AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		. ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED	
			A. BUILDING:			
		MHL092-563	B. WING	B. WING		R 27/2022
AME OF F	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
IEW BEO	GINNINGS HEALTH C	CARE	YLE DRIVE GH, NC 27616			
(X4) ID	SUMMARY STA			PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO ⊺ DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
	completed on 9/27/	p and complaint survey was 22. The complaint was ake #NC00193112. sited.				
	category: 10A NCA	sed for the following service C 27G .1700 Residential cure for Children or				
	census of 7. The si	sed for 9 and currently has a urvey sample consisted of client and 2 former clients.				
V 298	27G .1706 Resider Operations	itial Tx. Child/Adol -	V 298			
	<ul><li>(a) Each facility sh of 12 children and a</li><li>(b) Family member persons shall be in</li></ul>	rs or other legally responsible volved in development of plar	;			
	restrictive setting. (c) The residential shall coordinate with	a smooth transition to a less treatment staff secure facility h the local education agency child's educational needs are				
	met as identified in the treatment plan. able to attend scho coordinate services	the child's education plan an Most of the children will be ol; for others, the facility will across settings such as				
	job placement. (d) Psychiatric con needed for each ch					
	receiving treatment	It has his 18th birthday while in the facility, he may remain ntil the end of the state fiscal onger.	ı			

IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			COM	E SURVEY PLETED R
MHL092-563		B. WING			27/2022
PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
GINNINGS HEALTH O	CARE				
SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
		PREFIX TAG	CROSS-REFERENCED TO T	HE APPROPRIATE	COMPLET DATE
Continued From pa	ige 1	V 298			
age-appropriate pe entitlement is coun plan. (g) Each facility sh	rsonal belongings unless suc ter-indicated in the treatment all operate 24 hours per day,				
Based on record re failed to coordinate meet the needs of 2 (FC#8). The finding	view and interview the facility services across settings to 2 of 2 former clients (FC#3) & gs are:	<u>x</u>			
<ul><li>admitted 2/5/22</li><li>diagnoses of P</li></ul>	2 & discharged 8/18/22 ost Traumatic Stress Disorde				
FC#3 revealed: - dated 8/31/22					
Review on 9/22/22 guardian dated 9/2 - "I told [QP] Qua [Licensee] verbally for the \$500.00 clot me to give the cheo was not at the grou [Licensee] on 8/29/ receipts for items s	of an email from FC#3's 2/22 revealed: alified Professional & that we would need receipts thing allowance. [QP] informe ck to [Licensee] because she p home. I gave the check to 22 and told her we would nee pentour department has no	ed			
	OF CORRECTION PROVIDER OR SUPPLIER <b>GINNINGS HEALTH C</b> SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa (f) Each child or ac age-appropriate pe entitlement is count plan. (g) Each facility sh seven days per weat This Rule is not me Based on record ref failed to coordinate meet the needs of 3 (FC#8). The finding A. Review on 9/19/ - admitted 2/5/22 - diagnoses of P Bipolar & Cannabis Review on 9/27/22 FC#3 revealed: - dated 8/31/22 - total amount or Review on 9/22/22 guardian dated 9/21 - "I told [QP] Qua [Licensee] on 8/29/ receipts for items s	OF CORRECTION       IDENTIFICATION NUMBER:         INHL092-563       MHL092-563         PROVIDER OR SUPPLIER       STREET         GINNINGS HEALTH CARE       5309 K RALEIC         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       KALEIC         Continued From page 1       (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless suc entitlement is counter-indicated in the treatment plan.       (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.         This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients (FC#3) & (FC#8). The findings are:         A. Review on 9/19/22 of FC#3's record revealed - admitted 2/5/22 & discharged 8/18/22 - diagnoses of Post Traumatic Stress Disorde Bipolar & Cannabis Abuse         Review on 9/27/22 of a clothing store receipt for FC#3 revealed: - dated 8/31/22 - total amount on receipt was \$523.89         Review on 9/22/22 of an email from FC#3's guardian dated 9/22/22 revealed: - "I told [QP] Qualified Professional & [Licensee] verbally that we would need receipts for the \$50.00 clothing allowance. [QP] informe me to give the check to [Licensee] because she was not at the group home. I gave the check to [Licensee] on 8/29/22 and told her we would need	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:	OF CORRECTION       IDENTIFICATION NUMBER:       A. BUILDING:         MHL092-563       B. WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         SUMMARY STATEMENT OF DEFICIENCIES       ID         SUMMARY STATEMENT OF DEFICIENCIES       ID         RECOLATORY OR LSC IDENTIFYING INFORMATION)       D         RECOLATORY OR LSC IDENTIFYING INFORMATION)       TAG         Continued From page 1       V 298         (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.       V 298         (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.       Free Providence V 2000         Based on record review and interview the facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients (FC#3) & (FC#8). The findings are:       A. Review on 9/19/22 of FC#3's record revealed: - admitted 2/5/22 & discharged 8/18/22 - diagnoses of Post Traumatic Stress Disorder, Bipolar & Cannabis Abuse         Review on 9/27/22 of a clothing store receipt for FC#3 revealed: - dated 8/31/22 - total amount on receipt was \$523.89       Feview on 9/22/22 of an email from FC#3's guardian dated 9/22/22 revealed: - Total amount on receipt was \$523.89         Review on 9/22/22 of tothing allowance. [QP] informed me to give the check to [Licensee] or 8/29/22 and told here we would need receipts for the \$500.00 clothing allowance. [QP] informed me to give the check to [Licensee] verbally that we would	OF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING:     COM       MHL092-563     B. WING     09/       PROVIDER OR SUPPLIER     STREET ADDRESS, CITY, STATE, ZIP CODE     5309 KYLE DRIVE       GINNINGS HEALTH CARE     5309 KYLE DRIVE     PROVIDER'S PLAN OF CORRECTION NUMBER:       REQUATORY OR LSC DIENTIFYING INFORMATION)     ID PREFIX     PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY ONLSC DIENTIFYING INFORMATION)     V 298       Continued From page 1     V 298     V 298       (f) Each child or adolescent shall be entitled to age-appropriate personal belongings unless such entitlement is counter-indicated in the treatment plan.     V 298       (g) Each facility shall operate 24 hours per day, seven days per week, and each day of the year.     V 298       This Rule is not met as evidenced by: Based on record review and interview the facility failed to coordinate services across settings to meet the needs of 2 of 2 former clients (FC#3) & (FC#3). The findings are:     A. Review on 9/19/22 of FC#3's record revealed: - admited 21/5/22 & discharged 8/18/22 - diagnoses of Post Traumatic Stress Disorder, Bipolar & Cannabis Abuse       Review on 9/27/22 of a clothing store receipt for FC#3 revealed: - total amount on receipt was \$523.89       Review on 9/27/22 of an email from FC#3's guardian dated 9/22/22 revealed: - "total amount on receipt was \$523.89       Review on 9/27/22 of an email from FC#3's guardian dated 9/22/22 revealed: - "total amount on receipt was \$523.89       Review on 9/22/22 of an email from FC#3's guardian dated 9/22/22 reveal

