	of Health Service Re					
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
	1	MHL055-120	B. WING		06/	C 27/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SUPPOR	RT DAY TREATMENT		FORMANCE ITON, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLET DATE
V 107	2022. The complain #NC00189676 and a were cited. This facility is licens category: 10A NCAC for Children and Add Behavioral Disturba This facility has a cusurvey sample consclient. 27G .0202 (A-E) Per 10A NCAC 27G .020 REQUIREMENTS (a) All facilities shall description for the diwhich: (1) specifies the competency, work exqualifications for the (2) specifies the the position; (3) is signed by supervisor; and (4) is retained in (b) All facilities shall each staff member of provides care or servithe facility: (1) is at least 18 (2) is able to reafollow directions; (3) meets the miles.	was completed on June 27, ts were substantiated (intake #NC00189679). Deficiencies ed for the following service 2 27G.1400 Day Treatment olescents with Emotional or nices. Irrent census of 28. The isted of audits of 1 current esonnel Requirements 22 PERSONNEL I have a written job rector and each staff position eminimum level of education, experience and other position; eduties and responsibilities of the staff member and the enthe staff member's file. I have that the director, or any other person who rices to clients on behalf of the years of age; d, write, understand and dinimum level of education, experience, skills and other the staff member of the staff member and the staff member of the staff of the staff member and the the staff member and the or the staff member and the staff member and the staff member and the or th	V 000	V 107 27 G .0202 (A-E) Person Requirements: Support Incorpor has removed the requirement of of the highest educational diplor transcripts from the Day Treatm Transportation Specialist Offer and Job Description Support Inc. has updated it's HR Pre-Employment Background Credentialing Policy and Procedureflect this as well. Support Inc. Management Team members	rated Fa copy ma and nent Letter R - 026 dures to and wed the ctor is ront	
	alth Service Regulation	OCUPPULED DEDDECENTATIVE COMA	TUDE			

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL055-120 B. WING			C 06/27/2022		
	PROVIDER OR SUPPLIER	126 PERF	DRESS, CITY, ORMANCE TON, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC' (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
V 107	(4) has no subsineglect listed on the Personnel Registry. (c) All facilities or sapplicants for employer conviction. The implementation of the applicant of the applicant (d) Staff of a facility currently licensed, raccordance with applicant (e) A file shall be memployed indicating	stantiated findings of abuse or a North Carolina Health Care ervices shall require that all byment disclose any criminal pact of this information on a semployment shall be based relationship to the job for is applying. You or a service shall be egistered or certified in policable state laws for the aintained for each individual the training, experience and for the position, including	V 107				
	facility failed to ensu level of education ar position affecting 3 o	t as evidenced by: riews and interviews, the re staff met the minimum nd other qualifications for the f 3 audited paraprofessionals nd Staff #3). The findings are:					
	-Date of Hire: 5/10/2 -Position: Day Treatr SpecialistA job offer letter date	**************************************					

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL055-120	B. WING			C 27/2022	
	PROVIDER OR SUPPLIER	126 PERF	DRESS, CITY, ORMANCE TON, NC 2		1 00//		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 107	educational diploma-A copy of the front there were restriction. There was no copy license to indicate the restriction. No education crede restriction. No education crede restriction. Review on 6/10/22 of Date of Hire: 3/19/2-Position: Day Treat Specialist. A job offer letter day the highest education crede review on 6/10/22 of Date of Hire: 3/19/2-Position: Day Treat Specialist. A job offer letter day the highest education crede restriction in the highest education crede review on 6/14/22 supervisor revealed. The Human Resourt was responsible for literview on 6/15/22 revealed: She was responsible credentials were turn-Staff #1, #2 and #3 for 50 years.	a and transcripts. portion of the driver's showed ons. of the back portion of the he specific details of the entials were on file. of Staff #2's record revealed: 21. tment Transportation ted 3/19/21 required a copy of onal diploma and transcripts. entials were on file. of Staff #3's record revealed: 21. ment Transportation ted 3/19/21 required a copy of onal diploma and transcripts. entials were on file. et with the Day Treatment is ree (HR)/Finance Director employee records. et with the HR/Finance Director effor ensuring that ned in. had been out of high school by of the front and back of	V 107				

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES

(X1) PROVIDER/SUPPLIER/CLIA

	NT OF DEFICIENCIES NOF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED	
		MHL055-120	B. WING		06/	C /27/2022
NAME OF	PROVIDER OR SUPPLIER		INDESS CITY	STATE, ZIP CODE	1 00/	2112022
			ORMANCE			
SUPPOR	RT DAY TREATMENT		ITON, NC 2			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 108	Continued From page	ge 3	V 108	V 108 27G .0202 (F-I)		
V 108		sonnel Requirements	V 108	Personnel		
. 100	270 .0202 (1 -1) 1 61.	sonner requirements	V 100	Requirements:		
	10A NCAC 27G .020	02 PERSONNEL				
	REQUIREMENTS	otion aball ha de sure este d		The Lincolnton Day		7/14/2022
		ation shall be documented. ng programs shall be		Treatment		and .
		ninimum, shall consist of the		Transportation		ongoing
	following:			Specialists have been		
	(1) general organiza			added to Support Inc.'s		
		t rights and confidentiality as CAC 27C, 27D, 27E, 27F and		online training system,		
	10A NCAC 26B;	57.6 27 6, 27 B, 27 E, 277 and		Vairkko. Adult and		
		the mh/dd/sa needs of the		Pediatric		
		the treatment/habilitation		CPR/AED/First Aid		
	plan; and (4) training in infecti	ous diseases and		training is scheduled		
	bloodborne pathoge			during the first week for new hires who are		
		ted under 10a NCAC 27G				
		chapter, at least one staff		onboarding with Support Inc. To ensure		
		ailable in the facility at all is present. That staff		any newly hired		
	member shall be train			Transportation		
	including seizure ma	nagement, currently trained		Specialists attend these		
	to provide cardiopulr	monary resuscitation and		trainings, the		
		ch maneuver or other first aid hose provided by Red Cross,		QM/Training Director		
	the American Heart	Association or their		will run training		
	equivalence for relie	ving airway obstruction.		compliance reports in		
	(i) The governing bo	ndy shall develop and nd procedures for identifying,		Vairkko twice weekly		
		ng and controlling infectious		until they complete the		
		liseases of personnel and		trainings and they will		
	clients.			not be allowed to		
				transport any clients		- 1
				until they have		
				completed these		
	This Duly is the		-	trainings.		
	This Rule is not met	as evidenced by:		Additionally, Support		
vision of He	alth Service Regulation			Inc. QM/Training		- 1

