FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: _ R-C B. WING MHL0411171 08/25/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 4201 TRISTON DRIVE TRISTON DRIVE AFL GREENSBORO, NC 27407 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 | Continued From page 1 V 512 dismissal of the employee. On 7/25/2022, the Director This Rule is not met as evidenced by: Based on record review and interview, 1 of 1 updated its COVID policies and paraprofessional (the Alternative Family Living Procedures for situations of (AFL) provider) and 2 of 2 qualified professionals (the Qualified Professional #1 (QP #1) and the coilD occurring in AEL settings, Qualified Professional #2 (QP #2)) neglected 1 of When AFL staff + consumers test 2 current clients (client #1) and 1 of 1 former positive for COVID, the provider will client (Former Client #2 (FC #2)). The findings notify his assigned aPas well as submit proof of test results to the QPO All con-Review on 8/10/22 of client #1's record revealed: sumers and staff will be tested. If An admission date of 10/2020 AFL provider tests positive + needs to Diagnoses of Mild Intellectual Disabilities; utilize bock-up staff, the ap will assis Cerebral Palsy; Mild Intermittent Asthma with with accessing bock-up staffalready Acute Exacerbation; Gastroesophageal Reflux designated by provider should these Disease; Cellulitis; Hypertension; Hyperlipidemia; stoff decline to work, the QP will reques Esophageal Stricture; Sleep Apnea; Onychomycosis; DM (Diabetes Mellitus), Type 2 coverage of other employees of the with Diabetic Dyslipidemia and Hiatal Hernia agency- These efforts will be complete 48 years old should the AFL provider need loseek An Individual Support Plan (ISP) dated 5/1/22 Medical attention or take Respite. which was completed by client #1's care snowld other staff of the organization coordinator with a LIME/MCO (Local Managed decline to assist in this circumstance Entity/Managed Care Organization) and signed off on by the Qualified Professional #1 reflected the assigned aP and other Qualified Professionals of the organization will the following: "...While at home, [client #1] provide brief relief in order that requires physical assistance with most tasks the AFL provider can seek medical involving a lot of physical movement. He uses a treatment when requested. Due to wheelchair to get around in the home and in the community and therefore relies upon others to varying personal conditions + the complete most daily tasks, including using the highly infectious nature of the toilet, taking care of his clothes, housekeeping and cleaning, bathing and taking care of personal Corona Virus, Qualified Professionals hygiene and grooming, avoiding health and safety and other staff of the organization are hazards ...' under no obligation to provide "... [Client #1] can participate in these tasks in

Division of Health Service Regulation

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The assigned OP Will seek place-RECEIVED Cruptal C. Nice (et. 101),
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extended or overnight roverage.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION			I IDENTIFICATION NUMBER:		IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
-		MHL0411171		B. WING		R-C 08/25/2023
Printerior	NAME OF PROVIDER OR SUPPLIER STREET A				STATE, ZIP CODE	1 60/20/20/20
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-	TRISTON	DRIVE ALL		BORO, NC 2		
The second secon	(X4) ID PREFIX TAG	STREET. STON DRIVE AFL SUMMARY STATEMENT OF DEFICIENCIES SEFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	CROSS-REFERENCED TO THE APPROI	D BE CONFLETE PRIATE DATE
				V 512	ment with other who are licensed an available bed Respite through the event the consume to the diseases. At provide an available will need to be asked to be consumers who have a to be comparation for services. The Ast will need to be either the cannot be asked the cannot be asked the consumers and of the cannot be asked the consider the responsition of the consumers and the consider the responsition of the consider the responsition and the consider the co	ond hove or energence we MCO in the provider sicions are day services to by the extension of the abundancy of the abundancy of he abundance of her infections of and care for the abundance of her infections of and care for the abundance of her infections and and care for the abundance of her infections
c					TO Provide responsi	bility related
3	ion of Health	pervice Regulation			- Bider	1 = -

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OPP 11 If continuation snew & of 16 to multiple consumers and the Orightal & Nickerson, OP/Director 9/16/2022

