Division of Health Service Regulation

F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	ETED
	MHL0411235	B. WING		12/0	7/2022
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
WOOD	824 BLAZ	INGWOOD DRI	VE		
WOOD	GREENSE	BORO, NC 2740	06		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETE DATE
INITIAL COMMENTS		V 000			
on December 7, 2022 substantiated (Intake	2. The complaint was #NC00195454).				
category: 10A NCAC	27G .5600C Supervised				
census of 3. The surv	ey sample consisted of				
27G .0209 (C) Medica	ation Requirements	V 118			
10A NCAC 27G .0209 REQUIREMENTS (c) Medication admini (1) Prescription or no only be administered order of a person auti drugs. (2) Medications shall clients only when auti client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications a recorded immediately MAR is to include the (A) client's name; (B) name, strength, a	estration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be after administration. The following:				
	ROVIDER OR SUPPLIER WOOD SUMMARY ST. (EACH DEFICIENC REGULATORY OR I INITIAL COMMENTS An annual and compl on December 7, 2022 substantiated (Intake Deficiencies were cited or the survey of the	MHL0411235 ROVIDER OR SUPPLIER STREET AD SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on December 7, 2022. The complaint was substantiated (Intake #NC00195454). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following:	MHL0411235 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STA 824 BLAZINGWOOD DRI SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on December 7, 2022. The complaint was substantiated (Intake #NC00195454). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (2) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (C) instructions for administering the drug;	ROUDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 824 BLAZINGWOOD DRIVE GREENSBORD, NC. 27406 SUMMARY STATEMENT OF DEPICIENCIES (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) ROUDER OR SUPPLIER SUMMARY STATEMENT OF DEPICIENCIES (EACH OBEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS An annual and complaint survey was completed on December 7, 2022. The complaint was substantiated (Intake #NCO0195454), Deficiencies were cited. This facility is licensed for the following service category: 10.4 NCAC 275. 5600C Supervised Living for Adults with Developmental Disabilities. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. 27G. 0.209 (C) Medication Requirements 10A NCAC 27G. 0.209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person suthorized by law to prescribe drugs. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons or any privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administeration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug;	ROWDER OR SUPPLIER **STREET ADDRESS, CITY, STATE, ZIP CODE** **BALAZINGWOOD DRIVE** **GREENSBORO, N.C 27406** **SUMMARY STATEMENT OF DEPICIENCIES** **(EACH DEPICIENCY MUST BE PRECEDED BY PILL.** **(EACH DEPICIENCY MUST BE PRECEDED BY PILL.** **REGULATORY OR ISC IDENTIFYING INFORMATION)** INITIAL COMMENTS* An annual and complaint survey was completed on December 7, 2022. The complaint was substantiated (Intake #NC00195454). Deficiencies were cited. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audito 57 outrent clients. 27G. 0.209 (C) Medication Requirements 10 A NCAC 27G. 0.209 MEDICATION **REQUIREMENTS** **(c) Medication administration:** **(d) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. **(2) Medications, including injections, shall be administered only by licensed persons, or by unilcensed persons, or by unilcensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (8) A length of the drug; (9) Instructions for administration the drug; (1) C) instructions for administering the drug; (1) instructions for administering the drug;

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MHL0411235	B. WING		1.	2/07/2022
			 		12	10112022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
BLAZING	WOOD		ZINGWOOD DRIVE BBORO, NC 27406			
040.15	SLIMMARY ST	ATEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTI CROSS-REFERENCED TO T DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	: 1	V 118			
	drug. (5) Client requests for checks shall be record	person administering the medication changes or ded and kept with the MAR pointment or consultation				
	MARs immediately af medications affecting The findings are: Observation on 12/5/2 drug store chain's del	n, record reviews and failed to document on the ter administering 1 of 3 clients (client #3).				
	-An admission date of -Diagnoses of ADHD -An assessment date 23-year-old male and hospital to a residenti aggressive behaviors Chronic Kidney Disea Hypothyroidism and Heen in the hospital sinvoluntarily committed altercation with his methaving sustained injuit mother confronted hir relationship he was here.	and Intellectual Disability d 10/12/22 noted "is a will be transitioned from the al treatment facility, has and a medical diagnosis of use, Seizure Disorder, dyperparathyroidism. Had ince August 2022, was ad after a verbal and physical other, resulting in his mother ries to her mouth, his m about an inappropriate				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 2 of 22

