| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|--|---|---------------------|--|----------------------------------|-------------------------|--|
| | | DENTITIOATION NOMBER. | A. BUILDING: | | | | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| SUPPOR | T DAY TREATMENT | | ORMANCE D | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 000 | INITIAL COMMENT | S | V 000 | | | | |
| | 2022. The complain | was completed on June 27, nts were substantiated (intake #NC00189679). Deficiencies | | | | | |
| | category: 10A NCA | ed for the following service C 27G.1400 Day Treatment olescents with Emotional or inces. | | | | | |
| | | urrent census of 28. The sisted of audits of 1 current | | | | | |
| V 107 | 27G .0202 (A-E) Pe | ersonnel Requirements | V 107 | | | | |
| | 10A NCAC 27G .02 REQUIREMENTS | 02 PERSONNEL | | | | | |
| | | Il have a written job lirector and each staff position | | | | | |
| | | e minimum level of education, experience and other e position; | | | | | |
| | the position; | e duties and responsibilities of y the staff member and the | | | | | |
| | supervisor; and (4) is retained (b) All facilities sha | in the staff member's file. Il ensure that the director, | | | | | |
| | provides care or se the facility: | or any other person who rvices to clients on behalf of | | | | | |
| | follow directions; | ead, write, understand and | | | | | |
| | | ninimum level of education, experience, skills and other e position; and | | | | | |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|--|----------------------------|--|-----------------------------------|-------------------------|
| | | | A. BUILDING: | | | |
| | | MHL055-120 | B. WING | | C 06/27/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| SUPPOF | RT DAY TREATMENT | | FORMANCE D NTON, NC 280 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | 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) COMPLET DATE |
| V 107 | Continued From pa | ige 1 | V 107 | | | |
| | neglect listed on the Personnel Registry (c) All facilities or s applicants for empli- conviction. The impli- decision regarding upon the offense in which the applicant (d) Staff of a facility currently licensed, if accordance with ap services provided. (e) A file shall be m employed indicating | services shall require that all oyment disclose any criminal pact of this information on a employment shall be based relationship to the job for is applying. y or a service shall be registered or certified in oplicable state laws for the naintained for each individual g the training, experience and for the position, including | | | | |
| | facility failed to ens level of education a position affecting 3 (Staff #1, Staff #2 a | et as evidenced by: views and interviews, the ure staff met the minimum and other qualifications for the of 3 audited paraprofessionals and Staff #3). The findings are: of Staff #1's record revealed: | | | | |
| | -Date of Hire: 5/10/ -Position: Day Trea Specialist. -A job offer letter da | | f | | | |

M8DF11

If continuation sheet 2 of 31

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | | E SURVEY PLETED | |
|-------------------|--|---|--|---|-----------------|--------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| IAME OF F | ROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | | |
| | T DAY TREATMENT | 126 PERI | | DRIVE | | | |
| DUFFOR | I DAI TREATMENT | LINCOLN | ITON, NC 280 |)92 | | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE | |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | DATE | |
| V 107 | Continued From pa | age 2 | V 107 | | | | |
| | educational diplom | | | | | | |
| | A copy of the front there were restriction | portion of the driver's showed | | | | | |
| | | y of the back portion of the | | | | | |
| | license to indicate f | the specific details of the | | | | | |
| | restriction. | | | | | | |
| | -No education cred | entials were on file. | | | | | |
| | Review on 6/10/22 | of Staff #2's record revealed: | | | | | |
| | -Date of Hire: 3/19/ | | | | | | |
| | -Position: Day Trea Specialist. | tment Transportation | | | | | |
| | | ated 3/19/21 required a copy of | | | | | |
| | | onal diploma and transcripts. | | | | | |
| | -No education cred | entials were on file. | | | | | |
| | Review on 6/10/22 | of Staff #3's record revealed: | | | | | |
| | -Date of Hire: 3/19/ | | | | | | |
| | Specialist. | tment Transportation | | | | | |
| | | ated 3/19/21 required a copy of | | | | | |
| | | onal diploma and transcripts. | | | | | |
| | -No education cred | entials were on file. | | | | | |
| | Interview on 6/14/2 | 2 with the Day Treatment | | | | | |
| | Supervisor reveale | | | | | | |
| | | urce (HR)/Finance Director r employee records. | | | | | |
| | | r employee records. | | | | | |
| | | 2 with the HR/Finance Director | | | | | |
| | revealed: | ole for ensuring that | | | | | |
| | credentials were tu | | | | | | |
| | -Staff #1, #2 and #3 | 3 had been out of high school | | | | | |
| | for 50 years. | and of the fractional barries of | | | | | |
| | -She would get a co | opy of the front and back of the from now on | | | | | |
| | | | | | | | |
| | | | | | | | |

