PRINTED: 11/01/2021 FORM APPROVED OMB NO 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED		
		34G105	B. WING				С
	ROVIDER OR SUPPLIER			8	STREET ADDRESS, CITY, STATE, ZIP CODE 304 EAST 23RD STREET NEWTON, NC 28658	1 10	0/19/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
W 000	INITIAL COMMENTS		wo	000			
	previous deficiencies deficiencies cited 8/24 New non-compliance	ed on 10/19/2021 for all cited on 8/24/2021. All cited have been corrected. Was identified with a nalso conducted 10/19/21.					
W 122	Intake #NC00182308 CLIENT PROTECTION CFR(s): 483.420(a)	NS	W 1		W122 A formal investigation was completed by the complete by	ınits	
	Therefore the facility no This CONDITION is no The facility failed to enwritten policies and promistreatment, neglectifailed to ensure that all	ot met as evidenced by: nsure implementation of ocedures that prohibit or abuse of clients (W149); allegations of neglect and	all clients. Cuality Assurance Specialist. The clinical team will complete visits to the home two times per week for period of 30 days to monitor client needs and staff interactions. All staff will be trained and in-serviced timely incident reporting, abuse/neglect/exploitation quality of life, behavior support plans, and documentation requirements. The team will complements (W149); Interdisciplinary Team Training which incorporates training on investigations.		ek for a staff viced on tation, omplete rates		
	that all alleged violation investigated (W154); fa sufficient client protecti becoming aware of abo	failed to provide evidence as were thoroughly alied to implement on measures after use allegations and after		t	In the future, the Qualified Professional will ensure a allegations of abuse/neglect/exploitation are investig thoroughly by completing formal investigations and n necessary notifications.	ated naking all	
	an investigation was in	process (W155); and opriate corrective action for			RECE NOV 1		
	resulted in the facility's				DHSR-MH Lic	en <mark>sur</mark> e	Sect
W 149	statutorily mandated cli STAFF TREATMENT C CFR(s): 483.420(d)(1)		W <u>14</u>		V149 Cross reference W122	ANI	VED-
	The facility must develor policies and procedures mistreatment, neglect o					12	
-	This STANDARD is no	t met as evidenced by:			MHL 8		ection K6),DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION IG	COMPI	
		34G105	B. WING			C
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658	=	10/19/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
W 149	document review, the policies and procedures of 1 sampled client (see Procedures) of 10/13/21 and complete qualified intellectual (see QIDP) to inquire about the guardian of client QIDP's inquiry revea of client #2 contacted client #2 had alleged client. Further review revealed the QIDP to only. Review of the interview on 10/13/21 revealed engaged in a verbal and staff A intervened client #2's shoulder a calm down. Interview client #2 reported to pushed her; Staff A a staff B that she was papologized and said of the interview by the 10/13/21 revealed that the medication room interaction between sto the allegation of client #2, no body check or services of client #2,	wiew, record review and e facility failed to implement ires to prevent neglect by not to assure client safety for 1 #2). The finding is: of an internal inquiry dated eted 10/14/21 revealed the disabilities professional out an allegation reported by t #2. Continued review of the led on 10/13/21 the guardian d the QIDP and reported that a staff A had pushed the w of the internal inquiry of interview staff A and staff B ew by the QIDP with staff A d on 10/12/21 client #2 altercation with another client d and placed her hand on and requested the client to w with staff A also revealed estaff B that staff A had asked client #2 why she told oushed and client #2 she would do better. Review the QIDP with staff B on the staff to report she was in and did not see any staff A and client #2 relative	W 1-	49		