Division of Health Service Regulation

	or realth Service Negu		0.00 141 11 7101 5	CONCERNATION	Takes BATE OURSEL
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
AND I LANC		.BERTH 10/ RICH HOWBER.	A. BUILDING: _		
		MHL0411235	B. WING		12/07/2022
	20,4252.02.0422.452	070557.40	DD500 0171/ 071	TE 710 0005	•
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA		
BLAZING\	WOOD		INGWOOD DRI		
		GREENSI	BORO, NC 2740	06	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	RIATE
				- ,	
V 118	Continued From page	e 2	V 118		
	has been exploitative	, the client had given this			
	-	as been convinced by the			
	-	ecome his guardian and he			
		e in the hospital, client had			
		ctions with this person, but			
		mited. A protective order and			
		I ensure in the days to come			
		sed tension within the family			
		concerns have increased.			
		became upset, he would			
	=	h doors and pinned his			
		her back when mad at here,			
		s include him leaving the			
	_	ol, and taking the care, due			
	_	is mother is seeking out of			
	home placement."	e meaner is seeming ear er			
		ed 10/12/22 noted " daily, he			
		ete his hygiene routine with			
		Il prompts, will participate in			
		kly with no more than 3			
		articipate in scheduled			
		me activities throughout the			
	plan year, will utilize o				
		hen upset with no more than			
	2 verbal prompts by s	•			
		peers and staff at home			
		with no more than 2 verbal			
		e rules and schedules of the			
	residential program d	aily, will complete a daily			
	chore with no more th	nan 2 verbal prompts."			
		client #3's physician's			
	orders, dated 10/14/2				
		ams (mgs), one by mouth			
		edilol 125 mgs, one by mouth			
		q 12 hours), Clobazam 5			
	mgs, one by mouth e				
	Lacosamide 150 mgs				
		q 12 hours, Sertraline 100			
	mgs, 1 po qd, Topira	mate 250 mgs, 1 po q 12			

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 3 of 22

Division of Health Service Regulation

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL0411235	B. WING		12/0	7/2022
NAME OF DE	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE ZIR CODE	12/0	112022
			NGWOOD DRIV	·		
BLAZING	VOOD		ORO, NC 2740			
(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 118	Continued From page	3	V 118			
	hours, Ziprasidone 50 Ziprasidone 80 mgs,	1 po q 12 hours				
	Review on 12/5/22 of 12/1/22 to 12/5/22, re -No MAR for the mon					
	-No documentation of	f prescription medication 2/1/22 through 12/5/22				
	sheets from 12/1/22 to	escription medication doses				
	-Had been trained on -Administered medica -This was her 3rd day -Had documented the to client #3 on his me	of work medications administered dication count sheet was not able to find his				
	#1 revealed: -Was not aware the p client #3's MAR to the -All facility staff had b administration -Would call the pharm MAR for December 2 the facility -Would ensure facility	nacy to see where client #3's 022 could be delivered to staff used the MAR to tion of medications instead				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 4 of 22