| PREFIX TAG(EACH DEFICIENCY REGULATORY OR LSV 108Continued From parV 10827G .0202 (F-I) Per10A NCAC 27G .02 REQUIREMENTS (f) Continuing educe (g) Employee training provided and, at a r following:(1)general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permit .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure may to provide cardioput trained in the Heimit techniques such as the American Heart equivalence for relie (i) The governing b implement policies a reporting, investigat | IDENTIFICATION NUMBER: | | | COMPLETED |
|--|---|---------------------------|--|-----------------|
| SUPPORT DAY TREATMENT (X4) ID PREFIX TAG SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS V 108 Continued From part 27G .0202 (F-I) Per 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educt (g) Employee training provided and, at a re following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure may to provide cardiopul trained in the Heimil techniques such as the American Heart equivalence for relia (i) The governing b implement policies a reporting, investigat and communicable | | A. BUILDING: | | |
| SUPPORT DAY TREATMENT (X4) ID PREFIX TAG SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS V 108 Continued From part 27G .0202 (F-I) Pert 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educt (g) Employee training provided and, at a ru following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permit .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure may to provide cardiopul trained in the Heimil techniques such as the American Heart equivalence for relia (i) The governing b implement policies a reporting, investigat and communicable | MHL055-120 | B. WING | | C 06/27/2022 |
| (X4) ID PREFIX TAG SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS V 108 Continued From part 27G .0202 (F-I) Pert 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educt (g) Employee training provided and, at a r following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure may to provide cardiopul trained in the Heimil techniques such as the American Heart equivalence for relia (i) The governing b implement policies a reporting, investigat and communicable | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | |
| PREFIX TAG (EACH DEFICIENCY REGULATORY OR LS V 108 Continued From part 27G .0202 (F-I) Per 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educt (g) Employee training provided and, at a re following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permit .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure mator to provide cardiopul trained in the Heimit techniques such as the American Heart equivalence for reliat (i) The governing b implement policies a reporting, investigat and communicable | | FORMANCE D TON, NC 280 | | |
| TAGREGULATORY OR LSV 108Continued From partV 10827G .0202 (F-I) Per10A NCAC 27G .02REQUIREMENTS(f) Continuing educe(g) Employee trainingprovided and, at a rfollowing:(1) general organiz(2) training on clientdelineated in 10A N10A NCAC 26B;(3) training to meetclient as specified inplan; and(4) training in infectbloodborne pathoge(h) Except as permit.5602(b) of this Submember shall be avtimes when a clientmember shall be traincluding seizure matorto provide cardioputtrained in the Heimittechniques such asthe American Heartequivalence for relied(i) The governing bimplement policies areporting, investigatand communicable | ATEMENT OF DEFICIENCIES | ID ID | PROVIDER'S PLAN OF CORRECTION | |
| V 108 27G .0202 (F-I) Per 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educ (g) Employee traini provided and, at a r following: (1) general organiz (2) training on cliere delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be traincluding seizure may to provide cardiopul trained in the Heiml techniques such as the American Heart equivalence for relia (i) The governing b implement policies a reporting, investigat and communicable | Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY) | |
| 10A NCAC 27G .02 REQUIREMENTS (f) Continuing educ (g) Employee traini provided and, at a r following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be trai including seizure may to provide cardiopul trained in the Heiml techniques such as the American Heart equivalence for relia (i) The governing b implement policies a reporting, investigat and communicable | age 3 | V 108 | | |
| REQUIREMENTS (f) Continuing educ (g) Employee traini provided and, at a r following: (1) general organiz (2) training on client delineated in 10A N 10A NCAC 26B; (3) training to meet client as specified in plan; and (4) training in infect bloodborne pathoge (h) Except as permi .5602(b) of this Sub member shall be av times when a client member shall be trai including seizure may to provide cardiopul trained in the Heiml techniques such as the American Heart equivalence for relie (i) The governing b implement policies a reporting, investigat and communicable | ersonnel Requirements | V 108 | | |
| | ication shall be documented. ning programs shall be minimum, shall consist of the izational orientation; ent rights and confidentiality as NCAC 27C, 27D, 27E, 27F and et the mh/dd/sa needs of the in the treatment/habilitation ctious diseases and | | | |
| This Pule is not ma | net as evidenced by: | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
|--------------------------|--|---|---------------------|--|-----------------------------------|------------------------|
| | | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL055-120 | B. WING | | C 06/27/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | T DAY TREATMENT | 126 PER | FORMANCE D | RIVE | | |
| | | LINCOLI | NTON, NC 280 | 92 | | 1 |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLE DATE |
| V 108 | Continued From pa | ige 4 | V 108 | | | |
| | facility failed to ens Cardiopulmonary R | view and interviews, the ure training in tesuscitation (CPR) and First ed staff (Staff #1). The findings | ; | | | |
| | -Date of Hire: 5/10/ -Position: Day Trea Specialist. | of Staff #1's record revealed: 21. tment Transportation of current certification in | | | | |
| | | 2 with Staff #1 revealed: CPR/First Aid training since acility. | | | | |
| | Supervisor revealed -The Quality Manage | gement (QM) and Training nsible for ensuring training | | | | |
| | Director revealed: -She was responsil -A CPR class was I -Staff #1 did not ma | ake it to the class. t on her part that he did not | | | | |
| V 110 | 27G .0204 Training Paraprofessionals | /Supervision | V 110 | | | |
| | SUPERVISION OF (a) There shall be paraprofessionals. | 204 COMPETENCIES AND PARAPROFESSIONALS no privileging requirements for als shall be supervised by an | | | | |

| STATEMEN | of Health Service Re T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|-----------------|--|----------------|--------------------|
| | | | A. DOILDING. | ····· | С | |
| | | MHL055-120 | B. WING | | | 27/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| SUPPOR | T DAY TREATMENT | | FORMANCE D | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | HE APPROPRIATE | COMPLET DATE |
| V 110 | Continued From pa | ige 5 | V 110 | | | |
| | professional as specific Subchapter. (c) Paraprofession knowledge, skills ar population served. (d) At such time as employment system then qualified profe professionals shall (e) Competence she exhibiting core skills (1) technical knowl (2) cultural awaren (3) analytical skills (4) decision-makin (5) interpersonal sl (6) communication (7) clinical skills. (f) The governing k develop and implem for the initiation of the specific statement of the specifi | ledge; less; ; g; kills; | | | | |
| | interviews the facilit audited paraprofess demonstrated know | views, observation, and ty failed to ensure 1 of 3 | | | | |
| | Review on 6/10/22 -Date of Hire: 5/10/2 ealth Service Regulation | of Staff #1's record revealed: 21. | | | | |

M8DF11

If continuation sheet 6 of 31

| | T OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|---|---|---------------------|--|-----------------------------------|-------------------------|--|
| | | | A. BOILDING. | | | С | |
| | | MHL055-120 | B. WING | | | 27/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | | | |
| SUPPOR | RT DAY TREATMENT | | ORMANCE D | | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE | |
| V 110 | Continued From pa | ige 6 | V 110 | | | | |
| | Specialist. -A restricted driver's required the use of | | | | | | |
| | -Date of Admission -Age: 9. -Diagnoses: Interm | ittent Explosive Disorder; ht Disorder; Other Specified | | | | | |
| | Response Improve dated 5/31/22 revea | spitalized after being hit by the | | | | | |
| | Vehicles (DMV) Cra revealed: -There were 4 child the accident. -"Driver (Staff #1) #29)leading into Pedestrian (Client # and crossed over in go home. Some wit stated that pedestri in front of the van to if pedestrian (Client Statements collected | f a Department of Motor ash Report form dated 5/31/22 Iren in the van at the time of dropped off pedestrian (Client an apartment complex. #29)got out of the vehicle in front of the van attempting to thesses that were in the van an (Client #29)crossed over to cross the street. It is unclear t #29) was ran over twice. ed from witnesses remember mp' and screaming" | | | | | |
| | Statement dated 5/ -Staff #1 "jumped o ground bleeding, ca Medical Services) a | ut to find [Client #29] on the alled EMS (Emergency | | | | | |

If continuation sheet 7 of 31

| STATEMEN | of Health Service Re NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|--|-----------------|--|-----------------|--------------------|--|
| | | | A. DUILDING. | | | С | |
| | | MHL055-120 | B. WING | | | 06/27/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| SUPPOR | RT DAY TREATMENT | | FORMANCE D | | | | |
| (X4) ID | SUMMARY STA | | | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| V 110 | Continued From pa | age 7 | V 110 | | | | |
| | Officer. | | | | | | |
| | Health Service Reg the local county EM | of an email to Division of gulation (DHSR) Surveyor from IS dated 6/24/22 revealed: e 911 call received about the 1/22. | | | | | |
| | revealed: -A caller reporting t | of a 911 Audio Recording hat her son got hit by a van. d herself as Client #29's | | | | | |
| | Aided Dispatch (CA revealed: -A call was received -The 911 caller was | s Client #29's Mother. vas confirmation that a vehicle | | | | | |
| | #29 dated 5/31/22 of -"Description: emer arrived on scene backboard with a c- brace) on his neck -"Chief Complaint . -"while enroute to on auto launch to o chest/abdomen kne | rgent to a traumatic injury call to find the patienton a -collar (cervical collar/neck " 'neck hurts' 'cant breath'" o the callhelicopter was put our sceneit is noted that the ees have multiple | | | | | |
| | noted that there is a his headmatted i scrapes and abrasi inactivebreath sc bursts of airpain O2 (oxygen) is at | with controlled bleedingit is a bloody spot on the back of in his hairand his back has ionsbleeding also minor and bunds showedvery short noted around the upper chest tached by NC (nasal cannula) bO2 (peripheral capillary | | | | | |