(X2) MULTIPLE CONSTRUCTION

Division of Health Service F	Regulation			1 011	WAFFROVEL
			Director and supervisor, as well as the Transportation Specialists, will be notified via email by Vairkko when expiration dates are approaching which will indicate the need to get them scheduled for the renewal trainings.		
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	188 8	LE CONSTRUCTION	(X3) DATE	
- 100-en 2021-101 Szon, 1921-2018/2018/2018/2018/2018		A. BUILDING:			LETED
	MHL055-120	B. WING			7/2022
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE		
SUPPORT DAY TREATMENT	LINCOLN	ORMANCE TON, NC 28			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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)	DBE	(X5) COMPLETE DATE

of Health Service Regulation			FORM APPROVED
Continued From page 4	V 108		
Based on record review and interviews, the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #1). The findings are:			
Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21Position: Day Treatment Transportation SpecialistNo documentation of current certification in CPR/First Aid.			
Interview on 6/10/22 with Staff #1 revealed: -He did not receive CPR/First Aid training since being hired at the facility.			
Interview on 6/14/22 with the Day Treatment Supervisor revealed: -The Quality Management (QM) and Training Director was responsible for ensuring training was completed for staff.			
Interview on 6/15/22 with the QM and Training Director revealed: -She was responsible for training staffA CPR class was held in May 2021Staff #1 did not make it to the classIt was an oversight on her part that he did not complete the training.			
27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND	V 110	V 110 27G .0204 Training/Supervision Paraprofessionals:	
(a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an		Supervision Contracts and were developed, initial supervision was conducted, and signed on 7/13/22 and will be conducted on a monthly basis by the Day Treatment Supervisor and/or the Day Treatment Director hereafter.	7/13/2022 and ongoing
	Continued From page 4 Based on record review and interviews, the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #1). The findings are: Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21Position: Day Treatment Transportation SpecialistNo documentation of current certification in CPR/First Aid. Interview on 6/10/22 with Staff #1 revealed: -He did not receive CPR/First Aid training since being hired at the facility. Interview on 6/14/22 with the Day Treatment Supervisor revealed: -The Quality Management (QM) and Training Director was responsible for ensuring training was completed for staff. Interview on 6/15/22 with the QM and Training Director revealed: -She was responsible for training staffA CPR class was held in May 2021Staff #1 did not make it to the classIt was an oversight on her part that he did not complete the training. 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals.	Continued From page 4 Based on record review and interviews, the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #1). The findings are: Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21Position: Day Treatment Transportation SpecialistNo documentation of current certification in CPR/First Aid. Interview on 6/10/22 with Staff #1 revealed: -He did not receive CPR/First Aid training since being hired at the facility. Interview on 6/14/22 with the Day Treatment Supervisor revealed: -The Quality Management (QM) and Training Director was responsible for ensuring training was completed for staff. Interview on 6/15/22 with the QM and Training Director revealed: -She was responsible for training staffA CPR class was held in May 2021Staff #1 did not make it to the classIt was an oversight on her part that he did not complete the training. 27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals.	Continued From page 4 Based on record review and interviews, the facility failed to ensure training in Cardiopulmonary Resuscitation (CPR) and First Aid for 1 of 3 audited staff (Staff #1). The findings are: Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21Position: Day Treatment Transportation SpecialistNo documentation of current certification in CPR/First Aid. Interview on 6/10/22 with Staff #1 revealed: -He did not receive CPR/First Aid training since being hired at the facility. Interview on 6/14/22 with the Day Treatment Supervisor revealed: -The Quality Management (QM) and Training Director was responsible for ensuring training was completed for staff. Interview on 6/15/22 with the QM and Training Director revealed: -She was responsible for training staffA CPR class was held in May 2021Staff #1 did not make it to the classIt was an oversight on her part that he did not complete the training. 27G. 0204 Training/Supervision Paraprofessionals 10A NCAC 27G 0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an enough to be conducted on a monthly basis by the Day Treatment Supervisor and/or the Day Treatment Supervisor and/or the Day Treatment

Division	of Health	Service	Regulation

		7//
	Transportation Safety	6/7/2022
	Protocols were initially	and
	developed and verbally	6/17/2022
	reviewed with the	
	Transportation	
	Specialists/Van Drivers	
	on 6/7/2022 and signed	
	by the Van Drivers on	
	6/10/2022. On	
	6/17/2022 they were	
	amended with the	
	addition of the	
	advisement to call 911	
	in the event of an	
	incident that would	
	require an ambulance,	
	the police, and/or the	
	fire department." The	
	finalized version of the	
	Transportation Safety	
	Protocols were revised,	
	finalized, reviewed	
	with and signed by the	
	Transportation	
	Specialists/Van Drivers	
	on 7/13/2022.	
	The Plan of Protection	6/17/2022
	was also updated on	and
	6/17/2022 to match the	ongoing
	Transportation Safety	3 8
	Protocols and a	
	description of our plans	
	to make sure the Plan	
	of Protection happens,	
	which is	
	"The QM/Training	
	Director will monitor	
	and review along with	
	the site supervisors".	
	This will be done via	
	initial and ongoing	
	trainings on	
	Transportation Safety	
tivision of Health Service Regulation	Protocols,	

FORM APPROVED Division of Health Service Regulation Continued From page 5 V 110 associate professional or by a qualified Support Inc.'s HR/Finance Director is 6/15/2022 professional as specified in Rule .0104 of this now making copies of both the front and ongoing Subchapter. and back of drivers licenses for all (c) Paraprofessionals shall demonstrate new hires knowledge, skills and abilities required by the 7/15/2022 population served. A power point on Transportation (d) At such time as a competency-based and ongoing Safety for Clients was developed on employment system is established by rulemaking, as part of the then qualified professionals and associate 7/13/22 and reviewed with the Day new Day professionals shall demonstrate competence. Treatment clients on 7/15/22. Treatment (e) Competence shall be demonstrated by Clients' exhibiting core skills including: (1) technical knowledge; Orientation (2) cultural awareness; to the (3) analytical skills; program. (4) decision-making; (5) interpersonal skills: (6) communication skills; and A power point on Safety Protocols for 7/20/2022 clinical skills. Day Treatment Transportation (f) The governing body for each facility shall and at develop and implement policies and procedures Specialists was developed on 7/13/22 Orientation for the initiation of the individualized supervision and will be reviewed with existing with any plan upon hiring each paraprofessional. Transportation Specialists on 7/20/22 newly hired This will be a part of the onboarding Transportati training for any newly hired on Transportation Specialists and will be Specialists, renewed at a minimum of an annual and renewed basis and as needed. at a This Rule is not met as evidenced by: minimum of Based on record reviews, observation, and an annual interviews the facility failed to ensure 1 of 3 basis and as audited paraprofessionals (Staff #1) demonstrated knowledge, skills and abilities needed. required by the population served. The findings are: Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21. (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C