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
		MHL0411235	B. WING		12/0	7/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
BLAZING	WOOD		NGWOOD DRI' ORO, NC 274(
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 131	G.S. §131E-256 HEAREGISTRY (d2) Before hiring health care facility or health care facility shersonnel Registry a	e 4 ALTH CARE PERSONNEL Alth care personnel into a service, every employer at a all access the Health Care and shall note each incident opriate business files.	V 131			
	facility failed to access Registry (HCPR) prior audited staff (staff #2 Professional (QP). The Review on 12/5/22 of A hire date of 2/22/2 -HCPR accessed on Review on 12/5/22 of A hire date of 2/14/2 -HCPR accessed on Interview on 12/5/22 ff #2 revealed: -Was aware the HCP	ews and interviews, the is the Health Care Personnel or to hiring affecting 2 of 3 and the Qualified ine findings are: staff #2's record revealed: 2 5/31/22 the QP's record revealed: 2				
V 132	to hire for staff -Was not sure why th -Would ensure new h accessed prior to hire G.S. 131E-256(G) HG Allegations, & Protec	CPR-Notification,	V 132			

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 5 of 22

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
			1			
			B. WING			
		MHL0411235	B. WIIVO		12/0	7/2022
NAME OF PE	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		824 BI AZ	INGWOOD DRI	VF		
BLAZING	WOOD		BORO, NC 2740			
	OUR MAR DV OT		<u> </u>		. 1	
(X4) ID PREFIX		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETE
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR		DATE
				DEFICIENCY)		
1/ 400	- · · · -	_	1/ 400			
V 132	Continued From page	€ 5	V 132			
	G.S. §131E-256 HEA	LTH CARE PERSONNEL				
	REGISTRY					
	(g) Health care faciliti	es shall ensure that the				
	(0)	d of all allegations against				
	health care personne					
	unknown source, whi	ch appear to be related to				
	any act listed in subdi	ivision (a)(1) of this section.				
	(which includes:	, , , ,				
	a. Neglect or abuse	of a resident in a healthcare				
		whom home care services				
	as defined by G.S. 13	31E-136 or hospice services				
		31E-201 are being provided.				
	b. Misappropriation	of the property of a resident				
		ry, as defined in subsection				
	(b) of this section incl	uding places where home				
	care services as defir	ned by G.S. 131E-136 or				
	hospice services as d	defined by G.S. 131E-201				
	are being provided.					
	c. Misappropriation	of the property of a				
	healthcare facility.					
	d. Diversion of drugs	s belonging to a health care				
	facility or to a patient					
	e. Fraud against a h	ealth care facility or against				
	a patient or client for	whom the employee is				
	providing services).					
		evidence that all alleged				
	acts are investigated	and must make every effort				
	to protect residents fr					
		gress. The results of all				
	investigations must be					
	•	e working days of the initial				
	notification to the Dep	partment.				

Division of Health Service Regulation

STATE FORM 6899 SKYR11 If continuation sheet 6 of 22

Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MHL0411235	B. WING		12	2/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE	·	
DI AZINCI	WOOD	824 BLA	ZINGWOOD DRIVE			
BLAZING	WOOD	GREENS	BORO, NC 27406			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 132	Continued From page	€ 6	V 132			
	facility failed to report Health Care Personn findings are: Review on 12/5/22 of reports revealed: -No documentation th	as evidenced by: ews and interviews, the allegations of abuse to the el Registry (HCPR). The the facility's level III incident the HCPR was notified of an upervision by staff #2 which				
	the Qualified Professi (QP/PD), revealed: -"[Client #3] reported left him and two othe [The QP/PD] interview information, after bein [Client #3] could not go they were in the car of [The QP/PD] also spo	the facility's Internal 0/31/22 and completed by fonal/Program Director to his mother that [staff #2] or individuals in a car alone. Wed [client #3] to get more no informed by his mother. Give details as to how long or where they were located. Oke with his mother who tell her where they were or				
	Form, dated 10/31/22 -"Disciplinary Suspen knowledge of approp	sion. Staff will display				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 7 of 22

