and 10A NCAC 27G .1704 Minimum Staffing Requirements (V296). A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Adolescents. This facility is licensed for 4 and currently has a census of 4. The survey sample consisted of audits of 3 current clients. 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND		V 112					
	PLAN (c) The plan shall be assessment, and in p legally responsible per	developed based on the artnership with the client or erson or both, within 30 days						
	receive services beyo (d) The plan shall inc	clude:) that are anticipated to be						

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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:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL080-216	B. WING			R I/25/2022
		•			04	123/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
TMR RES	IDENTIAL		ST RIDGE ROAD JRY, NC 28147			
(VA) ID	SLIMMARY ST	TATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	projected date of ach (2) strategies; (3) staff responsible (4) a schedule for reannually in consultation responsible person of (5) basis for evaluation outcome achievement (6) written consent of responsible party, or	ievement; ; eview of the plan at least on with the client or legally r both; ion or assessment of	V 112			
	facility failed to ensure and implemented to a 3 clients(#1). The fine Review on 4/25/22 or -admission date of 2/-age 18 years; -diagnosis of Unspecified Trauma Disorder; -client #1 had gradual preparing to attend or ACT(standardized cowas looking for empletreatment plan dated 3/10/22 documented	view and interviews, the re strategies were developed address client needs for 1 of dings are: f client #1's record revealed: 21/22; iffied Depression Disorder, and Stressor Related ated high school, was ollege, had already taken the ollege admission test) and				

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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:		R		
		MHL080-216	B. WING		04/25/2022		
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
TMR RESI	DENTIAL		T RIDGE ROAD				
0/4) ID	SHIMMARY ST		Y, NC 28147	PROVIDER'S PLAN OF CORRECTION		(VE)	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	OULD BE COMPLET		
V 112	Continued From page 2		V 112				
V 112	settings, increase confollow daily schedule, comply with staff direct refrain from verbal agto manage anger by it identifying 2-3 de-esc coping skills, learn to behaviors, attend group communication skills, coping skills, appropriskills. Interview on 4/21/22 verevealed: -client #1 had already -client #1 had a job werestaurant; -staff transported client job; -client #1 worked until Interview on 4/22/22 verevealed to be at work the other client #1 was the other clients and here of the revealed no document for the staff of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of the staff transported client #1 was the other clients and here of t	npliance, remain focused, complete assigned chores, ctives, comply with rules, gression, identify new ways dentifying triggers, alation techniques and 3-5 deal with negative ups focusing on anger management skills, iate boundaries and social with the House Manager graduated high school; orking at a local fast food ant #1 back and forth to her I 8pm. With staff #3 revealed: k by 10am. With the licensee/Director is on a "different track" than and a job.	V TIZ				

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