MHL055-120

B. WING

06/27/2022

NAME OF PROVIDER OR SUPPLIER SUPPORT DAY TREATMENT STREET ADDRESS, CITY, STATE, ZIP CODE

126 PERFORMANCE DRIVE LINCOLNTON, NC 28092

(X4) ID **PREFIX** TAG

SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

PREFIX TAG

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5)COMPLE TE DATE

Division of Health Service Regulation

6800

M8DF11

Division	of Health Service F	Regulation			1 011111	ALLINOVE
V 110	Continued From p	page 6	V 110			
	SpecialistA restricted driver	r's license issued 12/8/20 of corrective lenses.				
	-Date of Admission -Age: 9. -Diagnoses: Intern	mittent Explosive Disorder; ant Disorder; Other Specified				
	Response Improve dated 5/31/22 reve	spitalized after being hit by the				
	Review on 6/7/22 Vehicles (DMV) Crrevealed: -There were 4 child the accident"Driver (Staff #1). #29)leading into Pedestrian (Client and crossed over in go home. Some wistated that pedestrin front of the van tif pedestrian (Client Statements collecte feeling a 'speed but Review on 6/15/22 Statement dated 5/-Staff #1 "jumped of ground bleeding, cated Medical Services) a	of a Department of Motor rash Report form dated 5/31/22 dren in the van at the time ofdropped 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 ian (Client #29)crossed over o cross the street. It is unclear t #29) was ran over twice. End from witnesses remember imp' and screaming" of an Accident Report Driver 1/31/22 revealed: It is unclear that the scream is				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE S	
			A. BUILDING			ETED
		MHL055-120	B. WING		06/27	//2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
SUPPORT	DAY TREATMENT		ORMANCE TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
vision of Hoa	Ith Service Regulation					

Division	of Health Service F	Regulation			TON	WAFFROVE
V 110	Continued From p	age 7	V 110			
	Officer.					
	Health Service Re the local county E	2 of an email to Division of gulation (DHSR) Surveyor from MS dated 6/24/22 revealed: ne 911 call received about the 31/22.				
	revealed: -A caller reporting	of a 911 Audio Recording that her son got hit by a van. ed herself as Client #29's				
	Aided Dispatch (Carevealed: -A call was receive -The 911 caller was	s Client #29's Mother. vas confirmation that a vehicle				
	#29 dated 5/31/22 -"Description: emerarrived on scene backboard with a charace) on his neck -"Chief Complaint"while enroute to auto launch to a chest/abdomen kneabrasions/scrapes noted that there is a his headmatted i scrapes and abrasic inactivebreath so bursts of airpainO2 (oxygen) is attentions accepted to the complete that the complete that there is a scrapes and abrasic inactivebreath so bursts of airpainO2 (oxygen) is attentions.	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				
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	LE CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN O	JF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	:	COMP	PLETED
		MHL055-120	B. WING			C 2 7/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
SUPPORT	DAY TREATMENT	126 PERFO LINCOLNT	ORMANCE I ON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY N	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE

Division of Health Service Regulation STATE FORM

M8DF11

DIVISION	of Health Service Regulation		
V 110	Continued From page 8	V 110	
	oxygen saturation) readinghe is taken to [a local hospital] where we are to meet the helicopterhe is taken tothe ED (emergency department) for continued care until helicopter arrival" -"Impression: Traumatic Injury - Significant"		
	Review on 6/21/22 of the local hospital ED report for Client #29 dated 5/31/22 revealed: -"Patient transfer to another acute care facilityReason for TransferMedically IndicatedService Not AvailablePediatric - Trauma ServiceRisks:anxiety, worsening condition, deathMode of TransportationHelicopterSupport/Treatment during transferOxygen at 4 liters/minute with pulse oximetry" -"Patient will disposition by air to [hospital name] Children's Emergency Department for critical emergency care and evaluation by Trauma surgery. This is emergently medically indicated transport by air for his condition and injury pattern"		
	Review on 6/22/22 of the Children's Hospital records for Client #29 dated 5/31/22 - 6/6/22 revealed: -"concern for pneumothorax (collapsed lung) given subcutaneous air on chest x-ray. Patient was placed on nonrebreather (oxygen mask) prior to arrivalpatient went for CT (computed tomography scan)given significant mechanism and diffuse external signs of traumaCT with significant injuries of thoracic and lumbar spine fractures. Patient kept with strict spinal precautionsCT chest with bilateral pneumothoraxes, pulmonary contusions, likely lung lacerationclosed fracture of two ribs on right sideadmitted to trauma surgery servicemultiple thoracic (middle back) and lumbar (lower back) fracturessternal		

	NT OF DEFICIENCIES N OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	SURVEY
			A. BOILDING			
		MHL055-120	B. WING			C 27/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE	100	
SUPPOI	RT DAY TREATMENT		ORMANCE TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPOLICIENCY)	DBE	(X5) COMPLETE DATE
	(sternum/breastbon (knee) fracture" -He was initially adnown of hospitalization here distress requiring "extherapyprompting care unit) admissionshowed low lung was prior, raising concert Hypoxemic Respiration oxygen level in the term ongoing organ dysfur from a condition white probability to acutely organ systems, resusting in the term of	nitted to trauma, but on day 2 developed acute respiratory escalation of respiratory escalation escalation acutive problems Acute tory Failure (severely low blood)" young a prompting octor) consult" young a prompting octor) consult" at high risk of engoing high acuity needs and unctionThis patient suffers ch does or has a high y impair one or more vital esting in a sudden, clinically estening deterioration" young a prompting octor) and pain control" reatmentpatient to wear estamplished estalished	V 110			