Division of Health Service Regulation

	of Health Service Regu FOF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE	SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:			СОМІ	PLETED
			B. WING			
		MHL0411235	D. WING		12	/07/2022
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATI			
BLAZING	WOOD		ZINGWOOD DRIV BORO, NC 27406			
(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 CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 132	Continued From page	÷ 7	V 132			
		"I would never hurt the eed my job and I'm sorry."				
	Observation on 12/5/3 revealed: -Was non-verbal	22 at 8:33am of client #1				
	-"Staff won't let me st	with client #3 revealed: ay alone by myself." e left alone. You know he				
	-"[Staff #2] drove me were in [staff #2]'s ca left alone in his car, a	to places. All three of us r. It is a sky gray color. I was nd he told me I was in for quite some timewe				
	were in a parking lot. away from the house. scratched [former clie	A big parking lot. It was [client #1] bit and ent #4]. I got [client #2] off of				
		elt off. I told [staff #2] about it. b. He (staff #2) left us alone				
	clients were left alone	when he and the other in the car by staff #2				
	clients were when the	where he and the other eincident occurred. m. She said it would be				
	Interview on 12/6/22 Guardian revealed:	with client #3's Legal e incident that occurred with				
	staff #2 -Stated "[client #3] tol	d me that him and 2 other				
	with a staff person (st	nd former client #4) were taff #2) and the staff person				

Division of Health Service Regulation

staff left them in the car. [Client #3] did not say where they were. He was really new (to the facility) and had only been there 2 months. I do

STATE FORM SKYR11 If continuation sheet 8 of 22

Division of Health Service Regulation

DIVISION	of Health Service Regu	lation			
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
		MUU 0444005	B. WING		40/07/0000
		MHL0411235			12/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
D. 4 T. 101		824 BLA	ZINGWOOD DRI	VE	
BLAZING\	WOOD	GREENS	BORO, NC 2740	06	
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	I (X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD	(-/
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	IATE DATE
				DEFICIENCY)	
V 132	Continued From page	e 8	V 132		
	know it happened ear	ly on when he was placed			
		going to a fall festival, so it			
		October (2022). I was told by			
		multiple stops and during			
	= =	nappened with one of the			
		rbal (#1). That client started			
		er clients and [client #3] was			
	trying to break it up."	• •			
	-"I reported the incide	ent to [the Director/Licensee			
	#2]. He told me he wo	ould investigate the incident			
	and I heard back from	n him that he was going to			
	, ,	nan. The staff's name was			
		ım okay with it since he has			
	been retrained so it d	oes not happen again"			
		with staff #2 revealed:			
	-Had not left any clier	nts unsupervised in a car			
	Interview on 12/5/22	with the QP/PD revealed:			
	-Had not reported the	incident on 10/28/22 to the			
	HCPR				
	-Had conducted an in	ternal investigation which			
	was unsubstantiated				
	 -Had suspended staff 	#2 from the schedule for 3			
	days				
		2 on supervision of all the			
	clients				
	Into mileon and 40/5/00 a	with the Diverton/Linear			
		with the Director/Licensee			
	#2 revealed:	: #2 from the coke dule for 2			
	=	#2 from the schedule for 3			
	completed	investigation could be			
		ation was unsubstantiated			
	due to lack of evidence				
	-The QP/PD had retra				
		ture allegations against			
	facility staff were repo				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 9 of 22

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL0411235	B. WING		12/07/2022	
					12/01/2022	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
BLAZING\	WOOD	824 BLA	ZINGWOOD DRI	VE		
<i>DE</i> , (E.11101		GREENS	SBORO, NC 2740	06		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	()	
PREFIX TAG	•	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE		
170		,	IAG	DEFICIENCY)		
1/400	0 " 15		V 400			
V 133	Continued From page	9	V 133			
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
V 100	0.0. 1220-00 Ommin	ai Filstory Record Officer	1 100			
	G.S. §122C-80 CRIM	IINAL HISTORY RECORD				
	CHECK REQUIRED					
	APPLICANTS FOR E					
		ed in this section, the term				
		an area authority/county				
		vider of mental health,				
	developmental disabi	lity, and substance abuse				
	services that is licens	able under Article 2 of this				
	Chapter.					
	(b) Requirement Ar	n offer of employment by a				
	provider licensed und	er this Chapter to an				
		tion that does not require the				
		occupational license is				
		nt to a State and national				
	_	d check of the applicant. If				
		n a resident of this State for				
		hen the offer of employment				
		sent to a State and national				
		d check of the applicant. The				
	national criminal histo	•				
		e applicant's fingerprints. If				
	• •	n a resident of this State for				
		en the offer is conditioned				
		criminal history record				
		t. A provider shall not				
		who refuses to consent to a				
	•	d check required by this				
		nerwise provided in this				
		e business days of making				
		of employment, a provider				
	Justice under G.S. 11	t to the Department of				
	Justice under G.S. 11	4-19.10 to conduct a	1			