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1000 CONTRACTOR CONTRA		CONSTRUCTION	, ,	E SURVEY PLETED
		34G105	B. WING				C /19/2021
	ROVIDER OR SUPPLIER	•		804	REET ADDRESS, CITY, STATE, ZIP CODE BEAST 23RD STREET WTON, NC 28658	1 10	119/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
	Review of records for diagnosis history of redisability and chronic of records for client # dated 3/22/21 with a target behaviors of cistuffing. Interview with client # home revealed the date of the properties	r client #2 revealed a moderate intellectual anxiety. Continued review #2 revealed a habilitation plan behavior support plan for rying, skin picking and food #2 on 10/19/21 at the group lient to report last week staff her back and closed her red interview with client #2 ported the incident to her radian. Further interview with a client to allege staff A had on the back. Subsequent #2 revealed the client to state the and won't let me lay on a she tells me to get up". It it #2 was unable to provide a strions other than "last week". on 10/19/21 at the group or report during the previous to work client #2 was and reported staff A would shwasher and "I hope she interview with staff C report client #2 was upset er information that she could sequent interview with staff of report concerns about diministration because she ent #2 was really upset revealed it is common for	W	149			
	chent #2 to get upset	with redirection although	1				- 1

AND PLAN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING COMPLETE	(X3) DATE SURVEY COMPLETED	
C P MANG	10004	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	2021	
23RD STREET HOME 804 EAST 23RD STREET NEWTON, NC 28658		
	(X5) COMPLETION DATE	
W 149 Continued From page 3 she had never experienced the client to make statements such as "I hope she gets fired". Review of the facility abuse, neglect and exploitation policies and procedures on 10/19/21 revealed the definition of "neglect" included the statement "failure to provide services and supports necessary to protect a person from serious physical and/or psychological harm". Continued review of the facility abuse, neglect and exploitation policies and procedures revealed a section specific to investigations (102.058). Review of investigation procedures revealed the investigator will determine if the staff member alleged to have committed the act of abuse should be suspended immediately for the duration of the investigation, or if clinical supervision is needed in lieu of suspension, and take appropriate action to assure the safey of the people involved. Interview with the QIDP on 10/19/21 verified she had not interviewed ident #2 during the 10/13/21 inquiry as she did not think about it. Interview with the QIDP also verified client #2 was the only verbal client in the group home and did not have a history of making false statements, telling untruths or reporting false allegations against staff. Continued interview with the QIDP revealed she had only interviewed staff A and B during the inquiry as they were the only staff on shift at the time of the reported allegation by client #2. Interview with the QIDP also verified behavior reports, incident reports nor any other documentation had not been used to conduct the inquiry into client #2's allegation against staff A. Further interview with the QIDP verified there had been no body check of client #2 after the alleged		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		34G105	B. WING_			C 10/19/2021
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 804 EAST 23RD STREET NEWTON, NC 28658	DE	7071672021
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W 149	and no increased clin interview with the QID conclusion of the interview mith the QID conclusion of the interview mith a psych appoint with frustrations due to her sister that result guardian. Interview with the faci 10/19/21 revealed an with an allegation to dinvestigation is needed the facility administration investigation had not the facility administration investigation as the had not determined an necessary. Interview administrator further with the lack of thoroughner inquiry and a formal in been conducted to en abuse. STAFF TREATMENT CFR(s): 483.420(d)(2) The facility must ensum instreatment, neglect injuries of unknown so immediately to the adrofficials in accordance established procedure.	