		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 06/21/2022		
MHL080-122		IDENTIFICATION NONIBER.					
		B. WING					
NAME OF PF	ROVIDER OR SUPPLIER	STREET A	ET ADDRESS, CITY, STATE, ZIP CODE				
CHANCES	GROUP HOME		ST FISHER STREET URY, NC 28144				
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual and follow up survey was completed on June 21, 2022. Deficiencies were cited.						
		d for the following service C 27G .1700 Residential Ire for Children or					
		d for 4 and currently has a vey sample consisted of ents.					
V 296	27G .1704 Residenti Staffing	al Tx. Child/Adol - Min.	V 296				
	telephone or page.	4 MINIMUM STAFFING ssional shall be available by A direct care staff shall be lity within 30 minutes at all					
	required when childro present and awake is (1) two direct of	are staff shall be present for					
	(2) three direct for five, six, seven or adolescents; and	ar children or adolescents; t care staff shall be present eight children or care staff shall be present for					
	nine, ten, eleven or t adolescents. (c) The minimum nu	-					
	follows: (1) two direct of and one shall be awa	care staff shall be present ake for one through four					
	(2) two direct of	nts; care staff shall be present					

## PRINTED: 06/24/2022 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-122			(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		R 06/21/2022		
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	, ZIP CODE		
HANCES	<b>6 GROUP HOME</b>		ST FISHER STREET			
	SUMMARY ST		URY, NC 28144	PROVIDER'S PLAN O		(25)
(X4) ID PREFIX TAG	(EACH DEFICIENC	LIST INCLUSION DELICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE <sup>-</sup> DATE
V 296	Continued From pag	e 1	V 296			
V 296	<ul> <li>continued From page 1</li> <li>and both shall be awake for five through eight children or adolescents; and</li> <li>(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents.</li> <li>(d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan.</li> <li>(e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.</li> </ul>					
	staffing ratios of two adolescents. The fin Review on 6/20/22 a record revealed: -Admitted 5/18/21; -Diagnosed with Atte Disorder, Conduct Di -15 years old.	record review, and ity failed to ensure minimum staff for up to four dings are: nd 6/21/22 of Client #2's ntion Deficit Hyperactivity				

STATE FORM

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL080-122		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED R 06/21/2022	
		MHL080-122	B. WING	06			
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE			
CHANCES	S GROUP HOME	712 WES	ST FISHER STREET				
		SALISBU	URY, NC 28144				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 296	Continued From page	e 2	V 296				
	<ul> <li>-Diagnosed with Attention Deficit Hyperactivity Disorder, Oppositional Defiant Disorder;</li> <li>-17 years old.</li> <li>Observation on 6/20/22 at approximately 8:30am-9:10am revealed:</li> <li>-One staff (Qualified Professional (QP)) alone with four clients;</li> <li>-Associate Professional (AP) arrived at 9:10am.</li> </ul>						
	Interview on 6/20/22 -Alone with four clien -Second staff will arri						
	-Acknowledged only facility with four clien	with the Licensee revealed: one staff was working at the ts present this morning; taff with up to four clients in					
V 752	27G .0304(b)(4) Hot	Water Temperatures	V 752				
	EQUIPMENT (b) Safety: Each faci constructed and equi ensures the physical visitors. (4) In areas of exposed to hot water	4 FACILITY DESIGN AND ility shall be designed, ipped in a manner that safety of clients, staff and the facility where clients are r, the temperature of the ained between 100-116					
	failed to ensure hot v	as evidenced by: and observation, the facility vater temperature was 100-116 degrees Fahrenheit.					

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:         MHL080-122		(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED R		
			A. BUILDING:			
		B. WING		к 06/21/2022		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
HANCE	S GROUP HOME		ST FISHER STREET JRY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 752	Continued From pag	e 3	V 752			
	bathroom registered Interviews on 6/20/22 revealed: -Never experienced water temperature back Interviews on 6/20/22 Professional (AP) an (QP) revealed: -Clients #1, #2, and a water temperature w burn as a result of th	ealed: at the kitchen sink and the 124 degrees Fahrenheit. 2 with Clients #1, #2, and #3 a burn or injury due to the hot eing too high.				

Z6NT11