Division of Health Service Regulation

criminal history record check required by this section or shall submit a request to a private entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall

STATE FORM SKYR11 If continuation sheet 10 of 22

Division of Health Service Regulation

Bivioloti of Floatti Colvice Regal	adon			
AND PLAN OF CORRECTION LINES.		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE SUR COMPLETE		
	MHL0411235	B. WING	12/07/2022	
NAME OF PROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STATE, ZIP CODE		

BI AZINGWOOD

824 BLAZINGWOOD DRIVE

Description SUMMARY STATEMENT OF DEPICIENCES PROPERTY TAG PRODUBER'S PLAN OF CORRECTION PRIETY RESULATORY OR LSC IDENTIFYING INFORMATION) PRIETY TAG PROPERTY TAG PROPERT	BLAZING	VOOD	BORO, NC 27406	-	
return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record check utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETE
record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all	V 133	Continued From page 10	V 133		
hire the applicant:		record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of a relevant offense, the provider shall consider all of the following factors in determining whether to			

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 11 of 22 SKYR11

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING: _	CONSTRUCTION	(X3) DATE S COMPLE		
		MHL0411235	B. WING	<u>-</u>	12/0	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	-	
BLAZING\	WOOD	824 BLAZII	NGWOOD DRI	VE		
		GREENSBO	ORO, NC 2740	06		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	Continued From page	: 11	V 133			
V 133	(1) The level and serie (2) The date of the cri (3) The age of the per conviction. (4) The circumstance: commission of the crii (5) The nexus between the person and the joi filled. (6) The prison, jail, properson since the date (7) The subsequent of a relevant offense. The fact of conviction shall not be a bar to elisted factors shall be lifthe provider disqual consideration of the reprovider may disclose the criminal history reto the disqualification, of the criminal history applicant. (d) Limited Immunity. or employee of a provider with this seccivil liability for: (1) The failure of the production of the providual on the basis the criminal history reto the disqual of the providual on the basis the criminal history reto the providual on the basis the criminal history reto the criminal history reto the criminal history reto the providual on the basis the criminal history reto the criminal history reto the criminal history reto the providual on the basis the criminal history reto the crimina	cousness of the crime. me. reson at the time of the ses surrounding the me, if known. In the criminal conduct of to duties of the position to be cobation, parole, ployment records of the the crime was committed. Commission by the person of of a relevant offense alone mployment; however, the considered by the provider. iffies an applicant after elevant factors, then the information contained in cord check that is relevant but may not provide a copy record check to the - A provider and an officer rider that, in good faith, stion shall be immune from orovider to employ an se of information provided in cord check of the individual. The employee's history of	V 133			
	history record check is compliance with this s (e) Relevant Offense. "relevant offense" me federal criminal histor	s requested and received in				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 12 of 22

Division of	of Health Service Regu	lation				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	CONSTRUCTION	(X3) DATE S COMPL		
		MHL0411235	B. WING		12/0	7/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
BLAZING	WOOD		INGWOOD DRI BORO, NC 2740			
(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 CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 133	felony, that bears upon have responsibility for persons needing mer disabilities, or substantials.	e 12 on an individual's fitness to r the safety and well-being of ntal health, developmental nce abuse services. These minal offenses set forth in	V 133			

any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers: Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B. Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 35, Offenses Against the Public Peace; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter

90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in violation of G.S. 18B-302 or driving while impaired in violation of G.S. 20-138.1 through

Division of Health Service Regulation

G.S. 20-138.5.

