and the second se	of Health Service Regu					
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
		BERT I DATION TO MOLEN.	A. BUILDING: _		COMPLET	ED
		MUI 024 242	B. WING			
		MHL034-342	0. 11110		06/27/	2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STAT	FE, ZIP CODE		
BOTTOM	UP OUTREACH CENTER		FORD KNOLL DF			
			N SALEM, NC 27	/107	All the second second second	
(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 000	INITIAL COMMENTS		V 000			
		as completed on June 27, was unsubstantiated (Intake iciency was cited.		RECEIVED By cvhicks at 12:47 pm,	Aug 01	2022
		l for the following category: C Supervised Living for ental Disabilities.			Aug 01,	2022
		I for 3 and currently has a ey sample consisted of nts.				
V 291	27G .5603 Supervised	Living - Operations	V 291			
	10A NCAC 27G .5603	OPERATIONS				
		y shall serve no more than				
		ents have mental illness or				
	developmental disabili	ties. Any facility licensed				
	on June 15, 2001, and	providing services to more				
	than six clients at that					
		more than the facility's				
	licensed capacity.					
		on. Coordination shall be				
		e facility operator and the				
		who are responsible for				
	treatment/habilitation of					
	(c) Participation of the Responsible Person. I					
		ty to maintain an ongoing				
		his family through such				
		facility and visits outside				
		all be submitted at least				
	annually to the parent of a minor resident, or the					
	legally responsible person of an adult resident.					
		ing or take the form of a				
	conference and shall for	-				
1	progress toward meeting	ng individual goals.				
		Each client shall have				
a	activity opportunities ba	ased on her/his choices,				
	h Service Regulation RECTOR'S OR PROVIDER/SU	PPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) D	ATE

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER*		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY	
		IDENTIFICATION NUMBER:	A. BUILDING		COMPI	
		MHL034-342	42 B. WING		06/	27/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	ATE, ZIP CODE		
		554 RED	FORD KNOLL			
MOTTOM	UP OUTREACH CENTER	2	N SALEM, NC			
(X4) ID		TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COP	RECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)		COMPLET
V 291	Continued From page	e 1	V 291	In the future of an	. Event that	
	needs and the treatm	ent/habilitation plan.		Requires meeting attach	in. Supervision/Qie	
		signed to foster community		Veguiros modical attents will ask stuff to com	/	
		ay be limited when the court				
		olved or when health or		Level + incident repo	at unito	
	safety issues become	e a primary concern.		notify Supervisor / Q.	p immediately	
				So that the legal re	sponsible	
	This Rule is not met	-		person is notify by ,	shiert and	
		ns, record reviews and				
	interviews, the facility failed to coordinate medical			also via email. Th	niswill be	
		intain contact with the legally		documented in the inc	inter a	
	responsible person of an adult resident affecting			23 NO 26	1 3	
	1 of 3 clients (#1). The	e findings are:		for records. This w	1160	
	Review on 6/17/22 of	client #1's record revealed:		practice through out the	K VELV	
	-An admission date of			effective. 7-1-22	y care.	
	-Diagnoses of Genera	alized Anxiety Disorder;		effective. relate		
	Autism Spectrum Disc			V291		7/1/20
		isorder; Bipolar I Disorder;		VZI		
	Borderline Personality	 Constraints and the standard stand Standard standard stand Standard standard stand Standard standard st Standard standard stand Standard standard st Standard standard stand Standard standard stand Standard standard stand Standard standard standard sta				
	Explosive Disorder by					
		ler due to TBI (traumatic				
	brain injury), and Toba	8/27/2021 noted "struggles				
	with expressing his an					
		increasing adaptive coping				
		is anger and impulsive				
	behaviors. Guardian re	eports a history of multiple				
		irth complications fetal				
		used brain damage, history				
		nd explosive anger, had				
		5 years (fell out the window al: Reported history of Mild				
		ality disorder, high risk				
		brganic brain syndrome,				
		, Autism, head injury age 5				
		harged from his recent AFL				
		eme behaviors, In the past,				
		elope with strangers and		×		

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE S COMPL	
		MHL034-342	B. WING		06/2	27/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
OTTOM		R	FORD KNOLL D			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	PECTION	(1)
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLE DATE
V 291	supportshas not ha Depakote levels mus previously in an AFL group home with the (CEO)." -A treatment plan dat "Behavioral Health ne or injuries to others i. prevention of suicide to harm himself in the outbursts, exposes hi butt in home and com lie and manipulate sit way, is to be monitore including when he is a has a history and will Messenger, and telep relationships with stra should not be left alor healthy and safe, imp skills, develop and us doctor's appointments community, increase decreases maladaptiv	refore; require 24-hour ad a seizure in a long time, t be tested regularly and was (Alternative Family Living [Chief Executive Officer ed 5/1/2022 noted eeds: prevention of assaults e. hitting, punching, attempts; has made threats e past, tantrums or emotional is stomach and top of his munity, has a tendency to uations/people to get his ed/supervised at all times, using computer and Phone, use the internet, Facebook ohone too, will seek angers that include sex, ne with minors, needs to be prove adaptive functioning e coping skills, - attend all s, be active in his	V 291			
8:12am with client # -No injuries or bruis -Had been punched -Had a black eye aft and hit me two time -Had refused to go b 5/24/22	and hit me two times -Had refused to go ba 5/24/22	revealed: a noted on his person a the eye by client #2 r client #2 "jumped on me " ck to the hospital on		Any injunits to any that requires medical administration of the checked met to consumer refut medical attention. T	dical professional. Dical professional. Dics arry he person	
	-		C	on duty at groups how community will contact to observe	EMS on sate	