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED C 06/27/2022	
		MHL055-120	B. WING _				
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
SUPPOR	RT DAY TREATMENT		FORMANCE				
(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 TI DEFICIENCY	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE	
	cues for correction of Verbal cues for safe tasks" -"there is a reaso require surgical fixaria -On 6/6/22 "At about (Registered Nurse) roomHR in 160'sPatient was shaking his teeth and screamThis episode lasterThroughout the reintermittently whimp in the 130's then fall -Psychiatric consultaterrors"patient haFamily's major consighttime events andpatient is likely stradisorder after a trausing revealed: -A list of each client of the fall address where the same and conticulated to the same and conticu	ofpostures/movements, e execution of functional nable chance pt (patient) will ation" Int 0200 (2:00 am), this RN heard screaming from patient. Upon entering the rooming, kicking his legs, chattering ming with his eyes wide opened for about 6-7 minutes st of the night, patient would be and grab bed sheets, HR laback asleep quickly" Into due to 2-3 days of night is no memory of these events incern is what to do about the down to handle them be uggling with adjustment matic event" If the undated facility Van who rode in the van. act phone number for each lian. Here each client resided. Ition on 6/10/22 at 11:20 am and License revealed:	V 110				

Division of Health Service Regulation

M8DF11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

		NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	to Browner	PLE CONSTRUCTION		E SURVEY PLETED
				A. BUILDIN	G:		
ŀ			MHL055-120	B. WING _			C 27/2022
	NAME OF	PROVIDER OR SUPPLIER			, STATE, ZIP CODE		
	SUPPOR	RT DAY TREATMENT		ORMANCE TON, NC 2			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETE DATE
		beside his left ear as hear the questions I -He was one of seve children to and from -Each driver had a s group of kidsHe had cataract sur wear glasses for reasurgery, but believed -"I can't use my glas blurry." -He had not transport the incident on 5/31/2". He had not transport the incident on 5/31/2". He had to call the oth (Client #29) lived I house was on the sastopped the van and Normally there's not some parents are in It is very seldom the -On the day of the incident. Interview on 6/727/22. He had a cell phone he was watching the van"I had some person don't know who it was anything I was sort Interview on 6/14/22. He was one of the vate at Normal protocol I've always done. I put the sort of the law anything I was sort Interview on 6/14/22. The was one of the vate at Normal protocol I've always done. I put the sort of sort and sort of sort and sort of sort	s a gesture that he could not being asked. eral drivers who transported the day treatment facility. Specific route with a specific regery and only needed to ading. The when he had cataract did it was in the year 2000. Sees driving, it makes stuff red Client #29 home prior to 1/22. The driver to find out where he took for granted that the same side of the road where I is I dropped him off an adult to take the kids not available to take the kids not available to take the kids not available to take the other The work since the day of the 2 with Staff #1 revealed: but did not call 911 because students who were on the at the scene call 911, but I is. I didn't get names or	V 110			

Division of Health Service Regulation

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Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	, , ,	G:		E SURVEY IPLETED
		MHL055-120	B. WING			C 27/2022
20.50.702.500.000.000.000	PROVIDER OR SUPPLIER	126 PERF	DRESS, CITY, ORMANCE		-	
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDERICIENCY)	D BE	(X5) COMPLETE DATE
V 110	door and go inside a next one. Only the r the passenger sectid driveway. There is r not in a driveway. If another driver, I wood and if there was not the block to make si van is on the same house is on. The kind the road when I let the always made suby their parent or gut Interview on 6/10/22. He was a van driver was a van driv	and then I leave to go to the ight side of the van opens for on. I always pull into a nowhere on my route that I am I ever had to cover for all find out where the kids live driveway I would circle around are that the right side of the side of the road that the less should never have to cross hem out of the van" are that clients were received ardian. With Staff #3 revealed: If for the day treatment facility. Face of the steps out back and she got mixed up with what side of the steps out back and she got mixed up with what side of the street. I linto a driveway or turn the recoss the street. I into a driveway or turn the side of the street as the lare that somebody was home tering the house with could leave. I never leave until slients) are at and that they remselves"	V 110			

I		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		E SURVEY
ı	ANDILAN	OF CONNECTION	IDENTIFICATION NUMBER.	A. BUILDIN	G:	СОМ	PLETED
-			MHL055-120	B. WING _			C 27/2022
	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
	SLIDBUE	RT DAY TREATMENT	126 PERF	ORMANCE	DRIVE		
	301101	T DAT TREATMENT	LINCOLN	TON, NC 2	28092		
	(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
	V 110	Continued From page	ge 13	V 110			
		Interview on 6/15/22 -Staff #1 thought Cli -Client #29 was "ver not see him cross th -"The van door is on The right side of the same side of the hoc cross the street. [Cli [Staff #1] didn't know house was on. [Clien about where his hou aware of the house a in the house on the	with Client #22 revealed: ent #29 was behind the van. y small" and Staff #1 could ne street. n the right side of the vans. van is always parked on the use so nobody ever has to ent #29] was dropped off and v what side of the street the nt #29] did not say anything use was. [Staff #1] wasn't and thought [Client #29] lived right. As soon as [Client #29]				
		screaming. He got o else could. Everyone it happened. I saw th around his ear and v went over to him. We I heard a bump and van lying down and twe could hear him so at [Client #29] and cound then he went ba anything to helpIt's	stopped as soon as he heard ut of the van before anyone e else got out of the van when hat [Client #29] had blood was lying on his back. We all e went to the back of the van. saw him at the back of the the van driver stopped and creaming[Staff #1] looked alled to report the accident ck over to see if he could do is the first time I ever like that, or seeing a person				
		that wayI am doing (Client #29) because heard [Staff #1] was see [Client #29] cros vehicle is so high and always would wait fo a parent to come and would take the kid bar	g okay but I worry about him he he was only 8 years old. I suspendedNobody could see the road. The front of the dependent of the dependent of the younger kids to wait for diff they didn't come out, they ack into the van"				

