STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL034-324	B. WING		C 06/30/2022	
AME OF PF	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	ND WILLIAMS #3	4419 CA	NAAN PLACE			
		WINSTO	N-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on 6/30/22. The complaints were unsubstantiated (intake #NC00190007) and (intake #NC00190290). Deficiencies were cited.					
	-	ed for the following service C 27G .5600A Supervised Mental Illness.				
	-	ed for 6 and currently has a vey sample consisted of ient.				
V 109	27G .0203 Privileging	g/Training Professionals	V 109			
	10A NCAC 27G .020 QUALIFIED PROFE ASSOCIATE PROFE					
	qualified professiona (b) Qualified profess	o privileging requirements for Is or associate professionals. sionals and associate				
	and abilities required (c) At such time as a	emonstrate knowledge, skills l by the population served. a competency-based is established by rulemaking,				
	then qualified profess professionals shall d	sionals and associate emonstrate competence.				
	(d) Competence sha exhibiting core skills(1) technical knowle	-				
	(2) cultural awarene(3) analytical skills;(4) decision-making					
	 (5) interpersonal sk (6) communication s (7) clinical skills. 	ills;				
	(e) Qualified profess NCAC 27G .0104 (18	sionals as specified in 10A 8)(a) are deemed to have				
	met the requirements	s of the competency-based				

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STATEMENT OF DEFICIENCIES (2 AND PLAN OF CORRECTION		Ilation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
					c		
		MHL034-324	B. WING			/30/2022	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE			
	AND WILLIAMS #3	4419 CA	NAAN PLACE				
		WINSTO	N-SALEM, NC 271	05			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y 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	(X5) COMPLET DATE	
V 109	Continued From page	e 1	V 109				
V 109	 employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. 						
	Professional #1 (QP) knowledge skills and population served. Th Review on 6/30/22 c	I audited (the Qualified) failed to demonstrate the abilities required by the he findings are: of the QP #1's record					
	revealed: - Hire date: 3/29/2018 - A degree and work QP.	8 history that qualifies her as a					
	-An admission date of -Diagnoses of Schizo Disorder, a History of and a History of Post (PTSD)	oaffective Disorder, Bipolar f Using Methamphetamines, -Traumatic Stress Disorder					
	previously at [a state a structured environn	ed 10/7/21 noted "was psychiatric hospital], needs nent away from negative r mind to be healthy, will					

Division of Health Service Regulation STATE FORM

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If continuation sheet 2 of 5

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE C A. BUILDING:			(X3) DATE SURVEY COMPLETED	
						с	
		MHL034-324	B. WING		06	5/30/2022	
AME OF PF	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE			
HARPE	AND WILLIAMS #3		NAAN PLACE	05			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN C	FCORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET DATE	
V 109	Continued From page	e 2	V 109				
	improve her ability to	be more social and will be					
		ity, is good at construction					
	to be a girl, I need to	make sure I am doing what I					
		yself and will use coping					
		or fighting and without					
	substances, has a relationship with her step						
	mother but not her biological parents, was						
	removed from her biological mother in middle school, home environment was traumatic and						
	had a history of substance use, both biological						
	parents are active drug users, evidence of sexual						
	abuse and parental neglect, has a history of using						
	methamphetamines, will become too irritable fast						
	if there are too many questions or if you are in her						
	personal space, has a history of PTSD and often						
	has flash backs."						
	-A treatment plan dated 9/22/21 noted "has						
	impaired social intera						
		will avoid high risk					
	environments and situationsper unsupervised assessment tool, resident will remain in the						
		ised for a period of zero					
	hours"						
	Review on 6/21/22 of	the "Unsupervised Time					
	Assessment" dated 5	/25/22 revealed:					
	- The Unsupervised A	Assessment was completed					
	and signed by the QF						
	- "Individual's name:						
		5) is an elopement risk and					
		strangers. Individual will					
	elope to look for illega - "The client (client #5						
	unsupervised time. N						
	Interviews on 6/16/22	2 and 6/22/22 with staff #6					
	revealed:						
		oup home on 6/9/22 during					
	-	rvised time and did not					
	return until 6/10/22 at	t 6:30 am.					

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If continuation sheet 3 of 5

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL034-324	B. WING		06	C 6/30/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
	AND WILLIAMS #3	4419 CA	NAAN PLACE			
	AND WILLIAWS #3	WINSTO	N-SALEM, NC 271	05		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From page	e 3	V 109			
TAG V 109	 Client #5 left the gro during her 1 hour of u not returned as of 4:2 Client #5 left the gro 10:15 am during her and has not returned. "No, she (client #5) time because she doo unsupervised time. S " She had been told b police anymore becau tired of coming out her Interview on 6/30/22 v She had a history of heroin, and methamp having withdrawal syn a treatment program medication for her wit She does leave the hour of unsupervised 	bup home on 6/16/22 at 2 pm insupervised time and has 27 pm. bup home on 6/22/22 at 1 hour of unsupervised time does not need unsupervised esn't follow the 1 hour of he is gone all day or all night by QP #1 "to not call the use the police said they are ere." with client #5 revealed: f using crack-cocaine, whetamine. She is currently in but has not been prescribed thdrawal symptoms. group home during her 1 time to drink alcohol. group home at night or e day" during her				
	- "I am getting ready t unsupervised (time) I	to take my hour of need a beer."				
	- She had known prio that she had a history - In January 2022 wh	en client #5 went to the				
	fentanyl, and heroin. - In March 2022 clien	narijuana, crack cocaine, t #5 tested positive for crack				
	unsupervised time be	a. ient #5 having 1 hour of ecause "the police started to staff) and to alleviate her				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLI AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED C	
		MHL034-324	B. WING		06	/30/2022
AME OF PF	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
HARPE A	AND WILLIAMS #3					
0440-15			DN-SALEM, NC 2710	PROVIDER'S PLAN C		()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 109	Continued From pag	e 4	V 109			
		or about 4 days she abided upervised time and then after ing"				

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