| Division | of Health Service Re | egulation | | | FORM | 1 APPROVED |
|--------------------------|--|--|---------------------|---|--------------------------------|--------------------------|
| STATEMEN | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | СОМ | E SURVEY PLETED |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| | | 126 PERF | | DRIVE | | |
| SUPPOR | RT DAY TREATMENT | LINCOLN | TON, NC 280 |)92 | | |
| (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 ACTI CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| V 110 | Continued From pa | nge 8 | V 110 | | | |
| | local hospital] when helicopterhe is ta department) for cor arrival" -"Impression: Traur Review on 6/21/22 for Client #29 dated -"Patient transfer to Reason for Trans Service Not Avail ServiceRisks: deathMode of Tr Support/Treatmen 4 liters/minute with -"Patient will disp name] Children's E critical emergency of surgery. This is em | another acute care facility ferMedically Indicated ablePediatric - Trauma .anxiety, worsening condition, ansportationHelicopter nt during transferOxygen at | | | | |
| | records for Client # revealed: -"concern for pre- given subcutaneous was placed on non- to arrivalpatient v tomography scan) and diffuse externa significant injuries of fractures. Patient k precautionsCT c pneumothoraxes, p lung lacerationck right sideadmitte | oulmonary contusions, likely osed fracture of two ribs on d to trauma surgery service (middle back) and lumbar | | | | |

| Division | of Health Service Re | egulation | | | FORM | IAPPROVED |
|---------------|--------------------------|---|-----------------|--|-----------------|------------------|
| STATEMEN | IT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | | |
| AND PLAN | OF CORRECTION | IDENTIFICATION NUMBER: | A. BUILDING: | | COM | PLETED |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | | | |
| | | | FORMANCE D | | | |
| SUPPOR | RT DAY TREATMENT | | TON, NC 280 | | | |
| (X4) ID | _ | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLETE DATE |
| V 110 | Continued From pa | ge 9 | V 110 | | | |
| | (sternum/breastbor | ne) fractureright patella | | | | |
| | (knee) fracture" | | | | | |
| | -He was initially ad | mitted to trauma, but on day 2 | | | | |
| | of hospitalization he | e developed acute respiratory | | | | |
| | distress requiring "e | escalation of respiratory | | | | |
| | therapyprompting | g PICU (pediatric intensive | | | | |
| | care unit) admissio | nCXR (chest x-ray) | | | | |
| | showed low lung | volumesslightly worse than | | | | |
| | | rnactive problems Acute | | | | |
| | | tory Failure (severely low | | | | |
| | oxygen level in the | | | | | |
| | | lycardia (slow heart rate (HR)) | | | | |
| | HRdropped to | low 48 prompting | | | | |
| | (cardiologist/heart o | | | | | |
| | -"patient remains | | | | | |
| | | ongoing high acuity needs and | | | | |
| | | unction This patient suffers | | | | |
| | | hich does or has a high | | | | |
| | | y impair one or more vital | | | | |
| | | ulting in a sudden, clinically | | | | |
| | | eatening deterioration" itating painremain inpatient | | | | |
| | | (PT) and pain control" | | | | |
| | | treatmentpatient to wear | | | | |
| | | mbar Sacral Orthosis/back | | | | |
| | | nmobilizer)Rehab | | | | |
| | | ential: FairImpairments: | | | | |
| | · / | ordinationdeficits, | | | | |
| | | tolerance, Gross motor | | | | |
| | | eficits, ROM (range of motion) | | | | |
| | | Il likely require a RW (rolling | | | | |
| | | gewarrants further skilled P1 | - | | | |
| | , | r to optimizemobility, reduce | | | | |
| | | nd safely increaselevel of | | | | |
| | | ce)Family Educationon | | | | |
| | mobility safety for c | ar transfers, bathing, | | | | |
| | | nEducation for proper use | | | | |
| | | adaptive equipment, | | | | |
| | Monitoring safe pro | gression of exercise/activity, | | | | |
| | | e/activity tolerance, Tactile | | | | |
| ivision of H | ealth Service Regulation | | · · · | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | E CONSTRUCTION | | E SURVEY PLETED |
|---------------|--|---|----------------------------|---|-----------------|--------------------|
| | | | A. DUILDING. | | | <u> </u> |
| | | MHL055-120 | B. WING | | C 06/27/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, S | TATE, ZIP CODE | | |
| SUPPOR | T DAY TREATMENT | | FORMANCE D ITON, NC 280 | | | |
| (X4) ID | SUMMARY STA | | ID ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLE DATE |
| V 110 | Continued From pa | ige 10 | V 110 | | | |
| | Verbal cues for saft tasks" -"there is a reaso require surgical fixa -On 6/6/22 "At abou (Registered Nurse) roomHR in 160's Patient was shak his teeth and screa This episode last Throughout the ro intermittently whim in the 130's then fa -Psychiatric consul terrors"patient ha Family's major co nighttime events ar patient is likely st disorder after a trace | at 0200 (2:00 am), this RN heard screaming from patient a. Upon entering the room ing, kicking his legs, chattering ming with his eyes wide open ed for about 6-7 minutes est of the night, patient would ber and grab bed sheets, HR II back asleep quickly" tation due to 2-3 days of night as no memory of these events oncern is what to do about the nd how to handle them ruggling with adjustment | | | | |
| | -The name and cor client's parent/guar | t who rode in the van. htact phone number for each dian. here each client resided. | | | | |
| | of Staff #1's Driver' -Date of birth indica | ation on 6/10/22 at 11:20 am s License revealed: ated Staff #1 was 74 years old. required staff #1 to wear d on 12/8/2020. | | | | |
| | with Staff #1 reveal -Staff #1 walked wi -During the intervie | | | | | |

If continuation sheet 11 of 31

| Division of Health Service Re | egulation | | | | APPROVE |
|---|--|-------------------------------|---|--------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED |
| | MHL055-120 | B. WING | | C 06/27/2022 | |
| NAME OF PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| | 126 PER | FORMANCE D | RIVE | | |
| SUPPORT DAY TREATMENT | LINCOL | NTON, NC 280 | 92 | | |
| PREFIX (EACH DEFICIENC) | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| V 110 Continued From pa | ge 11 | V 110 | | | |
| hear the questions -He was one of sew children to and from -Each driver had a group of kids. -He had cataract su wear glasses for re -He could not reme surgery, but believe -"I can't use my gla blurry." -He had not transpot the incident on 5/3 for the incident on the set stopped the van an Normally there's not client #29) lived house was on the set stopped the van an Normally there's not returned incident. Interview on 6/727/ -He had a cell phore he was watching the van. -"I had some person don't know who it wa anythingI was so Interview on 6/14/2 -He was one of the treatment facility. - "Normal protocor I've always done. I | reral drivers who transported in the day treatment facility. specific route with a specific urgery and only needed to ading. Imber when he had cataract ed it was in the year 2000. sses driving, it makes stuff orted Client #29 home prior to 1/22. Ther driver to find out where he I took for granted that the same side of the road where I d I dropped him off it an adult to take the kids e not available to take the kids that I see a parent" incident, he "made the other n." ed to work since the day of the 22 with Staff #1 revealed: he but did not call 911 because e students who were on the n at the scene call 911, but I vas. I didn't get names or | | | | |