	I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
		MHL055-120	B. WING		06/	C /27/2022	
	PROVIDER OR SUPPLIER	126 PERF	DRESS, CITY, ORMANCE TON, NC 2				
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL IC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
	misheard [Client #2 the other side of the out and the kid walk his house was on the screaming and he was creaming and he was the ran over him twice. I don't think [She was driving. As a we all hopped out of laying on his stomatowas on the ground a people arrived. [Clie older lady walking he I'm pretty sure [Staff anything except tell [the police and EMS] Interview on 6/10/22 He was in the van the " Basically, the ki was across the stree #1) wasn't listening started pulling off an and the kid (Client #2 told the driver to stop when it happened. I when it happened. I when it happened. I shack and he was ble driver was trying to constant the waste of there and she we waste of the wast	9] because his house is on estreet. He (Staff #1) let him ed in front of the van because he left. We thought we hit a hit the kid. We heard was obviously hurt. We think be because we felt the bump Staff #1] had glasses on while oon as we heard screaming, the van. I saw [Client #29] ch and the left side of his face and he couldn't move. Multiple and the left side of his face and he couldn't move and an er dog and they called 911. #1] called too. Nobody did Client #29] not to move until got there" with Client #27 revealed: the day of the accident. In did (Client #29) said his house that and the van driver (Staff and let him out The driver did it felt like a speed bump 29) started screaming, so we of the van I got off the van he other kids got off the van he other kids got off the van saw him (Client #29) on his eding from his ear The van omfort him. The rest of us sure he was alright. His Mom and with him in the ambulance off #1 since the day of the with Client #28 revealed:	V 110				

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

OTATEME.	NE OF BEEIGIENIGIES	(244)	1			
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION		ESURVEY
ANDIDAN	TOT CONNECTION	IDENTIFICATION NOMBER.	A. BUILDIN	G:	COM	PLETED
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İ		MUI 055 420	B. WING		69.356.35	C
		MHL055-120	D. WING_		06/2	27/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE		
			ORMANCE			
SUPPOR	RT DAY TREATMENT					
		LINCOLN	TON, NC 2	28092		
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORT OR ES	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIATE	DATE
				DEFICIENCY)		
V 110	Continued From page	ge 15	V 110			
	3/24	20 1990	97.0 18 33.0%			
		the roundabout, or else he				
		space and turns the van				
		de 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 cros	s the road or parking lot.				
		sses when he's driving				
		ally see. Sometimes he wears				
		s he doesn't. I think he was				
wearing glasses the 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						
		9] is really small and I guess				
		him. We heard a bump. I only				
	board 1 home and the	nim. we neard a bump. I only				
		nen screaming. No family was				
		t #29] got off the van. There				
		, but I'm pretty sure they were				
		ning because they all went				
		nt house. When we heard the				
	bump and then scre-	aming, [Staff #1] stopped				
	right away and got o	ut of the van and called 911.				
		out of the van to see what				
		him (Client #29) laying on the				
	ground at the back of	f the van screaming. The van				1
		r him. He didn't get up off the				- 1
		ee he already had a bunch of				- 1
		ots on his right side and his				
	head was bleeding					- 1
	ricad was biccomig	··				
	Interview on 6/17/22	with Client #29's Mother				- 1
	revealed:	The state of the s				
		ent, I saw a bit of it. I guess				- 1
		etween our house and the				- 1
						- 1
		pad next to us leads to an				- 1
		which is a dead end and our				1
		e house. I was standing here				
	and the white van ca	me down the road and there				1
		lking her dog along with her				- 1
		assume that is why the van				- 1
		of the road and let [Client				- 1

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		MHL055-120	B. WING			C 27/2022	
1-000-001-0-1000-001-0-1000-001-0	PROVIDER OR SUPPLIER RT DAY TREATMENT	126 PERF	DRESS, CITY, S ORMANCE TON, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
	#29] off on that side and his little feet ge immediately started up towards the front saw brake lights. I reback steps and arou called 911 the driv driver was fiddling waccidentally called so ther students in the and they were all talkids that had been in the ground and I got him to keep him calm was crying. I wanted move at all. He was van driver had misdichatted with someon kids (high school bowas trying to get the listen to the lady from bleeding but it was la important to keep him I had to keep telling the top off me. They maybe should have (Client #29) has to we for a right knee patel to the right fourth rib the PICU (Pediatric I respiratory issues. Hoxygen for bruising of (Magnetic Resonance (thoracic) spine, C (Offractures. There are a lumbar area. A good a couple of laceration He is wearing a backweeks of that He had to we had a couple of laceration	e. I saw [Client #29's] shoes t out of the van and the van taking off and his feet went t passenger wheel and then I an outside and ran out the und. The driver was outside. I wer pulled out his phone. The	V 110				

TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DATE	
ND FLAN OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING	3:	COMP	PLETED
	MHL055-120	B. WING			C 27/2022
AME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
SUPPORT DAY TREATMENT	126 PERF	ORMANCE	DRIVE		
OTT ORT DAT TREATMENT	LINCOLN	TON, NC 2	8092		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
pain management a doesn't turn wrong. terrors. The doct melatonin and Benabut he wakes up so that has been a big day therapy treatmed just a huge scar. The heal but it's the stuff about. I watched his want to be in a car afront of the van like from school, like you going to be able to church van? we done sidewalk could be a linterview on 6/14/22 Treatment Supervision-5/31/22 was the first transported Client #-She received a call approximately 4:00 -Staff #1 informed head the happened the child -All van drivers were included the name a along with the name parent/guardianVan drivers could alif there was any constaff #1 was immediated.	og rolling him. The big issue is and forever making sure he No sportshe has night ors 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 will for you don't see that we worry is little feet and I don't even anymore. He was crossing in you would getting dropped off u would on a school bus. Is he ride a school bus or even a not know. Even walking on the ent issue" 2 and 6/17/22 with the Day for revealed: It time Staff #1 had the staff #1 had the put the car in gear and fing forward, he felt a bump to boys got out to see what was under the van" 2 provided with a roster which and address of each client and phone number of the laways call to verify a location of the stand 6/27/22 with the Day and 6/27/22 with the Day with t	V 110			

	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION		TE SURVEY MPLETED
		MHL055-120	B. WING		06	C 6/27/2022
	PROVIDER OR SUPPLIER	126 PER	DORESS, CITY, S FORMANCE NTON, NC 28			
(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 E APPROPRIATE	(X5) COMPLETE DATE
	after the 5/31/22 inc -The protocol was co -The van drivers had protocol but had not -Staff had always be during an emergence. Review on 6/17/22 completed and substance the safety of 1. Suspend the drivers and have the 3. Add protocols to 4. Create formal with drivers and have the 3. Add protocols to 4. Create a training 5. Create and pressafety training Describe your plans happens. Numbers 1 and 2 ha Numbers 3, 4, and 5 reviewed by the man reviewed by the man reviewed by the man reviewed by the Day Treatment -"What immediate accensure the safety of When picking studer will watch the student the van and get on." everyone is buckled If at any time a stude belt the driver will pustudent is in seat and No student will be all stop but his own.	dident. reated on 6/7/22. dibeen told about the new to signed it yet. den instructed to call 911 den i	V 110			6/30/2022