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Division	of Health Service Re	egulation				APPROVE
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL092-563	B. WING			R 27/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
		5309 KYL	E DRIVE			
	GINNINGS HEALTH C	RALEIGH	, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 298	Continued From pa	ge 2	V 298			
	<ul> <li>was the date submination of the text between the QP &amp; I</li> <li>QP: "[FC#3's g the check for [FC#3's g the check for [FC#3's g the whole 500 and receipt/check for results of the whole 500 and receipt/check for results and I can provide the may have been left</li> <li>During interview on reported: <ul> <li>receipts were results the \$500.00 stipended</li> <li>the in agency has of today (9/22/22)</li> </ul> </li> </ul>	ated copy of the text messages tited to the surveyor t messages were exchanged Licensee uardian] wants to know about 3]wants to know if you spent if not can you provide mainder of funds" t need her contact information he receipt and anything that " 9/22/22 FC#3's guardian equested in August 2022 for d from the QP & Licensee id not received any receipts as				
	reported: - verified \$500 w guardian in August - the guardian re purchases on 9/23/ - the guardians r receipts	quested receipts of the				
	revealed: - admitted 6/7/21 - diagnoses: Adji	22 of former client (FC#8) & discharged 9/19/22 ustment Disorder with Oppositional Defiant Disorder,				
vision of L	FC#8's Care Coord	of text messages sent by inator (CC) revealed: were sent between the				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:			E SURVEY PLETED
		MHL092-563	2-563 B. WING		R 09/27/2022	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
	GINNINGS HEALTH C	5309 KY	LE DRIVE			
	GINNINGS HEALTH C	RALEIG	H, NC 27616			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 298	Continued From pa	age 3	V 298			
	<ul> <li>QP: "she (FC#)</li> <li>CC: "I didn't kn</li> <li>When is the last tin</li> <li>QP: "she wets</li> </ul>	for the text messages 8) wets the bed" ow about wetting the bed.				
	FC#8's CC reveale - the email was s regards to the CCA email so we all can forward and I wants so that we could sta know we had talked still being needed of family team) meeting given that a 30 day on 8-17-2022whill an extension does to first say Thank y consider the extense	of an email dated 9/1/22 d: sent to the facility's QP in A"I am just sending this be on the same page moving ed to try to get this out today, art working on this tomorrow. If d about the CCA Addendum during [FC#8]'s CFT (child & ng last week on 8-25-2022 r notice was given for [FC#8] le I know that the request for not have to be honored, I wan ou [QP] for your willingness to sion given that I did not receiven n until today, 9-1-2022"	t			
	<ul> <li>was notified aft</li> <li>exhibited bedwettin</li> <li>was informed s</li> <li>after being diagnos</li> <li>bedwetting</li> <li>FC#8 was give</li> <li>she requested</li> <li>Assessment (CCA)</li> <li>the CCA explait</li> <li>concerns/behaviors</li> <li>recommendations</li> </ul>	n 9/22/22 FC#8's CC reported: ter FC#8 was discharge, she ng while at the facility she used the bathroom a lot sed with Diabetes, but not on a 30 day discharge 8/18/22 a Comprehensive Clinical ) ned the the clients' progress, s, levels of care and or requested the CCA prior to				