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 12/07/2022 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 12/07/2022 SUMMARY STATEMENT OF DEPICIENCIES (PACH LEPHICKNOWN MUST BE PRECEDED BY PILL) PRETRY (PACH LEPHICKNOWN MUST BE PILL) PRETRY PROVIDERS PILL OF COMMENT PRETRY P	Division o	of Health Service Regu	lation				
MHL0411235 MHL041				(X2) MULTIPLE	CONSTRUCTION		
MARKE OF PROVIDER OR SUPPLIER SITREST ADDRESS, CITY, STATE, 2P CODE 824 BLAZINGWOOD DRIVE GREENSBORD, NC. 27406 (A) ID PREPRIX TAG SUMMARY STATEMENT OF DEPICIENCIES PREPRIX TAG COntinued From page 13 (f) Penalty for Furnishing False Information - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class At misdemeanor. (g) Conditional Employment - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant for the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant for the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1: 2001-124, s. 10.19 (lo); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility falled to request a criminal record check within 5 days of making the conditional offer of employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD). The findings are: Review on 12/5/22 of the QP/PD's record	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:			COMPLETED
MARKE OF PROVIDER OR SUPPLIER SITREST ADDRESS, CITY, STATE, 2P CODE 824 BLAZINGWOOD DRIVE GREENSBORD, NC. 27406 (A) ID PREPRIX TAG SUMMARY STATEMENT OF DEPICIENCIES PREPRIX TAG COntinued From page 13 (f) Penalty for Furnishing False Information - Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class At misdemeanor. (g) Conditional Employment - A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant for the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant for the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1: 2001-124, s. 10.19 (lo); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility falled to request a criminal record check within 5 days of making the conditional offer of employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD). The findings are: Review on 12/5/22 of the QP/PD's record							
MANGOP PROVIDER OR SUPPLIER BLAZINGWOOD MAY 100 B24 BLAZINGWOOD DRIVE GREENSBORO, NC 27466 MAY 100 PREFTX TAG CONTINUED TO ALL SCHOOL SCHO			MHI 0411235	B. WING			12/07/2022
SUMMARY SIATEMENT OF DEFICIENCES DEFICIENCES PROVIDENS PLAN OF CORNECTION PREFIX PR							12/01/2022
CALIFORMOOD	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
CALL D PREFIX SUMMARY STATEMENT OF DEFICIENCIES D PREFIX TAG CACH DEFICIENCY MUST BE PRECEDED BY FULL TAG CROSS-REFERENCED THE APPROPRIATE COMPLETE TAG V 133 Continued From page 13 V 133 (f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment applicant to that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant for deheck regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the results of a criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in GS. 114-19-10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to request a criminal record check within 5 days of making the conditional employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD)). The findings are: Review on 12/5/22 of the QP/PD's record	RI AZING\	WOOD	824 BLA	ZINGWOOD DRI	VE		
PREFIX TAG ((EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG (P) Penalty for Furnishing False Information Any applicant for employment spliciation that is the basis for a criminal history record check under this section shall be guilty of a class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check as required in subsection (b) of this section or the toolholding requirements are met: (1) The provider shall not employ an applicant prior to obtaining the results of a criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in 6.5. 114-19.10. (2) The provider shall submit the request for a criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in 6.5. 114-19.10. (2) The provider shall submit the request for a criminal history record check to later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to request a criminal record check within 5 days of making the conditional effer of employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD)). The findings are: Review on 12/5/22 of the QP/PD's record	BEALING		GREENS	BORO, NC 274)6		
(f) Penalty for Furnishing False Information Any applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the applicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19-10. (2) The provider shall submit the request for a criminal history record check as required than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to request a criminal record check within 5 days of making the conditional offer of employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD)). The findings are: Review on 12/5/22 of the QP/PD's record	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACT CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	COMPLETE
applicant for employment who willfully furnishes, supplies, or otherwise gives false information on an employment application that is the basis for a criminal history record check under this section shall be guilty of a Class A1 misdemeanor. (g) Conditional Employment A provider may employ an applicant conditionally prior to obtaining the results of a criminal history record check regarding the applicant if both of the following requirements are met: (1) The provider shall not employ an applicant prior to obtaining the eapplicant's consent for criminal history record check as required in subsection (b) of this section or the completed fingerprint cards as required in G.S. 114-19.10. (2) The provider shall submit the request for a criminal history record check not later than five business days after the individual begins conditional employment. (2000-154, s. 4; 2001-155, s. 1; 2004-124, ss. 10.19D(c), (h); 2005-4, ss. 1, 2, 3, 4, 5(a); 2007-444, s. 3.) This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to request a criminal record check within 5 days of making the conditional offer of employment for 1 of 3 audited staff (The Qualified Professional/Program Director (QP/PD)). The findings are: Review on 12/5/22 of the QP/PD's record	V 133	Continued From page	± 13	V 133			
-A hire date of 2/14/22		applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employment applicant obtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-2005-4, ss. 1, 2, 3, 4, This Rule is not met Based on record revief acility failed to reque within 5 days of making employment for 1 of 3 Professional/Program findings are: Review on 12/5/22 of revealed:	nent who willfully furnishes, a gives false information on cation that is the basis for a d check under this section ass A1 misdemeanor. Dyment A provider may conditionally prior to of a criminal history record applicant if both of the ts are met: I not employ an applicant applicant's consent for d check as required in section or the completed equired in G.S. 114-19.10. I submit the request for a d check not later than five the individual begins ent. (2000-154, s. 4; 124, ss. 10.19D(c), (h); 5(a); 2007-444, s. 3.) as evidenced by: ews and interview, the est a criminal record check the grade that the conditional offer of a audited staff (The Qualified in Director (QP/PD)). The				