		<u> </u>				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTII	PLE CONSTRUCTION		SURVEY
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	G:	COM	PLETED
						0
		MHI 055 120	B. WING			C
		MHL055-120	D. WING		06/	27/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	, STATE, ZIP CODE		
CURROS	T D 437 TD E 4 T14E14		ORMANCE			
SUPPOR	RT DAY TREATMENT		TON, NC 2			
0/0/5	CUMMADVICTA			T		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOU		(X5)
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPR		COMPLETE
				DEFICIENCY)		
V 110	Continued From pa	go 10	V 110			
V 110	Continued From pa	ge 19	V 110			
	not move the van ui	ntil he has seen the child				
	received at the doo	r of his home.				
	When unloading the	e van at the day treatment,				
	students will remain	buckled in until the van is at				
		d the driver tells them they can				
	unload.	in de cultura, cultura de la compresenta de contracto de				
	The driver will see	every student enter the day				
		k the van to see that all are off				
	before parking the v	van at day.				
	When leaving day treatment with students the					
	van will not be move	ed until everyone is on, in their				
	seats, and buckled	in.			l l	
	Describe your plans	to make sure the above			1	
	happens.					
	The QI Director will	monitor and review along				
	with site supervisors	s."				
	D : 0/0=/00					
		of an additional Plan of				1
		m completed and submitted				
		ay Treatment Director				
	revealed:	1000 1000 AN 80 1000 A				
		ction will the facility take to				- 1
		the consumers in your care?				
		review on calling 911 in the				
		that would require the police,				
	an ambulance, or the	e fire department."				
	0					1
		ent provides services to				- 1
		cents with emotional or				- 1
		ices. Client #29 was 8 years				- 1
		mitted to the program on				- 1
		ses included Intermittent				- 1
		Oppositional Defiant Disorder				- 1
		Problems Related to				Į.
		/22 Staff #1 transported				- 1
		he company van. Staff #1				- 1
		stricted driver's license which				
		corrective lenses. Staff #1				1
		rective lenses and dropped				

Division of Health Service Regulation

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STATEME	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G:		(X3) DATE SURVEY COMPLETED	
		MHL055-120	B. WING _		06	C 5/27/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY	, STATE, ZIP CODE			
SUPPOR	RT DAY TREATMENT		FORMANCI				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE	
V 110	Client #29 off at the began to drive off w #29 was with an ad Staff #1 did not ens the range of the vervan. Client #29 was threatening injuries. after the accident. A (Client #22, #24, #2 old were also on the incident. Staff #1 faclients and allowed witness Client #29 I injuries. This deficiency consviolation for serious be corrected within penalty of \$6,000.00 not corrected within administrative penal	e incorrect address. Staff #1 vithout confirmation that Client ult caregiver. Furthermore, ure that Client #29 was out of nicle and ran over him with the shospitalized with life . Staff #1 failed to call 911 Additionally, four other clients ?7 and #28) aged 13-16 years e van at the time of the iled to redirect the other four them to exit the van to aying on the ground with stitutes a Type A1 rule harm and neglect and must 23 days. An administrative 0 is imposed. If the violation is 23 days, an additional lity of \$500.00 per day will be ay the facility is out of	V 110				
	Int. 10A NCAC 27E .010 ALTERNATIVES TO INTERVENTIONS (a) Facilities shall in practices that emphato restrictive interver (b) Prior to providing disabilities, staff inclinemployees, students demonstrate competitions.	o RESTRICTIVE Inplement policies and esize the use of alternatives intions. In g services to people with ending service providers,	V 536	V 536 27E Client Rights – Training Alt to Rest. Int. Support Inc. QM/Training Director provided CPI's Non-Violent Crisis Intervention renewal training to Sand Staff #3 on 6/30/2022. Staff #3 not be returning to Support Incorpas an employee. The Lincolnton Day Treatment	or s taff #2 #1 will oorated	7/14/2022	
		creating an environment in of imminent danger of abuse		Transportation Specialists have be added to Support Inc.'s online trainsystem, Vairkko. CPI's Non-Viole	ning	and ongoing	

Divisio	n of Health Service R	Regulation			TORWATTOVE
STATEMEN	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	Crisis Intervention training is seduring the first week for new hare onboarding with Support Intensure any newly hired Transp Specialists attend this training, QM/Training Director will run compliance reports in Vairkko weekly until they complete the and they will not be allowed to any clients until they have come the training. Additionally, Sup QM/Training Director and supposes well as the Transportation Specialists, will be notified via Vairkko when the expiration data approaching which will indicate need to get them scheduled for renewal trainings.	nires who nc. To cortation the training twice training transport upleted uport Inc. ervisor, email by nte is e the the
	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION ::	(X3) DATE SURVEY COMPLETED
		MHL055-120	B. WING		C 06/27/2022
	PROVIDER OR SUPPLIER RT DAY TREATMENT	126 PERI LINCOLN	ORESS, CITY, FORMANCE ITON, NC 28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY I REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETE
Division of He STATE FOR	ealth Service Regulation M		6899	M8DF11	If continuation sheet 25 of 35

V 536	Continued From p	age 21	V 536			
	or injury to a person property damage in (c) Provider agent based on state compliance and degathered. (d) The training shinclude measurable testing behavior) on those methods to determ course. (e) Formal refresh by each service property annually). (f) Content of the formula provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the provider wishes to the Division of MH/Paragraph (g) of the Div	on with disabilities or others or is prevented. cies shall establish training impetencies, monitor for internal emonstrate they acted on data all be competency-based, e learning objectives, g (written and by observation of e objectives and measurable nine passing or failing the internal must be completed ovider periodically (minimum training that the service employ must be approved by I/DD/SAS pursuant to nis Rule. In onstrate competence in the ed; Ing and interpreting human ing the effect of internal and that may affect people with the service ersons with disabilities; Ing cultural, environmental and ors that may affect people with the great people wi				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE S	
-1		MHL055-120	B. WING		06/2	7/2022
NAME OF PR	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, S	STATE, ZIP CODE		
SUPPORT	DAY TREATMENT		RMANCE	DRIVE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY I REGULATORY OR LS	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
ivision of Hea	Ith Service Regulation					