Division	of Health Service Reg	ulation			FORM AF PROVE
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			i	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	MHL0411171		D. WING	A BANK OF THE PROPERTY OF THE SERVICE AND ADDRESS OF THE PARTY OF THE	08/25/2020
NAME OF PR	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, S	TATE, ZIP CODE	
TRISTON	DRIVE AFL		ISTON DRIVE		
			SBORO, NC 27	407	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRESIX TAG	CORRECTION (G) ION SHOULD BE COMPLETE THE APPROPRIATE DATE Y)	
V 512	Continued From pag	e 3	V 512		
		rmer Client #2 (FC #2)		To Fall of	it should covII
and the same of th	remained at the facili	ty client #3 west with the	i	+ other intection	145 di = = = 00 15
	remained at the facility, client #3 went with the AFL provider			in the home	setting. At this ting bus pended licensing agency, as of
	- He (client #1) wa	as in bed in his bedroom as	1	homes of three	ouspended licensi
	he had been recently	diagnosed with Covid and	i i	Further the	aciency, ac of
	was still recovering			812512022 hoc	acciqued a list
-	- He could no t tran	nsfer himself from his bed to	And the same	05 5 7 1 00	-conjued a list
	knaw how to sall the	it assistance; however, he			persons who will
4	as well as 911 if there	AFL provider if he needed to		bock-up AFL	- providers in
	- FC #2 was in his	bedroom and most likely		the incidence	of COVID or
-	- FC #2 was in his bedroom and most likely watching television although, he could not see			offner in fection	us diseases in
	h <mark>im</mark> from wher e he wa	as in his bedroom	į		
1.	- He was not conce	erned about being alone in		the AFL hon	ne. Staff who
	the facility because he had his cell phone and		1414	Provide Coverage	in in these -it
1	urinal next to him		100	19 00 1 1 1 0	uthreaks will be
-		med about FC #2 because		fair at a rate o	time and a ha
	The AFL provider	person who will holler." told him QP #1 and QP #2		When stoff	provide overnigh
1	Were coming to the far	cility; however, he never		COVERAGE 10	over nigh
5	saw or talked to either	of them	į	full de ne	will receive the
-		in't see us through the		Juli aft rate	- Staff will als
	vinclow, come on."	-		receive a fre	e COVID Lest
-	When the AFL pro	ovider returned to the	À P	from the age	ncy at the end
73	acility, he made sure l	he and FC #2 were ok, but	1 1 1	their coverage	ncy at the end of period.
ir	he was upset that neither QP #1 nor QP #2 came inside the facility to check on him or FC #2 or to				
n	nake sure they had so	omething to eat or drink		Bock-up sto	ff serving in
-	- "Nothing bad" happened while they were left alone at the facility			· · · · · · · · · · · · · · · · · · ·	OVID + other
а				communicable.	
-	He didn't become	hungry or thirsty while			
	lone at the facility and ut	he never heard FC #2 yell			- hours in elec
-		o be ok "		nic billing th	rough Therap
-	"[FC #2] was my m	nain concern "		complete a p	aper time
-	The AFL provider	'had to go to the doctor"	1	The state of the s	•
				COVERCION P	ersons who provi
R	eview on 8/10/22 of F	ormer Client #2's (FC		the hour dunin	ng the day or bu
#2	2's) record revealed:			time and a sa	Locument their te of consumers
on of Haalth	An admission date Service Regulation	of 12/21/18		supported in T-	Log of Therap.
E FORM	Gervice Regulation		****	THE TITLE SINCE	must be signed
			8699	FUII	If continuation construction
				by the AFL Pr	rovider or other
			(1	Juntal 6 1 int	KILLIM MIL.
				Suptal E. Nico	MAN ATION
					[Nited
					11 1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411171		,		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		B. WING			-C 25/2023	
NAME OF PRO	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE. ZIP CODE	The state of the s	endered the Texasure
TDICTONO	PRAIN FOR 2 PRAIN		ISTON DRIVE			
TRISTON D	RIVE AFL		SBORO, NC 274	407		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(XE) COMPLETE DATE
bitito u A u reconstitut A u u reconstitut A u	Otherwise Specified; A Depressive D/O, Reculated Depressive Depressive Depressive Depressive Depressive D/O, Reculated Depressive Depressive Depressive Depressive Depressive D/O, Reculated Depressive Depressive Depressive Depressive Depressive Depressive Depressive Depressive D/O, Reculate Depressive Depr	chotic Disorder (D/O), Not Asperger's D/O; Major arrent and Moderate of 8/1/22 21 and completed by his an MCO and signed off on 7/27/21 which reflected to bare weight ses a wheel chair. He sall lifts and transfers at the orgam. The hoyer lift is of bed, toilet, shower chair, rair and his wheel chair of medication to help control Depressive Disorder. Sted it may turn into a fine really wants ting the attention he is of d/o (disorder) symptoms with daily psychotropic ett, [FC #2] will shake, yell seem to increase when he should talk with him, offer cition" seeds Assessment" by FC #2's care [FC #2] relies on and transfers" of promote skin integrity positioned and turned arotten at the client's		person providing in the absence provider. The sheet serves as layer of protect to ensure proper of hours. The assume proper of hours. The assume proper of document will oversee the agency's payor the agency's payor the Director will be the agency's payor communicable depotocol includes to off will wear protocol includes of gloves, head cover govin) when work settings during a artely upon arriving and should be actely upon arriving and prior to enter personal space. The personal space of the providing directions, feeding, dressing ons, feeding, dressing ons, feeding, dressing ons, feeding, dressing the providing dressing ons, feeding, dressing the providing dressing ons, feeding, dressing the providing d	of the signed on odde ton in a signed to a signed	time der production outless. Hed the see of the roll of the setting of the settin