Division of Health Service Regulation

-A criminal record was requested on 4/20/22

STATE FORM SKYR11 If continuation sheet 14 of 22

Division of	<u>of Health Service Regu</u>	lation			
	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL0411235	B. WING		12/07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE	
		824 BLAZ	INGWOOD DRI	VE	
BLAZING	WOOD	GREENS	BORO, NC 2740	06	
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	BE COMPLETE
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE DATE
V 133	Continued From page	e 14	V 133		
		with the Director/Licensee			
	#2 revealed:	record requests were to be			
		record requests were to be siness days of making the			
	conditional offer of en	•			
	-Was not sure why the	e QP/PD's criminal record			
	request was late				
	 -Would ensure new h requested within 5 bu 	ires criminal records were			
	requested within 5 bu	Silless days			
V 367	27G .0604 Incident R	eporting Requirements	V 367		
	10A NCAC 27G .0604	4 INCIDENT			
	REPORTING REQUI				
	CATEGORY A AND E				
		providers shall report all pet deaths, that occur during			
		le services or while the			
		roviders premises or level III			
		deaths involving the clients			
		rendered any service within			
	90 days prior to the in				
	responsible for the ca services are provided				
		e incident. The report shall			
	be submitted on a for				
		t may be submitted via mail,			
	in person, facsimile o				
	means. The report she information:	nall include the following			
		ovider contact and			
	identification informat				
		fication information;			
	(3) type of incid				
	(4) description				
	(5) status of the	effort to determine the	1	1	