STATE FORM 6899 M8DF11 If continuation sheet 26 of 35

V 536	Continued From p	age 22	V 536			
	and (9) positive means for people activities which dir behaviors which a (h) Service provid documentation of at least three year (1) Docume (A) who particulate outcomes (pass/fa (B) when an (C) instructor (2) The Division review/request this (i) Instructor Qualification Requirements: (1) Trainers by scoring 100% of aimed at preventing need for restrictive (2) Trainers by scoring a passing instructor training proceeding (3) The training competency-based objectives, measure observation of behave measurable methof ailing the course. (4) The contest of the course of the cou	ers shall maintain nitial and refresher training for s. ntation shall include: cipated in the training and the iil); d where they attended; and or's name; sion of MH/DD/SAS may adocumentation at any time. fications and Training shall demonstrate competence in testing in a training program g, reducing and eliminating the interventions. shall demonstrate competence in grade on testing in an orogram. In g shall be include measurable learning rable testing (written and by avior) on those objectives and disto determine passing or ent of the instructor training the east to employ shall be vision of MH/DD/SAS pursuant				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	The American Southern	LE CONSTRUCTION		LETED
		MHL055-120	B. WING		06/2	27/2022
	ROVIDER OR SUPPLIER	126 PERF	ORESS, CITY, S ORMANCE I TON, NC 28			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
Division of Hea	alth Service Regulation		5899 N	//8DE11	If continuation	n sheet 27 of 25

FORM APPROVED Division of Health Service Regulation V 536 Continued From page 23 V 536 course: (C) methods for evaluating trainee performance; and (D) documentation procedures. (6)Trainers shall have coached experience teaching a training program aimed at preventing. reducing and eliminating the need for restrictive interventions at least one time, with positive review by the coach. Trainers shall teach a training program aimed at preventing, reducing and eliminating the need for restrictive interventions at least once annually. (8)Trainers shall complete a refresher instructor training at least every two years. (j) Service providers shall maintain documentation of initial and refresher instructor training for at least three years. Documentation shall include: (1) (A) who participated in the training and the outcomes (pass/fail); (B) when and where attended; and (C) instructor's name. The Division of MH/DD/SAS may request and review this documentation any time. (k) Qualifications of Coaches: (1) Coaches shall meet all preparation requirements as a trainer. (2)Coaches shall teach at least three times the course which is being coached. (3)Coaches shall demonstrate competence by completion of coaching or train-the-trainer instruction. (I) Documentation shall be the same preparation as for trainers. STATEMENT OF DEFICIENCIES PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED. A. BUILDING: B. WING_ MHL055-120 06/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 126 PERFORMANCE DRIVE SUPPORT DAY TREATMENT LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID

Division of Health Service Regulation

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Division of Health Service Regulation V 536 Continued From page 24 V 536 This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to ensure staff completed training in alternatives to restrictive interventions prior to providing services affecting 3 of 3 audited staff (Staff #1, #2 and #3). The findings are: Review on 6/10/22 of Staff #1's record revealed: -Date of Hire: 5/10/21. -Position: Day Treatment Transportation Specialist. -Crisis Prevention Institute (CPI) certification expired on 5/26/22. Review on 6/10/22 of Staff #2's record revealed: -Date of Hire: 3/19/21. -Position: Day Treatment Transportation Specialist. -CPI certification expired on 5/26/22. Review on 6/10/22 of Staff #3's record revealed: -Date of Hire: 3/19/21. -Position: Day Treatment Transportation Specialist. -CPI certification expired on 5/26/22. Interview on 6/14/22 with the Day Treatment Supervisor revealed: -The Quality Management (QM) and Training Director was responsible for ensuring the completion of staff training. Interview on 6/15/22 with the QM and Training Director revealed: -She was responsible for having staff trained in CPI. STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: C B. WING MHL055-120 06/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 126 PERFORMANCE DRIVE SUPPORT DAY TREATMENT LINCOLNTON, NC 28092 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DATE DEFICIENCY)

	of Health Service Regulation	_		
V 536	Continued From page 25	V 536		
	-The facility used an online system to send reminders of when a staff member's certification was going to expireThe Day Treatment Transportation Specialists were not in the online systemShe was going to place the Day Treatment Transportation Specialists in the system.			
	27E .0108 Client Rights - Training in Sec Rest & ITO 10A NCAC 27E .0108 TRAINING IN SECLUSION, PHYSICAL RESTRAINT AND ISOLATION TIME-OUT (a) Seclusion, physical restraint and isolation time-out may be employed only by staff who have been trained and have demonstrated competence in the proper use of and alternatives to these procedures. Facilities shall ensure that staff authorized to employ and terminate these procedures are retrained and have demonstrated competence at least annually. (b) Prior to providing direct care to people with disabilities whose treatment/habilitation plan includes restrictive interventions, staff including service providers, employees, students or volunteers shall complete training in the use of seclusion, physical restraint and isolation time-out and shall not use these interventions until the training is completed and competence is demonstrated. (c) A pre-requisite for taking this training is demonstrating competence by completion of training in preventing, reducing and eliminating the need for restrictive interventions. (d) The training shall be competency-based, include measurable learning objectives, measurable testing (written and by observation of behavior) on those objectives and measurable		V 537 27E .0108 Client Rights - Training in Sec Rest & ITO Support Inc. QM/Training Director provided CPI's Non-Violent Crisis Intervention renewal training to Staff #2 and Staff #3 on 6/30/2022. Staff #1 will not be returning to Support Incorporated as an employee. The Lincolnton Day Treatment Transportation Specialists have been added to Support Inc.'s online training system, Vairkko. CPI's Non-Violent Crisis Intervention training is scheduled during the first week for new hires who are onboarding with Support Inc. To ensure any newly hired Transportation Specialists attend this training, the QM/Training Director will run training compliance reports in Vairkko twice weekly until they complete the training and they will not be allowed to transport any clients until they have completed the training. Additionally, Support Inc. QM/Training Director and supervisor, as well as the Transportation Specialists, will be notified via email by Vairkko when the expiration date is approaching which will indicate the need to get them scheduled for the renewal trainings.	7/14/2022 and ongoing