Division of Health Service Regulation STATE FORM

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|--------------------------|---|--|---------------------|--|----------------|-------------------------|--|
| | | | A. BUILDING: | | | | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| | RT DAY TREATMENT | 126 PER | FORMANCE D | RIVE | | | |
| | | LINCOL | NTON, NC 280 | 92 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | TION SHOULD BE | (X5) COMPLET DATE | |
| V 110 | Continued From pa | ge 12 | V 110 | | | | |
| | next one. Only the r the passenger sect driveway. There is r not in a driveway. If another driver, I wo and if there was no the block to make s van is on the same house is on. The kin the road when I let | and then I leave to go to the right side of the van opens for ion. I always pull into a nowhere on my route that I am I ever had to cover for uld find out where the kids live driveway I would circle around sure that the right side of the side of the road that the ds should never have to cross them out of the van" ure that clients were received uardian. | 1 | | | | |
| | -He was a van drive -"Usually [Client ; Mother is standing ; gets him. [Staff #1] the street [Client #2 didn't see him" -Normal protocol is they would have to -Passengers are or side of the van. -He would either put van around so that van is on the same residence. -"I always made ; and the child was e someone before I w | Ily able to exit from the right Il into a driveway or turn the the door clients use to exit the side of the street as the sure that somebody was home ntering the house with yould leave. I never leave until (clients) are at and that they | f | | | | |
| | the van driven by S -Grey/silver colored Luxurious Truck (X | l Ford Econoline 350 Extra | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|---|--|----------------------------|---|-----------------|--------------------|--|
| | | | A. BUILDING: | | 0 | | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | | |
| SUPPOR | T DAY TREATMENT | | FORMANCE D ITON, NC 280 | | | | |
| (X4) ID | SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| V 110 | Continued From pa | ige 13 | V 110 | | | | |
| | van. The only door that opens on the left side of the van is the door at the driver's seat. | | | | | | |
| | -Staff #1 thought C -Client #29 was "ven not see him cross t -"The van door is o The right side of the same side of the ho cross the street. [C [Staff #1] didn't kno house was on. [Clie about where his ho aware of the house in the house on the got hit, he (Staff #1 screaming. He got else could. Everyor | n the right side of the vans. e van is always parked on the buse so nobody ever has to lient #29] was dropped off and w what side of the street the ent #29] did not say anything use was. [Staff #1] wasn't and thought [Client #29] lived right. As soon as [Client #29]) stopped as soon as he heard out of the van before anyone he else got out of the van wher | | | | | |
| | around his ear and went over to him. V I heard a bump and van lying down and we could hear him | that [Client #29] had blood was lying on his back. We all Ve went to the back of the van I saw him at the back of the the van driver stopped and screaming[Staff #1] looked | | | | | |
| | and then he went b anything to helpl witnessed anything that wayl am doi (Client #29) becaus | called to report the accident ack over to see if he could do t's the first time I ever like that, or seeing a person ng okay but I worry about him se he was only 8 years old. I | | | | | |
| | see [Client #29] cro vehicle is so high a always would wait f a parent to come a | s suspendedNobody could oss the road. The front of the nd he was so little. The van for the younger kids to wait for nd if they didn't come out, they back into the van" | | | | | |
| | | 2 with Client #24 revealed: he van driver (Staff #1) | | | | | |

| | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURV COMPLETE | | |
|--------------------------|---|--|---|--|-----------------------------------|-------------------------|--|
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| IAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | ATE, ZIP CODE | • | | |
| SUPPOR | T DAY TREATMENT | | | | | | |
| | | | TON, NC 280 | | | (1.1-) | |
| (X4) ID PREFIX TAG | (EACH DEFICIENC) | 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) COMPLET DATE | |
| V 110 | Continued From pa | ge 14 | V 110 | | | | |
| | the other side of the out and the kid wall his house was on the speed bump and he screaming and he was he ran over him twi twice. I don't think [he was driving. As we all hopped out of laying on his stomation was on the ground people arrived. [Cline older lady walking here] | (9) because his house is on e street. He (Staff #1) let him ked in front of the van because he left. We thought we hit a e hit the kid. We heard was obviously hurt. We think ce because we felt the bump Staff #1] had glasses on while soon as we heard screaming, of the van. I saw [Client #29] ch and the left side of his face and he couldn't move. Multiple ent #29's] Mom came and an her dog and they called 911. ff #1] called too. Nobody did [Client #29] not to move until g ot there" | | | | | |
| | -He was in the van -" Basically, the k was across the stree #1) wasn't listening started pulling off a and the kid (Client a told the driver to sto when it happened. when it happened. back and he was bl driver was trying to stood there to make | 2 with Client #27 revealed: the day of the accident. kid (Client #29) said his house bet and the van driver (Staff g and let him out The driver nd it felt like a speed bump #29) started screaming, so we op the van I got off the van The other kids got off the van I saw him (Client #29) on his leeding from his earThe van comfort him. The rest of us e sure he was alright. His Mom vent with him in the ambulance | | | | | |
| | incident. Interview on 6/15/2 -Staff #1 was his us -"I live in an apartm | taff #1 since the day of the 2 with Client #28 revealed: sual van driver. ent complex, there is no a big parking lot. [Staff #1] | | | | | |