of staff during the inquiry ical monitoring. Subsequent of verified with the mal inquiry the only was to support client #2 ment to discuss coping skills to the client making reports it in complaints to the lity administrator on inquiry is usually conducted etermine if a more formal d. Continued interview with or revealed a formal open conducted with client findings from the inquiry in investigation to be with the facility erified she was unaware of east conducted with the initial exestigation should have sure client protections from OF CLIENTS The that all allegations of or abuse, as well as ource, are reported ministrator or to other with State law through	W 1			
	Based on review of fainterviews, the facility	cility records and failed to ensure an 1 of 1 sampled client (#2)				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI		DNSTRUCTION		E SURVEY IPLETED
		34G105	B. WING			10	C 0/19/2021
	ROVIDER OR SUPPLIER			804	EET ADDRESS, CITY, STATE, ZIP CODE EAST 23RD STREET VTON, NC 28658	1 10	71372021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	3E	(X5) COMPLETION DATE
W 153	administration. The fire of the continued of the continue	coup home on 10/19/21 at an #2 to sit in her room book and watching observation revealed client for into her bedroom. 2 revealed the client to A had pushed her on her door "loud". Continued 2 revealed she had reported for and to her guardian. client #2 revealed the client flso pushed client #1 on the floor staff B gets mad at any on my bed. If I lay down the should be noted client flast week". In 10/19/21 at the group or report during the previous and reported staff A would shwasher and "I hope she interview with staff C floor client #2 was upset for information that she could be guent interview with staff the report concerns about a floor interview with staff the report concerns about a floor interview in the could be guent interview with staff the report concerns about a floor interview in the could be guent interview with staff the report concerns about a floor interview in the could be guent interview with staff the report concerns about a floor interview in the could be guent interview in the could be guent interview with staff the report concerns about a floor interview in the client to make the client to mak	W *	153			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G105	B. WING_			C / 19/2021	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658	1 10	113/2021	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PF REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE	
W 154	10/13/21 and complet qualified intellectual d (QIDP) to inquire about the guardian of client. QIDP's inquiry revealed of client #2 contacted client #2 had alleged sclient. Further review revealed the QIDP to Review of notes by the staff A revealed the staff A revealed the staff A asked the client pushed and the client was going to do better linterview with the QID did not interview client inquiry. Continued into verified staff B should allegation to administr with the QIDP reveale occurred relative to the a confirmed interview staff A had pushed held the allegation. Additionally verified she had not in staff during the inquiry STAFF TREATMENT CFR(s): 483.420(d)(3). The facility must have violations are thorough This STANDARD is not be staffed to produce the facility failed to produce the staffed to produce the staff	led 10/14/21 revealed the isabilities professional ut an allegation reported by #2. Continued review of the led on 10/13/21 the guardian the QIDP and reported that staff A had pushed the lof the internal inquiry interview staff A and staff B. le QIDP during interview with laff to report (on 10/13/21) hat staff A pushed her and the why she reported she was apologized and said she for the internal inquiry interview with laff to report (on 10/13/21) hat staff A pushed her and the why she reported she was apologized and said she for the interview with the QIDP have reported client #2's lation. Further interview do no corrective action had be reporting of abuse despite that client #2 had alleged and staff had not reported interview with the QIDP terviewed any additional to ther than staff A and B. OF CLIENTS levidence that all alleged had investigated. The profession of the profession	W 15				