Division of Health Service Regulation
STATEMENT OF DEFICIENCIES (X1) PROV

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V 537	Continued From page	ge 26	V 537			
V 55/	methods to determine course. (e) Formal refreshed by each service produced annually). (f) Content of the transport of the Division of MH/I Paragraph (g) of this (g) Acceptable train but are not limited to (1) refresher in the use of restrictive (2) guidelines (understanding immothers); (3) emphasis rights and dignity of concepts of least resincemental steps in (4) strategies of restrictive interventions which is assessment and more psychological well-buse of restrictive interventions which is assessment and more psychological well-buse of restrictive intervention (6) prohibited (7) debriefing importance and purp (8) documentation of initiat least three years. (1) Documentation (A) who particing outcomes (pass/fail)	ne passing or failing the er training must be completed evider periodically (minimum raining that the service apploy must be approved by DD/SAS pursuant to see Rule. In programs shall include, presentation of: Information on alternatives to enterventions; Information on alternatives to enterventions; Information on alternatives to enterventions; Information on alternatives to enterventions; Information on alternatives to enterventions; Information on alternatives to enterventions; Information on alternatives to enterventions; Information interventions and entervention); Information interventions and entervention of the physical and entervention of the physical and entervention of the physical and entervention of the client and the safe uphout the duration of the physical and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and enterpresent and the safe uphout the duration of the con; Information of the physical and the safe uphout the duration of the continuous and the safe uphout the duration of the continuous and the safe uphout the duration of the continuous and the safe uphout the duration of the contin	V 537			

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	review/request this of (i) Instructor Qualific Requirements: (1) Trainers is by scoring 100% on aimed at preventing need for restrictive if (2) Trainers is by scoring 100% on teaching the use of and isolation time-of (3) Trainers is by scoring a passing instructor training professional forms of the prof	documentation at any time. cation and Training hall demonstrate competence testing in a training program , reducing and eliminating the nterventions. hall demonstrate competence testing in a training program seclusion, physical restraint ut. hall demonstrate competence grade on testing in an ogram. g shall be include measurable learning ble testing (written and by vior) on those objectives and s to determine passing or ht of the instructor training the his to employ shall be sion of MH/DD/SAS pursuant	V 537			

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AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	S:	COM	PLETED
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V 537	Continued From pa	ge 28	V 537			
V 557	(8) Trainers so CPR. (9) Trainers so in teaching the use least two times with coach. (10) Trainers so use of restrictive into annually. (11) Trainers so instructor training at (k) Service provided documentation of in training for at least so (1) Document (A) who particulation outcome (pass/fail); (B) when and (C) instructor (2) The Division review/request this councy (1) Qualifications of (1) Coaches so requirements as a to (2) Coaches so times, the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (3) Coaches so in teaching the course with (4) Coaches so in teaching the course with (5) Coaches so in teaching the course with (6) Coaches so in teaching the coaches with (6) Coaches so in teaching the course with (6) Coaches so in teaching the coache with (6) Coaches so in teaching the	chall be currently trained in chall have coached experience of restrictive interventions at a positive review by the chall teach a program on the erventions at least once chall complete a refresher teast every two years. It is shall maintain itial and refresher instructor three years. It is the training and the coached in the training and the coaches: Is shall meet all preparation rainer. Is shall teach at least three chich is being coached. Is shall demonstrate pletion of coaching or ruction. Is shall be the same	V 337			
	facility failed to ensu	t as evidenced by: views and interviews, the ure staff completed training in estraint and isolation time-out				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF CORRECTION	IDENTIFICATION NUMBER:	E sérve sone	G:		E SURVEY PLETED
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V 537	Continued From page	ge 29	V 537			
	prior to providing se staff (Staff #1, #2 ar	rvices affecting 3 of 3 audited and #3). The findings are:				
	-Date of Hire: 5/10/2 -Position: Day Treat Specialist. -Crisis Prevention In expired on 5/26/22.	ment Transportation stitute (CPI) certification of Staff #2's record revealed:				
	-Position: Day Treati Specialist. -CPI certification exp	ment Transportation				
	Review on 6/10/22 of -Date of Hire: 3/19/2 -Position: Day Treate SpecialistCPI certification exp	ment Transportation				
	Supervisor revealed -The Quality Manage	ement (QM) and Training sible for ensuring the				
	Director revealed: -She was responsible CPIThe facility used an reminders of when a was going to expireThe Day Treatment were not in the online	ace the Day Treatment				

MHL055-120 B. WING O6/27/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 126 PERFORMANCE DRIVE LINCOLNTON, NC 28092 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	PLE CONSTRUCTION G:		E SURVEY PLETED
NAME OF PROVIDER OR SUPPLIER SUPPORT DAY TREATMENT 126 PERFORMANCE DRIVE LINCOLNTON, NC 28092 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) V 752 V 752 V 752 V 752 V 752 V 752 Oantinued From page 30 V 752 The wall pack hot water heaters had 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 maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between 100-116 degrees read the water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview, the facility water temperatures were not maintained between 100-116 degrees read a construction and interview.			MHL055-120	B. WING			
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V 752 27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (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 maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE	COMPLETE
10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (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 maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview, the facility water temperatures were not maintained between	V 752	Continued From pa	ge 30	V 752			
clients were exposed to hot water. The findings are: Observation on 6/7/22 at approximately 11:02 am revealed: - The water temperature in two bathroom sinks was 80 degrees Fahrenheit. - The bathroom sinks were used by the clients of the facility. Interview on 6/27/22 with the Day Treatment Director: -The water temperature would be corrected.		27G .0304(b)(4) Ho 10A NCAC 27G .03 EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physical visitors. (4) In areas of exposed to hot water water shall be main degrees Fahrenheit This Rule is not me Based on observative water temperatures 100-116 degrees Fa clients were expose are: Observation on 6/7/2 revealed: - The water temperatures was 80 degrees Fal - The bathroom sink the facility. Interview on 6/27/22 Director:	of Water Temperatures 304 FACILITY DESIGN AND cility shall be designed, juipped in a manner that all safety of clients, staff and of the facility where clients are eer, the temperature of the stained between 100-116 t. et as evidenced by: on and interview, the facility were not maintained between ahrenheit in areas where ed to hot water. The findings 22 at approximately 11:02 am ature in two bathroom sinks hrenheit. Es were used by the clients of		Temperatures The wall pack hot water heaters heaters heaters. Support Inc.'s Maintenary Provider has replaced them and countries the water temperature to the approximation.	ad nce orrected	

Division of Health Service Regulation STATE FORM