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G:	(X3) DATE SURVEY COMPLETED
		WHL0411171	B. WING		R-C 08/25/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE	E STATE OF SECTION OF
TRISTON	DRIVE AFL	4201 TR	STON DRIVE		der er eren er
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPROPR	BE COMPLETE
	community as he requents are his safety No attempt was made had been discharged for the had been discharged for the revealed: Client #1 had been during the weekend (7) been to the hospital two facility the same weekend (7) been to the hospital two facility the same weekend (7) been to the hospital two facility the same weekend (7) been to the provided of the staff to provide of the staff to provide of the agency which oversup with a plan." On 7/11/22, he had breaths and was experienced werse, neither he neable to call 911 Sent the QP #1 and the ext message which stated for the QP #1 and the ext messages; however the sent a second experiencing and the ext messages. The QP #1 and the ext message which stated for the QP #1 and the ext messages; however the sent a second experiencing and reported here are the sent a second experience and reported here and going to an urgent of the province of the	alone in the home or ired 24-hour supervision to to interview FC #2 as he from the facility on 8/1/22 with the AFL provider in diagnosed with Covid (9/22-7/10/22) and had ice but returned to the end tifled QP #1 he (AFL in gwell and might need overage of the home is medical treatment; P #1 nor the Director of eaw his facility "had come if difficulty taking deep encing pain in his back at if he were to begin to or his clients would be did the Director a text he needed to go to an use of the symptoms he Director responded to his representation for staffing mail to the QP #1 and the was leaving the facility are center of the supervisitity at approximately 12	V 512	may take periodic to go outside for for cair but may not individuals support supervised a AFL will maintain the PPR supplies as a Lysol or Microbar location at the r The organization PPR supplies as a or Microbar in a s at the corporate off procedures and prote staff and AFL provide the 9/13/2022 super session and will ur review for the next a sessions. All of these have been completed as	breaks fesh leave the led un- providers above well as in a secure nome setting will maintain well as Lysol ecure location lee. These locals were led with lers during wision consecutive

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STATEMEN	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRU A. BUILDING:		(X3) DATE SUR COMPLET	
MHL0411171			B. WING	WING R-C		
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TPISTON	DRIVE AFL		STON DRIVE			
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	- Client #1 and FC and in bed when he later course client #3 alone supervision, he might he shouldn't and CP #1 arr approximately 30 minutes of the QP #1 arr approximately 30 minutes phone via his "Ringeither of the QPs enter After being seen a and diagnosed with Copicked up the medication prescribed from a drug food from a fast-food of dinner - Returned to the fapm and observed QP # his vehicle; however, Che could speak with hir - Felt both QPs (#1 entered the facility to clespecially because each diabetics and their blood dropped - QP #1 "sat outside from outside." - Client #1 reported QPs (#1 and #2) had be the updated the QP his medical condition; he medical condition; he medical condition; he medical condition; he updated the QP his medical condition; he	#2 were in their bedrooms If the facility #2 used wheelchairs and a of a Hoyer Lift for to his wheelchair It take client #3 with him ods had to be pureed and if at the home without staff attempt to eat something is a his "Ring" doorbell fived at the facility within titles of him having left came to the facility on never received an alert on If doorbell camera that red the facility If the urgent care center ovid and pneumonia, he ons he had been store and then picked up estaurant for the clients for cility between 4 pm and 5 If at the facility sitting in If #2 drove away before If and #2) should have the clients were If do not the did not know the If the him he did not know the If the notion about If the pirector about If the processor is the facility If and the Director about	ether during Session Direct of the	assigned a ditions of a communical monthly sup Ms. The or tor will prove se condition	ole diservision ganization ide overs	nd
1	while he recovered, incl	uding his back up staff, or				Depart of the Control