1	F CORRECTION	IDENTIFICATION NUMBER:	100 Department (100 Department)		DNSTRUCTION		TE SURVEY MPLETED
		34G105	B. WING			1	C 0/19/2021
	ROVIDER OR SUPPLIER			804 I	EET ADDRESS, CITY, STATE, ZIP CODE EAST 23RD STREET VTON, NC 28658		0/13/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
W 154	Review on 10/19/21 10/13/21 and complet qualified intellectual (QIDP) to inquire about the guardian of clien QIDP's inquiry revea of client #2 contacted client #2 had alleged client. Further review revealed the QIDP to only. Review of the interview on 10/13/21 revealed engaged in a verbal and staff A intervene client #2's shoulder a calm down. Interview client #2 reported to pushed her; Staff A a staff B that she was papologized and said of the interview by the 10/13/21 revealed that the medication room interaction between so to the allegation of client #2, no body check or services of client #2, removal of any staff of	of an internal inquiry dated eted 10/14/21 revealed the disabilities professional out an allegation reported by t #2. Continued review of the eled on 10/13/21 the guardian of the QIDP and reported that it staff A had pushed the ew of the internal inquiry or interview staff A and staff B. The ew by the QIDP with staff A and on 10/12/21 client #2 altercation with another client do and placed her hand on and requested the client to ex with staff A also revealed staff B that staff A had esked client #2 why she told pushed and client #2 she would do better. Review the QIDP with staff B on the staff to report she was in and did not see any estaff A and client #2 relative itent #2. Internal inquiry revealed noticews, no interview with client the evaluation by nursing no protection of clients with during the inquiry and notices relative to staff based on real inquiry. The client #2 revealed a	W	154			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		34G105	B. WING			1	C /19/2021
	ROVIDER OR SUPPLIER			80	REET ADDRESS, CITY, STATE, ZIP CODE 4 EAST 23RD STREET EWTON, NC 28658	10	119/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)			(X5) COMPLETION DATE
	of records for client #2 dated 3/22/21 with a beta target behaviors of crystuffing. Interview with client #2 home revealed the client A had pushed her on I door "loud". Continue revealed she had reposister and to her guard client #2 revealed the also pushed client #1 interview with client #2 "staff B gets mad at m my bed. If I lay down should be noted client timeframe with allegated Interview with staff C cohome revealed staff to week, when she came crying in her bedroom not let her load the dis gets fired". Continued revealed the staff to re and also reported other not understand. Subset C revealed she did not client #2's report to add was not sure what client about. Staff C further also client #2 to get upset when she had never experient statements such as "I interview with the QIDF I	anxiety. Continued review 2 revealed a habilitation plan behavior support plan for ying, skin picking and food 2 on 10/19/21 at the group ent to report last week staff her back and closed her dinterview with client #2 orted the incident to her dian. Further interview with client to allege staff A had on the back. Subsequent 2 revealed the client to state e and won't let me lay on the tells me to get up". It #2 was unable to provide a dions other than "last week". In 10/19/21 at the group report during the previous at to work client #2 was and reported staff A would hwasher and "I hope she interview with staff C port client #2 was upset or information that she could be equent interview with staff are port concerns about ministration because she int #2 was really upset revealed it is common for with redirection although inced the client to make	W	154			