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Division	of Health	Service	Regulation	
Non-self-fit-to-self-to-self-to-self-to-self-	And in case of the local division of the loc		1 to g an otto III	

	IDENTIFICATION NUMBER:			COMPLE	URVEY ETED
	MHL034-342	B. WING		06/27	7/2022
AME OF PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
OTTOM UP OUTREACH CENTER	564 BEI	OFORD KNOLL	DRIVE		
OTTOM OF OUTREACH CENTER		ON SALEM, NC	27107		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
 hospital records revea Client #1 was seen of hospital's emergency for self-injurious behavior church." Reason for visit: assa Diagnosis: Encounter Examination No medications were No upcoming appoint Client #1 was dischart No documentation clie medical professional a eye on 5/24/22 after re being discharged Interview on 6/17/22 w guardian revealed: on -Client #1 was not seen after suffering a black of -"I only found out about hospital called me" The legal guardian was client #1's injury until st -Had requested photog -Had never received th Interview on 6/27/22 w Services Social Worker Had observed client # "It appeared as if the was seen told me knowI saw [of and his eye had healed had contacted [client # 	client #1's after summary led: n 5/23/22 at a local room n visit "was due to s at the day program at a ult victim for Medical Screening prescribed ments were ordered. ged on 5/24/22 at 3:17pm ent #1 was seen by a fter he was punched in the turning to the facility after ith client #1's legal 6/17/22 revealed: n by a medical professional eye t his black eye when the s not contacted about everal days later rraphs of client #1's injury e requested photographs ith the Adult Protective revealed:	V 291	The inducideal and state receive paper work on the individual heads to go the to receive treatment or car receive treatment by Ems on duty will also immedia putity legally responsible and report to them on the incident. Staff on duty also notity there super as well. Documentation to be completed for record This will be practice threas. the year effective. 7-1-3 V 291	whother bisphal ist ist ist ist tely person he millalso lst kout	7-1-22

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING				
		MHL034-342	B. WING		06/27/2022		
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	IATE, ZIP CODE			
		554 BED	FORD KNOLL	DRIVE			
MOTTOM	UP OUTREACH CENTER		N SALEM, NC				
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLE DATE	
1/10			iAo	DEFICIENCY)	NATE	UNIC	
V 291	Continued From page	4	V 291				
V 201	Continued From page	*	V 231				
		ed their case because it was					
	assault by another res	sident					
	Internition 0/04/00						
		vith the responding deputy					
	to a 911 call revealed: -Responded on 5/27/22 to a company in						
	responded on 5/2//22 to a company in response to an assault						
	-Was adamant the call came in on 5/27/22 and						
	not an earlier date						
	-"[Client #1] ran from a school setting and stated						
	he was assaulted. The call was transferred to our						
	Agency as it was in the county's jurisdiction and						
		1] had gotten mad over a					
		hed a female staff. He ran					
		. I did see some scrapes					
	on his knees and his b						
	-EMS was not called to	o assess client #1's injuries					
	Interviews on 6/17/22	, 6/23/22 and 6/27/22 with					
	the QP revealed:	 A supplet was defined in the first reaction of the advected by a first start of the reaction of the period 		at will follow some gui	delinas		
	-Client #1 when he ret	urned back to the facility		of will follow some gui of any injuries to any can	sume!		
		24/22, that is when [client		that requires medical atte.			
	#2] hit him and he got			that requires moderal citte.	ntoin		
		he wanted to go to the		or not will be charled b	.		
	doctor to have his blac	K eye checked out on					
	several occasions	as not going to go to the		amodical professional. If co	nsincr		
	doctor	as not going to go to the		10			
		#1's legal guardian about		retuses any medical attent	im the		
	the injury until several			QP will contact EM3 on si	1 12		
	-Had not called Emerg			of will contact EMP on si	te to		
	(EMS) to assess client			observe the Adardual. a	RAWIII		
		seek medical help for any					
	injuries to the clients, in	ncluding either an EMS		receive poperwork on whether			
	assessment or a medic	cal assessment at the		individual needs to go to hospi	ial to		
	hospital			receive treatment or can just rec	ille		
				troutment by EMS. Qp will be.	nechintely		
	The second set of the second	and 6/27/22 with the CEO		notity legully ves possible percor			
	revealed:			report to them on the incident			
	-Client #1 had a black	eye after being hit by client		report to server on she incident	· Canton		

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TATEMEN	of Health Service Regunder TOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE S	SURVEY
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		A. BUILDING:		ETED
		MHL034-342	B. WING		06/2	27/2022
AME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	ATE, ZIP CODE		
OTTOM	UP OUTREACH CENTER	₹	OFORD KNOLL			
			ON SALEM, NC			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 291	see any swellingwh later, the bruising was QP had him seen at th iced his eyeI was n	e 5 h, was black and I did not hen I saw him a few days s gonewas not sure if the he hospital, but I know he tot aware [the QP] had not a father right awaythat is	V 291	This will be practice through the year effective. 7-1- V 291 Staff will be trained a on how to deal with inju- injuries to the individual se by completing a in service by the Qp. Staff while maintain a safe to environ providing clinical care to a individual serve and be ab increase their inter person skills.	nn and llr me trainity also ent by in ch lr to	7-1-2

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