Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) P

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (	OF CURRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
					R	
		MHL080-122	B. WING		06/21/2022	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
CHANCES	GROUP HOME		FISHER STRE	EET		
		SALISBUR	Y, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on June 21, 2022. De	up survey was completed ficiencies were cited.				
		for the following service 27G .1700 Residential e for Children or				
		for 4 and currently has a rey sample consisted of nts.				
V 296	27G .1704 Residential Staffing	Tx. Child/Adol - Min.	V 296			
	telephone or page. A able to reach the facilit	MINIMUM STAFFING sional shall be available by direct care staff shall be ty within 30 minutes at all				
	times. (b) The minimum num required when childrer present and awake is a	n or adolescents are as follows:				
	one, two, three or four (2) three direct of for five, six, seven or e	re staff shall be present for children or adolescents; care staff shall be present eight children or				
	adolescents; and (3) four direct canine, ten, eleven or two adolescents.	re staff shall be present for elve children or		DHSR - Mental He	ealth	
	(c) The minimum num	Control of the Contro				
	during child or adolesc follows:			JUL 1 5 2022		
	<ol> <li>two direct ca and one shall be awak children or adolescents</li> </ol>	•		Lic. & Cert. Secti	ion	
		re staff shall be present				
ivision of Heal	th Service Regulation					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE President 7/8/2022

If continuation sheet 1 of 4

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
						R	
		MHL080-122	B. WING		1	21/2022	
			RESS, CITY, ST	ATE, ZIP CODE	1 00	172022	
CHANCES	GROUP HOME	712 WEST	FISHER STRI	EET			
CHARGE	OKOOF HOME	SALISBUR	Y, NC 28144				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 296	Continued From page	1	V 296				
<b>V</b> 230	and both shall be awa children or adolescent  (3) three direct of which two shall be a sleep for nine, ten, e adolescents.  (d) In addition to the care staff set forth in Rule, more direct care the facility based on the individual needs as splan.  (e) Each facility shall supervision of children are away from the face.	ake for five through eight tts; and care staff shall be present awake and the third may be leven or twelve children or minimum number of direct Paragraphs (a)-(c) of this e staff shall be required in the child or adolescent's pecified in the treatment be responsible for ensuring or adolescents when they illity in accordance with the individual strengths and	V 230				
	staffing ratios of two stadolescents. The find Review on 6/20/22 and record revealed: -Admitted 5/18/21;	ecord review, and y failed to ensure minimum taff for up to four					
	Disorder, Conduct Dis -15 years old.						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:		100000000000000000000000000000000000000	
		MHL080-122	B. WING			⋜ 21/2022
NAME OF D	DOWNER OR CURRUES		DEES CITY ST	ATE ZID CODE	1 00/2	21/2022
NAME OF P	ROVIDER OR SUPPLIER		FISHER STRE			
CHANCES	GROUP HOME		Y, NC 28144			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 296	Disorder, Oppositional -17 years old.  Observation on 6/20/2 8:30am-9:10am reveal -One staff (Qualified Fivith four clients; -Associate Profession Interview on 6/20/22 v -Alone with four client -Second staff will arriv Interview on 6/20/22 v -Acknowledged only of	ntion Deficit Hyperactivity all Defiant Disorder;  22 at approximately alled: Professional (QP)) alone all (AP) arrived at 9:10am.  with the QP revealed: s;	V 296	Per Rule on staff to client ratio, NewPath of Correct the staffing issue. A Staff member came in late that day. We are still recovering from the staffing issues due to the pandemic. We are making all the necessary adjustments to ensure that the rule is being met.		06/20/2022
V 752	EQUIPMENT (b) Safety: Each facilic constructed and equipmensures the physical sixistors. (4) In areas of the exposed to hot water, water shall be maintained degrees Fahrenheit.  This Rule is not met at Based on interview are failed to ensure hot water.	ty shall be designed, oped in a manner that safety of clients, staff and the facility where clients are the temperature of the ned between 100-116	V 752			

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Division of Health Service Regulation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL080-122	B. WING		06/2	1/2022	
NAME OF P	ROVIDER OR SUPPLIER		DRESS, CITY, STA	TE, ZIP CODE			
CHANCES	GROUP HOME		T FISHER STRE	ET			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 752	Continued From page	e 3	V 752				
V 132	Observation on 6/20/9:30am-9:40am revelows and 6/20/22 revealed: -Never experienced a water temperature between temperature between temperature between temperature between temperature between temperature water	22 at approximately aled: 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.		The water temperature has been regul had consumers complaining about the being cold after one person takes a she We have since adjusted the temperatu it is within the state guidelines. We will checking water temps daily to make su stay withing regulations.	water ower. re so that I be	06/20/2022	

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