	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		RIPLE CONSTR			E SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
W 154	with the QIDP also werbal client in the grahistory of making fauntruths or reporting staff. Continued interviewinquiry as they were time of the reported a Interview with the QII reports, incident and no remorinquiry into client #2's Further interview with been no body check incident and no remorinquiry. Subsequent verified with the concept the only recommended client #2 with a psychologing skills with frust making reports to her complaints to the guar Interview with the fact 10/19/21 revealed an with an allegation to convestigation is needed the facility administratinvestigation had not #2's allegation as the had not determined a necessary. Interview administrator further with the lack of thoroughninquiry and a formal in inquiry and a formal in	t think about it. Interview erified client #2 was the only oup home and did not have alse statements, telling false allegations against rview with the QIDP revealed wed staff A and B during the the only staff on shift at the allegation by client #2. DP also verified behavior orts or any other to been used to conduct the stallegation against staff A. In the QIDP verified there had not client #2 after the alleged val of staff during the interview with the QIDP dusion of the internal inquiry end action was to support appointment to discuss trations due to the client resister that result in urdian. It y administrator on inquiry is usually conducted determine if a more formal end. Continued interview with cor revealed a formal been conducted with client findings from the inquiry in investigation to be		154			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		E CONSTRUCTION		E SURVEY PLETED
		34G105	B. WING			40	C
NAME OF P	ROVIDER OR SUPPLIER			٤	STREET ADDRESS, CITY, STATE, ZIP CODE	1 10	/19/2021
23RD STR	REET HOME			1000	804 EAST 23RD STREET NEWTON, NC 28658		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PR		ID PREFI TAG	PREFIX (EACH CORRECTIVE ACTION SHOUL			(X5) COMPLETION DATE
W 155	while the investigation This STANDARD is in Based on review of far and interviews, the far sufficient client ptoted after becoming aware of 1 investigation review. Review on 10/19/21 or 10/13/21 and complet qualified intellectual droughlighted (QIDP) to inquire about the guardian of client QIDP's inquiry revealed of client #2 contacted client #2 had alleged so client. Further review revealed the QIDP to only. Review of the interview on 10/13/21 revealed engaged in a verbal all and staff A intervened client #2's shoulder and calm down. Interview client #2 reported to stopushed her; Staff A as staff B that she was pure apologized and said slof the interview by the 10/13/21 revealed the the medication room a	ent further potential abuse is in progress. iot met as evidenced by: acility records/documents cility failed to implement tion measures immediately of an abuse allegation for 1 ewed. The finding is: If an internal inquiry dated ed 10/14/21 revealed the isabilities professional at an allegation reported by #2. Continued review of the ed on 10/13/21 the guardian the QIDP and reported that staff A had pushed the of the internal inquiry interview staff A and staff B W by the QIDP with staff A on 10/12/21 client #2 tercation with another client and placed her hand on id requested the client to with staff A also revealed aff B that staff A had ked client #2 why she told ushed and client #2 ne would do better. Review QIDP with staff B on staff to report she was in and did not see any aff A and client #2 relative	W	155	W155 Cross reference W122		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	JILTIPLE CONSTRUCTION DING			(X3) DATE SURVEY COMPLETED	
		240405					С	
		34G105	B. WING_			10	/19/2021	
NAME OF P	ROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE			
23RD STR	REET HOME			8	804 EAST 23RD STREET			
20112 0111	and the same			1	NEWTON, NC 28658			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
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W 155	Continued From page	± 11	W 1	155	5	0.000		
	Further review of the i	internal inquiry revealed no						
		ews, no interview with client						
	#2, no body check or							
	services of client #2 a	nd no protection of clients						
	with removal of any st	aff during the inquiry.						
		P on 10/19/21 verified she						
		lient #2 during the 10/13/21						
		think about it. Interview						
		rified client #2 was the only						
		oup home and client #2 did						
		making false statements,						
	telling untruths or repo							
		ed interview with the QIDP						
		ninterviewed staff A and B hey were the only staff on						
		reported allegation by client						
		QIDP also verified behavior						
	reports, incident repor							
		ot been used to conduct the						
	inquiry into client #2's	allegation against staff A.						
		the QIDP verified there had						
		f client #2 after the alleged						
	incident and no remov	9						
	10/19/21 verified measured	the facility administrator on						
		en taken with regard to						
		nvolving staff A. Continued						
		ity administrator verified			2			
		diately suspended while an						
	internal investigation w							
	thoroughness with inve						1	
	allegation against staff							
W 157	STAFF TREATMENT		W 1:	57	NAME 7		1	
	CFR(s): 483.420(d)(4)		V V 13	U I	W157		l	
	J (0). 100. 120(a)(4)				Cross reference W122			
	If the alleged violation	is verified, appropriate						

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		34G105	B. WING			10	C 0/19/2021
	ROVIDER OR SUPPLIER			804 E	EET ADDRESS, CITY, STATE, ZIP CODE EAST 23RD STREET VTON, NC 28658	1 10	71312021
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	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		. W	157			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
					С		
		34G105	B. WNG			10/19/2021	
NAME OF PROVIDER OR SUPPLIER 23RD STREET HOME				STREET ADDRESS, CITY, STATE, ZIP CODE 804 EAST 23RD STREET NEWTON, NC 28658			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION X (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
W 157	Continued From page with a psych appointm with frustrations due to her sister that result guardian.	nent to discuss coping skills o the client making reports	W	157			



Tuesday, November 9, 2021

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

Re: Plan of Correction 23rd Street Home 804 East 23rd Street Newton NC 28658

To Whom It May Concern:

Please find the Plan of Correction for deficiencies noted during the Annual Licensure

Recertification survey review for the RHA 23rd Street Facility. If you have any questions or

concerns regarding the Plan of Correction, please feel free to contact Leslie Burleson, Administrator at 828-428-0061

Sincerely,

Audrey Usserk

IDD Qualified Professional RHA Health Services NC, LLC

Enclosure