| AND PLAN | ATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER MHL033-132 | | (X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING | | (X3) DATE SURVEY COMPLETED R 11/04/2022 | |
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| | PROVIDER OR SUPPLIER | CES, INC 1649 HAR | PER STRE | The state of the s | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | | ID PREFIX TAG | PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY) | SHOULD BE COMPLETE | |
| | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL | | {V 000} | 10A NCAC 27E, 0101-1 ALTERNATIVE. 9(1) Stop locking the refrond daily needs of Beducate and redirect of the refrigerator for daily needs - Staff: 3 Engage residents in playing Checkers, solv and watch appropriate shows on the televis. 4) Involve guardians, and staff on implement of staff on implement of the solvent o | residents - stall residents - stall residents - stall residents their walking, e puble game stone stants recting stantistictary of the and of the rest and | |

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(E'S SIGNATURE

CEO | Administrator | 12/1/22

STATE FORM

DZMY13 | If continuation sheet 1 of 3

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: B. WING 11/04/2022 MHL033-132 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1649 HARPER STREET **OPEN ARMS FAMILY SERVICES, INC** ROCKY MOUNT, NC 27801 COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX PREFIX TAG DEFICIENCY) 12/1/22 {V 513} Continued From page 1 {V 513} This Rule is not met as evidenced by: Based on record review and interview the facility failed to use the least restrictive and most appropriate settings and method. The findings are: Review on 11/1//22 of client #3's record revealed: Admitted: 12/1/21 Diagnosis of Schizophrenia Paranoid Type, Attention Deficit/Hyperactivity disorder and Intellectual disability Interview on 11/1/22 client #2 reported: The lock was not on the refrigerator today but it was normally on it. Chain was normally on the refrigerator so that client #3 wouldn't go in it because he ate raw meat Asked the Director if she wanted something out of the refrigerator. It was locked during the day and night. Interview on 11/4/22 client #1 reported: The lock was on the refrigerator at night when they were about to go to sleep. He asked the Director or staff if he wanted something out of the refrigerator. The lock was on the refrigerator because client #3 went in there and ate raw food. Interview on 11/1/22 & 11/3/22 the Qualified Professional (QP) reported: The refrigerator was locked at night. The refrigerator was locked whenever client #3 was agitated and having a bad day because that was a trigger for him to go in the refrigerator and eat raw meat. Right after dinner until around 10:00pm, client

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 11/04/2022 MHL033-132 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1649 HARPER STREET **OPEN ARMS FAMILY SERVICES, INC** ROCKY MOUNT, NC 27801 COMPLETE DATE SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) 12/1/22 (V 513) Continued From page 2 {V 513} #3 would try and go in the refrigerator and that's the time it's locked up. This was an immediate plan to address the issue and the treatment team was going to meet again on 11/15/22 to reassess the lock on the refrigerator. Interview on 11/1/22 & 11/3/22 the Director reported: The refrigerator was locked up during the night. Client #3 would walk around at night and go in the refrigerator to eat raw meat. They were trying to keep client #3 safe. This deficiency has been cited 3 times since the original cite on 5/11/22 and must be corrected within 30 days. 12/1/22