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If continuation sheet 4 of 8

STATEMEN	of Health Service Re NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	CONSTRUCTION	СОМ	E SURVEY PLETED R
	MHL092-563		B. WING		09/	27/2022
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST	TATE, ZIP CODE		
NEW BE	GINNINGS HEALTH C	ARF	LE DRIVE H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 298	<ul> <li>"9 out of 10 provide the CCA"</li> <li>the CCA was main prolonged FC#8's prolonged FC#8's prolonged FC#8's prolonged FC#8's prolonged FC#8's prolonged FC#8's prolonged FC#8</li> <li>the therapist up completed on the demonstration of the therapist up completed on the demonstration of the therapist of therapist of the therapist of the therapist of therapist of the therap</li></ul>	oviders will not accept a client ot received until 9/1/22 which placement 9/27/22 the QP reported: as notified FC#8 used the could not "necessarily" say	V 298			
V 513	Alternative 10A NCAC 27E .01 ALTERNATIVE (a) Each facility sh that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the c (4) sharing of	all provide services/supports and respectful environment. least restrictive and most	V 513			

Division	of Health Service Re	egulation			FORM	APPROVED
STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	СОМ	E SURVEY PLETED
		MHL092-563	B. WING			R 27/2022
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
NEW BE	GINNINGS HEALTH C	CARE	LE DRIVE H, NC 27616			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES ( MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CC (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 513	(b) The use of a re procedure designed always be accompa- insure dignity and re intervention. These (1) using the and	strictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the	V 513			
	failed to use the lea current clients (#1 - (FC#3 & FC#8, ). T Review on 9/19/22 - admitted 1/13/2 - diagnoses: Pos	view and interview the facility ast restrictive method for 7 #7) and 2 former clients he findings are: of client #5's record revealed: 20 st Traumatic Stress Disorder Deficit Hyperactivity Disorder				
	Review on 9/19/22 - admitted 2/5/22	, of FC#3's record revealed: 2 & discharged 8/18/22 TSD, Bipolar & Cannabis				
	revealed: - admitted 6/7/21 - diagnoses: Adji depressed mood, ( ADHD - August MAR 20	of former client (FC#8) I & discharged 9/19/22 ustment Disorder with Oppositional Defiant Disorder, 022 - Lantus 60 units				
Division of H		9/22 at 3:15pm revealed: he bottom portion of the				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	`́сом	E SURVEY PLETED R
		MHL092-563	B. WING			27/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
NEW BE	GINNINGS HEALTH (	CARE 5309 KYL RALEIGH	E DRIVE , NC 27616			
(X4) ID			ID	PROVIDER'S PLAN OF C		(X5)
PRÉFIX TAG	REGULATORY OR L	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IE APPROPRIATE	COMPLE DATE
V 513	Continued From pa	age 6	V 513			
	must be locked! A located inside and have any questions management (Mgt the refrigerator for During interview or - a lock was on re previous client's ins During interview or - lock was on re - make sure othe food - used to be a di her medication was During interview or - the lock was of former client's med During interview or Professional report - FC#8 was diag 2022 - the insulin was - lock was place purposes During interview or reported: - FC#8 was a diag	gnosed with diabetes in April kept in the refrigerator of on the refrigerator for safety n 9/19/22 the Licensee abetic and was on insulin kept in the refrigerator cations had to be double locked				
	FC#8 was diagnos	harged today (9/19/22) and the oved				

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	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA N OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:		COMFLETED	
		MHL092-563	B. WING			R 27/2022
AME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, ST	ATE, ZIP CODE		
EW BEO	INNINGS HEALTH		(LE DRIVE H, NC 27616			
(X4) ID	SUMMARY ST			PROVIDER'S PLAN OF		(X5)
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE

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