| STATEMEN | of Health Service Re TOF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED C 06/27/2022 | |
|---------------|---|--|-----------------|---|--|-----------------|
| | of contraction | BENTI IO/(TION NOMBER. | A. BUILDING: | | | |
| | | MHL055-120 | B. WING | | | |
| AME OF | PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | | 126 PER | FORMANCE D | RIVE | | |
| SUPPOR | RT DAY TREATMENT | LINCOLM | NTON, NC 280 | 92 | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF C | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH | | COMPLET DATE |
| into | | , , | 1/10 | DEFICIENCY | | |
| V 110 | Continued From pa | ide 15 | V 110 | | | |
| • 110 | | - | • • • • | | | |
| | | d the roundabout, or else he | | | | |
| | | space and turns the van | | | | |
| | | ide of the van is where the | | | | |
| | | or of the van is always facing | | | | |
| | my apartment when [Staff #1] lets me off the van. I never have to cross the road or parking lot. | | | | | |
| | | | | | | |
| | | sses when he's driving | | | | |
| | | eally see. Sometimes he wears es he doesn't. I think he was | 5 | | | |
| | | e day [Client #29] got hit. We | | | | |
| | | | | | | |
| | | was dropping off [Client #29]. His house is on the left side of the road but he got dropped off on the | | | | |
| | | 29] is really small and I guess | | | | |
| | | | , | | | |
| | [Staff #1] didn't see him. We heard a bump. I only heard 1 bump and then screaming. No family was | | | | | |
| | outside when [Client #29] got off the van. There | | | | | |
| | | e, but I'm pretty sure they were | | | | |
| | | thing because they all went | | | | |
| | | ent house. When we heard the | | | | |
| | | eaming, [Staff #1] stopped | | | | |
| | | out of the van and called 911. | | | | |
| | | out of the van to see what | | | | |
| | | v him (Client #29) laying on the | • | | | |
| | | of the van screaming. The var | | | | |
| | | er him. He didn't get up off the | | | | |
| | ground and I could | • | - | | | |
| | bruises and dark sr | see he already had a bunch of | F | | | |
| | braioco ana aant op | see he already had a bunch of oots on his right side and his | f | | | |
| | head was bleeding | oots on his right side and his | Ē | | | |
| | head was bleeding | oots on his right side and his " | Ē | | | |
| | head was bleeding Interview on 6/17/2 | oots on his right side and his | F | | | |
| | head was bleeding Interview on 6/17/2 revealed: | oots on his right side and his " 2 with Client #29's Mother | F | | | |
| | head was bleeding Interview on 6/17/2 revealed: -"On the day of inci- | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess | ŕ | | | |
| | head was bleeding Interview on 6/17/2 revealed: -"On the day of inci- to try and explain it | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the | F | | | |
| | head was bleeding Interview on 6/17/22 revealed: -"On the day of inci- to try and explain it house over, a little i | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the road next to us leads to an | ŕ | | | |
| | head was bleeding Interview on 6/17/22 revealed: -"On the day of inci- to try and explain it house over, a little in apartment complex | oots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the road next to us leads to an which is a dead end and our | | | | |
| | head was bleeding Interview on 6/17/22 revealed: -"On the day of inci- to try and explain it house over, a little apartment complex driveway is behind | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the road next to us leads to an which is a dead end and our the house. I was standing here | | | | |
| | head was bleeding Interview on 6/17/22 revealed: -"On the day of inci- to try and explain it house over, a little in apartment complex driveway is behind and the white van c | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the road next to us leads to an which is a dead end and our the house. I was standing here came down the road and there | | | | |
| | head was bleeding Interview on 6/17/22 revealed: -"On the day of inci- to try and explain it house over, a little r apartment complex driveway is behind and the white van c was an older lady w | bots on his right side and his " 2 with Client #29's Mother dent, I saw a bit of it. I guess between our house and the road next to us leads to an which is a dead end and our the house. I was standing here | | | | |

| | of Health Service Re | | | CONCEPTION | | | |
|-------------------|---|---|-----------------|--|-----------------|--------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED | |
| | | | A. BUILDING: | | | | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| | | | | | | | |
| NAME OF H | PROVIDER OR SUPPLIER | | DDRESS, CITY, S | | | | |
| SUPPOR | T DAY TREATMENT | | | | | | |
| | | | ITON, NC 280 | | | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT | | (X5) COMPLET | |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO 1 | THE APPROPRIATE | DATE | |
| | | | | DEFICIENC | CY) | | |
| V 110 | Continued From pa | ge 16 | V 110 | | | | |
| | • | - | | | | | |
| | | e. I saw [Client #29's] shoes | | | | | |
| | | t out of the van and the van | | | | | |
| | | I taking off and his feet went | | | | | |
| | | t passenger wheel and then I | | | | | |
| | | an outside and ran out the | | | | | |
| | back steps and around. The driver was outside. I called 911the driver pulled out his phone. The | | | | | | |
| | driver was fiddling with his phonehe | | | | | | |
| | | accidentally called someone else There were | | | | | |
| | | e van and they had gotten out | | | | | |
| | | lking. There were 3-5 older | | | | | |
| | | in the van. [Client #29] was on | | | | | |
| | | the ground and I got on the ground and sat near | | | | | |
| | him to keep him calm. He was face down and | | | | | | |
| | was crying. I wanted to make sure he did not | | | | | | |
| | | a laying on his belly. I think the | | | | | |
| | | lialed someone and then | | | | | |
| | chatted with someo | one on the phone. The other | | | | | |
| | | bys) were freaked out and he | | | | | |
| | | em calmedI was trying to | | | | | |
| | listen to the lady fro | om 911[Client #29] was | | | | | |
| | bleeding but it was | lacerations and it was more | | | | | |
| | important to keep h | im still to avoid a spinal injury. | | | | | |
| | I had to keep telling | the other kids to get off from | | | | | |
| | | y were outside of the van and | | | | | |
| | | been moved elsewhereHe | | | | | |
| | | wear a right knee immobilizer | | | | | |
| | | ellar fracture, he has a fracture | | | | | |
| | | b and spent most of the day in | | | | | |
| | | Intensive Care Unit) for | | | | | |
| | | He had to be on high flow | | | | | |
| | | on his lungs. The MRI | | | | | |
| | | ice Imaging) showed T | | | | | |
| | | (Cervical) spine and lumbar | | | | | |
| | | e areas of concern in the | | | | | |
| | | d bit of bruising and road rash, | | | | | |
| | | ons on the back of his head | | | | | |
| | • | ack brace which will be 6-12 | | | | | |
| | | has to use a walkerWe are | | | | | |
| | alligent with him We | aring the back brace 23 hours | | | | | |

| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: | CONSTRUCTION | | E SURVEY PLETED | |
|---------------|--|---|-------------------------------|--|-----------------|--------------------|--|
| | | | A. BUILDING. | | | <u> </u> | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| NAME OF I | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | | |
| SUPPOR | RT DAY TREATMENT | | FORMANCE D NTON, NC 280 | | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) | |
| PRÉFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| V 110 | Continued From pa | ige 17 | V 110 | | | | |
| | doesn't turn wrong. terrors. The doct melatonin and Bena but he wakes up so that has been a big day therapy treatmo- just a huge scar. Th heal but it's the stud about. I watched his want to be in a car front of the van like from school, like yo going to be able to | and forever making sure he No sportshe has night fors told us to give him adryl to sedate him at night, creaming and lashing out and issue. He was already in full ent for other issues and this is he physical knee and scars wil ff you don't see that we worry s little feet and I don't even anymore. He was crossing in you would getting dropped off ou would on a school bus. Is he ride a school bus or even a n't know. Even walking on the an issue. | | | | | |
| | Treatment Supervis -5/31/22 was the fir transported Client # -She received a cal approximately 4:00 -Staff #1 informed H (Client #29)that H when it started mov and when he and th happened the child -All van drivers wer included the name along with the name parent/guardian. | st time Staff #1 had #29 home. Il from Staff #1 on 5/31/22 at pm. her that he "ran over a child he put the car in gear and <i>v</i> ing forward, he felt a bump he boys got out to see what was under the van" e provided with a roster which and address of each client e and phone number of the always call to verify a location nfusion. | | | | | |
| | Treatment Director | 2 and 6/27/22 with the Day revealed: van drivers was implemented | | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | CONSTRUCTION | | E SURVEY PLETED |
|-------------------|---|---|-----------------|---|-----------------|--------------------|
| | or contraction | IDENTIFICATION NOMBER. | A. BUILDING: | | | |
| | | MHL055-120 | B. WING | | C 06/27/2022 | |
| IAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| | T DAY TREATMENT | 126 PER | | RIVE | | |
| OFFOR | | LINCOLI | NTON, NC 280 |)92 | | |
| (X4) ID PREFIX | | TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL | ID PREFIX | PROVIDER'S PLAN OF (EACH CORRECTIVE AC | | (X5) COMPLE |
| TAG | | SC IDENTIFYING INFORMATION) | TAG | CROSS-REFERENCED TO | THE APPROPRIATE | DATE |
| | | | | DEFICIENC | 51) | |
| V 110 | Continued From pa | ige 18 | V 110 | | | |
| | after the 5/31/22 in | | | | | |
| | -The protocol was o | | | | | |
| | | d been told about the new | | | | |
| | protocol but had no | 0 , | | | | |
| | during an emergen | een instructed to call 911 | | | | |
| | during an emergen | cy. | | | | |
| | Review on 6/17/22 of a Plan of Protection | | | | | |
| | | mitted on 6/17/22 by the Day | | | | |
| | Treatment Director | | | | | |
| | | action will the facility take to | | | | |
| | | f the consumers in your care? | | | | |
| | 1. Suspend the dr | | | | | |
| | | written protocols for the van | | | | |
| | | em sign their understanding | | | | |
| | 3. Add protocols t | o policy ig for new drivers hired | | | | |
| | | sent to all consumers a van | | | | |
| | safety training | | | | | |
| | | s to make sure the above | | | | |
| | happens. | | | | | |
| | Numbers 1 and 2 h | ave already been completed. | | | | |
| | | 5 to be completed and | | | | |
| | reviewed by the ma | nagement team by June 30." | | | | |
| | Review on 6/17/22 | of a Plan of Protection | | | | |
| | Addendum comple | ted and submitted on 6/17/22 | | | | |
| | | ent Director revealed: | | | | |
| | | action will the facility take to | | | | |
| | | f the consumers in your care? | | | | |
| | | ents up from home, the driver ent leave his home and walk to | | | | |
| | | The van doesn't roll until | ' | | | |
| | everyone is buckled | | | | | |
| | | dent is out of his seat or seat | | | | |
| | | ull over and wait until the | | | | |
| | student is in seat a | | | | | |
| | | allowed to leave the van at any | , | | | |
| | stop but his own. | | | | | |
| | When dropping a c | hild at his home, the driver will | | | | |

| | of Health Service Re | | | | | | |
|---------------|--|--|---------------------------------|--|-----------------|--------------------|--|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE A. BUILDING: _ | | | E SURVEY PLETED | |
| | | MHL055-120 | B. WING | | | C 06/27/2022 | |
| | PROVIDER OR SUPPLIER | STREET AI | DRESS, CITY, ST | TATE, ZIP CODE | | | |
| | | 126 PER | FORMANCE D | RIVE | | | |
| SUPPOR | T DAY TREATMENT | LINCOL | ITON, NC 280 | 92 | | | |
| (X4) ID | _ | | ID | PROVIDER'S PLAN OF | | (X5) | |
| PREFIX TAG | | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE | |
| V 110 | Continued From pa | ige 19 | V 110 | | | | |
| | not move the van u | ntil he has seen the child | | | | | |
| | received at the doo | | | | | | |
| | When unloading the | e van at the day treatment, | | | | | |
| | | n buckled in until the van is at | | | | | |
| | | d the driver tells them they car | 1 | | | | |
| | unload. The driver will see every student enter the day | | | | | | |
| | | | - | | | | |
| | before parking the | ck the van to see that all are of | | | | | |
| | | reatment with students the | | | | | |
| | 0, | ed until everyone is on, in their | - | | | | |
| | seats, and buckled | | | | | | |
| | | s to make sure the above | | | | | |
| | happens. | | | | | | |
| | | monitor and review along | | | | | |
| | with site supervisor | 's." | | | | | |
| | | of an additional Plan of | | | | | |
| | | um completed and submitted | | | | | |
| | on 6/17/22 by the L revealed: | Day Treatment Director | | | | | |
| | | action will the facility take to | | | | | |
| | | f the consumers in your care? | | | | | |
| | | review on calling 911 in the | | | | | |
| | • | t that would require the police, | | | | | |
| | an ambulance, or th | he fire department." | | | | | |
| | | nent provides services to | | | | | |
| | | scents with emotional or | | | | | |
| | | nces. Client #29 was 8 years | | | | | |
| | | dmitted to the program on | | | | | |
| | | ses included Intermittent , Oppositional Defiant Disorder | | | | | |
| | | d Problems Related to | | | | | |
| | | 1/22 Staff #1 transported | | | | | |
| | | the company van. Staff #1 | | | | | |
| | | estricted driver's license which | | | | | |
| | | ar corrective lenses. Staff #1 | | | | | |
| | | rrective lenses and dropped | | | | | |

| TATEMENT OF DEFICIENCIES | | | | 1 | |
|---|---|---------------------------------|--|----------------|--------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IND PLAN OF CORRECTION IDENTIFICATION NUMBER: | | (X2) MULTIPLE A. BUILDING: _ | CONSTRUCTION | | E SURVEY PLETED |
| | MHL055-120 | B. WING | | | C 27/2022 |
| AME OF PROVIDER OR SUPPLIER | STREET AI | DDRESS, CITY, ST | ATE, ZIP CODE | | |
| UPPORT DAY TREATMENT | | FORMANCE DI | | | |
| (X4) ID SUMMARY STA | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | CORRECTION | (X5) |
| PRÉFIX (EACH DEFICIENC) | Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | HE APPROPRIATE | COMPLETE DATE |
| V 110 Continued From pa | ige 20 | V 110 | | | |
| began to drive off w #29 was with an ad Staff #1 did not ensithe range of the vel- van. Client #29 was threatening injuries after the accident. // (Client #22, #24, #2 old were also on the incident. Staff #1 fa clients and allowed witness Client #29 injuries. This deficiency con- violation for serious be corrected within penalty of \$6,000.0 not corrected within administrative pena- imposed for each d compliance beyond V 536 27E .0107 Client R Int. 10A NCAC 27E .01 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall i practices that empt to restrictive interver (b) Prior to providir disabilities, staff ind | ights - Training on Alt to Rest. 07 TRAINING ON O RESTRICTIVE Implement policies and nasize the use of alternatives | | | | |

| STATEMEN | IT OF DEFICIENCIES | gulation (X1) PROVIDER/SUPPLIER/CLIA | (X2) MULTIPLE | CONSTRUCTION | (X3) DAT | E SURVEY |
|---------------|---|--|-----------------|--|-----------------|-----------------|
| | OF CORRECTION | IDENTIFICATION NUMBER: | | | | PLETED |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AL | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | | 126 PER | FORMANCE D | RIVE | | |
| SUPPOR | T DAY TREATMENT | LINCOLN | ITON, NC 280 | 92 | | |
| (X4) ID | | | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC | THE APPROPRIATE | COMPLET DATE |
| V 536 | Continued From page | ge 21 | V 536 | | | |
| | property damage is (c) Provider agenci based on state com compliance and der gathered. (d) The training sha include measurable measurable testing behavior) on those of methods to determin course. (e) Formal refreshe by each service pro- annually). (f) Content of the tr provider wishes to e the Division of MH/I Paragraph (g) of this (g) Staff shall demo following core areas (1) knowledge people being served (2) recognizin behavior; (3) recognizin external stressors th disabilities; (4) strategies relationships with per (5) recognizin organizational facto disabilities; (6) recognizin assisting in the pers decisions about the (7) skills in as escalating behavior | es shall establish training petencies, monitor for internal nonstrate they acted on data II be competency-based, learning objectives, (written and by observation of objectives and measurable ne passing or failing the er training must be completed vider periodically (minimum aining that the service employ must be approved by DD/SAS pursuant to s Rule. onstrate competence in the s: e and understanding of the d; ng and interpreting human ng the effect of internal and nat may affect people with for building positive ersons with disabilities; ng cultural, environmental and rs that may affect people with ag the importance of and ion's involvement in making ir life; asessing individual risk for | | | | |

| Division | of Health Service Re | | | | FORM | APPROVED |
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| STATEME | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | | E SURVEY PLETED |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| SUDDO | | 126 PERF | | DRIVE | | |
| 50PP0r | RT DAY TREATMENT | LINCOLN | TON, NC 28 | 092 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| V 536 | Continued From pa | ge 22 | V 536 | | | |
| | and de-escalating p and (9) positive b means for people w activities which dire behaviors which are (h) Service provide documentation of ir at least three years (1) Documen (A) who partic outcomes (pass/fail (B) when and (C) instructor (2) The Divis review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring a passin instructor training p (3) The traini competency-based objectives, measura observation of beha measurable method failing the course. (4) The contes service provider pla approved by the Div to Subparagraph (i) (5) Acceptab shall include but are (A) understan | potentially dangerous behavior; ehavioral supports (providing vith disabilities to choose ctly oppose or replace e unsafe). ers shall maintain nitial and refresher training for tation shall include: sipated in the training and the l); where they attended; and 's name; ion of MH/DD/SAS may documentation at any time. ications and Training shall demonstrate competence n testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the uns to employ shall be vision of MH/DD/SAS pursuant | | | | |

| Division | of Health Service Re | egulation | | | | AT TROVED |
|--------------------------|---|--|---------------------|--|-------------------|--------------------------|
| | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | . , | | (X3) DATE COMP | SURVEY LETED |
| | | MHL055-120 | B. WING | | C 06/27/2022 | |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS. CITY. S | STATE, ZIP CODE | | |
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| SUPPOR | RT DAY TREATMENT | LINCOLN | TON, NC 28 | 092 | | |
| (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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | D BE | (X5) COMPLETE DATE |
| V 536 | performance; and (D) document (6) Trainers a teaching a training reducing and elimit interventions at lea review by the coach (7) Trainers a aimed at preventing need for restrictive annually. (8) Trainers a instructor training a (j) Service provide documentation of in training for at least (1) Docu (A) who partic outcomes (pass/fai (B) when and (C) instructor (2) The Divis request and review (k) Qualifications o (1) Coaches requirements as a (2) Coaches the course which is (3) Coaches competence by cor train-the-trainer ins | for evaluating trainee tation procedures. shall have coached experience program aimed at preventing, nating the need for restrictive st one time, with positive h. shall teach a training program g, reducing and eliminating the interventions at least once shall complete a refresher at least every two years. rs shall maintain nitial and refresher instructor three years. mentation shall include: cipated in the training and the il); d where attended; and r's name. sion of MH/DD/SAS may this documentation any time. of Coaches: shall meet all preparation trainer. shall teach at least three times a being coached. shall demonstrate mpletion of coaching or | | | | |
| Division of H | ealth Service Regulation | | <u> </u> | | | I |

| | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | (X3) DATE SURVEY COMPLETED | |
|--------------------------|--|--|---|--|-----------------------------------|-------------------------|
| | | | A. BUILDING: | | | |
| Μ | | MHL055-120 | B. WING | | | C 27/2022 |
| AME OF | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, S | TATE, ZIP CODE | | |
| SUPPOR | RT DAY TREATMENT | | FORMANCE D | | | |
| | | | NTON, NC 280 | | | 0.(5) |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC | TION SHOULD BE THE APPROPRIATE | (X5) COMPLET DATE |
| V 536 | Continued From pa | ge 24 | V 536 | | | |
| | This Rule is not me | et as evidenced by: | | | | |
| | Based on record re facility failed to ensu alternatives to restr providing services a | views and interviews, the ure staff completed training in ictive interventions prior to affecting 3 of 3 audited staff 3). The findings are: | | | | |
| | -Date of Hire: 5/10/ -Position: Day Trea Specialist. | tment Transportation nstitute (CPI) certification | | | | |
| | -Date of Hire: 3/19/2 | tment Transportation | | | | |
| | -Date of Hire: 3/19/2 | tment Transportation | | | | |
| | Supervisor revealed | gement (QM) and Training nsible for ensuring the | | | | |
| | Director revealed: | 2 with the QM and Training ble for having staff trained in | | | | |

M8DF11

If continuation sheet 25 of 31

| Division | of Health Service Re | aulation | | | FORM | APPROVED |
|---------------|--|---|-------------------------------|---|------|------------------|
| STATEMEN | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLI A. BUILDING: | E CONSTRUCTION | | LETED |
| | | MHL055-120 | B. WING | | 06/2 | ; 7/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | STATE, ZIP CODE | | |
| SUPPOR | T DAY TREATMENT | | ORMANCE I | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF CORRECTION | | (X5) |
| PREFIX TAG | | MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY) | | COMPLETE DATE |
| V 536 | Continued From pa | ge 25 | V 536 | | | |
| V 537 | reminders of when a was going to expire -The Day Treatmen were not in the onlir -She was going to p Transportation Spec | t Transportation Specialists ne system. place the Day Treatment cialists in the system. | V 537 | | | |
| V 537 | ITO 10A NCAC 27E .01 SECLUSION, PHYS ISOLATION TIME-O (a) Seclusion, phys time-out may be em- been trained and ha competence in the p to these procedures staff authorized to e procedures are retr. competence at lease (b) Prior to providing disabilities whose tr includes restrictive service providers, e volunteers shall cor seclusion, physical and shall not use th training is complete demonstrated. (c) A pre-requisite to demonstrating com training in prevention the need for restrict (d) The training shall include measurable measurable testing | SICAL RESTRAINT AND DUT sical restraint and isolation poloyed only by staff who have ave demonstrated proper use of and alternatives s. Facilities shall ensure that employ and terminate these ained and have demonstrated it annually. g direct care to people with eatment/habilitation plan interventions, staff including mployees, students or nplete training in the use of restraint and isolation time-out ese interventions until the d and competence is for taking this training is petence by completion of ig, reducing and eliminating | | | | |

| Division | of Health Service Re | | | | FORM | APPROVED |
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| STATEME | NT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | E CONSTRUCTION | COM | E SURVEY PLETED |
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| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
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| 307707 | | LINCOLN | TON, NC 280 |)92 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY) | N SHOULD BE | (X5) COMPLETE DATE |
| V 537 | Continued From pa | ge 26 | V 537 | | | |
| Division of H | methods to determic course. (e) Formal refreshe by each service pro- annually). (f) Content of the tr provider plans to er the Division of MH/I Paragraph (g) of thi (g) Acceptable train but are not limited t (1) refresher the use of restrictive (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least re- incremental steps in (4) strategies of restrictive interver (5) the use of interventions which assessment and mo- psychological well-to use of restraint throor restrictive interventi (6) prohibited (7) debriefing importance and pur (8) document (h) Service provider documentation of ir at least three years (1) Documen (A) who partico outcomes (pass/fail | In a passing or failing the er training must be completed ovider periodically (minimum raining that the service mploy must be approved by DD/SAS pursuant to is Rule. ning programs shall include, o, presentation of: information on alternatives to e interventions; s on when to intervene ninent danger to self and on safety and respect for the f all persons involved (using estrictive interventions and n an intervention); for the safe implementation entions; f emergency safety include continuous onitoring of the physical and being of the client and the safe ughout the duration of the on; procedures; s strategies, including their pose; and tation methods/procedures. rs shall maintain nitial and refresher training for tation shall include: spated in the training and the | | | | |

| Division | of Health Service Re | aulation | | | FORM | APPROVED |
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| STATEME | NT OF DEFICIENCIES | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | | E SURVEY PLETED |
| | MHL055-120 | | B. WING | | | C 27/2022 |
| NAME OF | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| SUPPOR | RT DAY TREATMENT | | ORMANCE D | | | |
| | | LINCOLN | TON, NC 280 | 92 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES | ID PREFIX TAG | PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY | ON SHOULD BE HE APPROPRIATE | (X5) COMPLETE DATE |
| V 537 | Continued From pa | ge 27 | V 537 | | | |
| Division of H | review/request this (i) Instructor Qualif Requirements: (1) Trainers s by scoring 100% or aimed at preventing need for restrictive (2) Trainers s by scoring 100% or teaching the use of and isolation time-or (3) Trainers s by scoring a passin instructor training p (4) The trainin competency-based objectives, measura observation of beha measurable methoor failing the course. (5) The conte service provider pla approved by the Div to Subparagraph (j) (6) Acceptable shall include, but no of: (A) understan (B) methods course; (C) evaluation (D) document (7) Trainers s annually and demon of seclusion, physic | ion of MH/DD/SAS may documentation at any time. ication and Training shall demonstrate competence a testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence a testing in a training program seclusion, physical restraint but. shall demonstrate competence g grade on testing in an rogram. ng shall be , include measurable learning able testing (written and by avior) on those objectives and ds to determine passing or ent of the instructor training the ins to employ shall be vision of MH/DD/SAS pursuant | | | | |

| | IT OF DEFICIENCIES OF CORRECTION | | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: | | E SURVEY PLETED |
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| | | | | | С | |
| | | MHL055-120 | B. WING | | 06/ | 27/2022 |
| IAME OF F | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, S | TATE, ZIP CODE | | |
| UPPOR | T DAY TREATMENT | | FORMANCE D | | | |
| (X4) ID | | TEMENT OF DEFICIENCIES | ID | PROVIDER'S PLAN OF | | (X5) |
| PREFIX TAG | | / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | PREFIX TAG | (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN | THE APPROPRIATE | COMPLE DATE |
| V 537 | Continued From pa | ge 28 | V 537 | | | |
| | CPR. (9) Trainers s in teaching the use least two times with coach. (10) Trainers s use of restrictive int annually. (11) Trainers s instructor training a (k) Service provide documentation of in training for at least (1) Document (A) who partic outcome (pass/fail) (B) when and (C) instructor (2) The Divis review/request this (I) Qualifications of (1) Coaches requirements as a ta (2) Coaches times, the course w (3) Coaches competence by cor train-the-trainer ins (m) Documentation preparation as for ta | hitial and refresher instructor three years. tation shall include: sipated in the training and the distributed in the training and the training and the distributed in the training and the training and the distr | | | | |
| | facility failed to ens | et as evidenced by: views and interviews, the ure staff completed training in restraint and isolation time-out | | | | |

| | of Health Service Re | | | | | |
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| | OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | | | E SURVEY PLETED |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF I | PROVIDER OR SUPPLIER | STREET AD | DRESS, CITY, ST | TATE, ZIP CODE | | |
| | T DAY TREATMENT | 126 PERF | ORMANCE D | RIVE | | |
| SUFFOR | | LINCOLN | TON, NC 280 | 92 | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 537 | Continued From pa | ge 29 | V 537 | | | |
| | | ervices affecting 3 of 3 audited nd #3). The findings are: | | | | |
| | -Date of Hire: 5/10/2 | | | | | |
| | Specialist. | tment Transportation nstitute (CPI) certification | | | | |
| | • | of Staff #2's record revealed: | | | | |
| | -Position: Day Trea Specialist. -CPI certification ex | tment Transportation | | | | |
| | | of Staff #3's record revealed: | | | | |
| | | tment Transportation | | | | |
| | | 2 with the Day Treatment | | | | |
| | Supervisor revealed | d: gement (QM) and Training nsible for ensuring the | | | | |
| | Director revealed: | 2 with the QM and Training | | | | |
| | CPI. | ble for having staff trained in n online system to send | | | | |
| | | a staff member's certification | | | | |
| | -The Day Treatmen were not in the onlin | t Transportation Specialists ne system. | | | | |
| | | place the Day Treatment cialists in the system. | | | | |

| | of Health Service Re | | | CONSTRUCTION | | |
|--------------------------|--|--|---------------------|--|---------------------------------|-------------------------|
| | IT OF DEFICIENCIES OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | | CONSTRUCTION | (X3) DATE SURVEY COMPLETED | |
| | | MHL055-120 | B. WING | | | C 27/2022 |
| NAME OF F | PROVIDER OR SUPPLIER | STREET A | DDRESS, CITY, ST | TATE, ZIP CODE | | |
| SUPPOR | T DAY TREATMENT | | FORMANCE D | | | |
| | | | NTON, NC 280 | | | |
| (X4) ID PREFIX TAG | (EACH DEFICIENCY | TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC' | ION SHOULD BE HE APPROPRIATE | (X5) COMPLET DATE |
| V 752 | Continued From pa | ge 30 | V 752 | | | |
| V 752 | 27G .0304(b)(4) Ho | ot Water Temperatures | V 752 | | | |
| | 10A NCAC 27G .03 EQUIPMENT | 10A NCAC 27G .0304 FACILITY DESIGN AND | | | | |
| | (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and | | | | | |
| | visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the | | | | | |
| | water shall be main degrees Fahrenheit | itained between 100-116 t. | | | | |
| | water temperatures 100-116 degrees Fa | et as evidenced by: ion and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings | ľ | | | |
| | revealed: - The water temper was 80 degrees Fa | | | | | |
| | - The bathroom sin the facility. | ks were used by the clients of | | | | |
| | Director: | 2 with the Day Treatment | | | | |
| | - The water tempera | ature would be corrected. | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | ealth Service Regulation | | | | | |