Division of Health Service Regulation

cause of the incident; and

other individuals or authorities notified

STATE FORM 6899 SKYR11 If continuation sheet 15 of 22

Division of Health Service Regulation

DIVISION	i Health Service Negu	1411011 1			1	
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED	
				_		
			D WING			
		MHL0411235	B. WING		12/07/2022	2
NAME OF D	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE ZID CODE		
IVAIVIL OI II	TOVIDER OR OUT LIER					
BLAZING\	WOOD		NGWOOD DRI			
		GREENSB	ORO, NC 2740	06		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		
PREFIX	•	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		PLETE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE DA	TE
				DEI ICIENCI)		
V 367	Continued From page	15	V 367			
	Continuou i rom page					
	or responding.					
	(b) Category A and B	providers shall explain any				
		e information. The provider				
		ed report to all required				
	-	ne end of the next business				
	day whenever:	io ond of the next business				
	_	thee reason to believe that				
		has reason to believe that				
	information provided i					
		g or otherwise unreliable; or				
		obtains information				
	required on the incide	ent form that was previously				
	unavailable.					
	(c) Category A and B	providers shall submit,				
	upon request by the L	∟ME, other information				
	obtained regarding th	e incident, including:				
		ords including confidential				
	information;	3				
	· ·	other authorities; and				
		's response to the incident.				
	• ,	providers shall send a copy				
		· ·				
		reports to the Division of				
		opmental Disabilities and				
		rvices within 72 hours of				
		ie incident. Category A				
	providers shall send a					
	~	client death to the Division of				
		ation within 72 hours of				
	becoming aware of th	e incident. In cases of				
	client death within sev	ven days of use of seclusion				
		der shall report the death				
	· · · · · · · · · · · · · · · · · · ·	red by 10A NCAC 26C				
	.0300 and 10A NCAC					
		B providers shall send a				
		ELME responsible for the				
		•				
		e services are provided.				
	•	ubmitted on a form provided				
		electronic means and shall				
	include summary info	rmation as follows:				
	(1) medication	errors that do not meet the				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 16 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO			E SURVEY PLETED	
		MHL0411235	B. WING		12	2/07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STATE	, ZIP CODE		
BLAZING	WOOD	·	ZINGWOOD DRIVE BORO, NC 27406	:		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	(2) restrictive the definition of a let (3) searches (4) seizures of the possession of a (5) the total nuincidents that occur (6) a stateme been no reportable incidents have occur meet any of the criteria.	I or level III incident; interventions that do not meet vel II or level III incident; of a client or his living area; f client property or property in client; umber of level II and level III red; and int indicating that there have incidents whenever no rred during the quarter that eria as set forth in Paragraphs ule and Subparagraphs (1)	V 367			
	facility failed to subrithe Local Manageminours as required. The Review on 12/5/22 of reports revealed: -No documentation allegation of lack of occurred on 10/28/22 of Review on 12/5/22 of Investigation, dated the Qualified Profest (QP/PD), revealed: -"[Client #3] reporter	views and interviews the nit Level III incident reports to ent Entity (LME) within 72 The findings are: of the facility's level III incident the LME was notified of an supervision by staff #2 which				

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 17 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPL	.ETED
		MHL0411235	B. WING		12/0	07/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	ORESS, CITY, STA	TE, ZIP CODE		
BLAZING	WOOD		NGWOOD DRI			
		GREENSB	ORO, NC 2740	06		_
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From page	e 17	V 367			
	information, after being [Client #3] could not go they were in the car of [The QP/PD] also spo	wed [client #3] to get more ng informed by his mother. give details as to how long or where they were located. oke with his mother who tell her where they were or tor/Licensee #2] was				
	Review on 12/5/22 of staff #2's Disciplinary Action Form, dated 10/31/22, revealed: -"Disciplinary Suspension. Staff will display knowledge of appropriate supervision of individuals served as evidenced by not leaving them unattended." -Staff #2's statement "I would never hurt the clients in any way. I need my job and I'm sorry." Observation on 12/5/22 at 8:33am of client #1					
	revealed: -Was non-verbal					
	Interview on 12/5/22 with client #3 revealed: -"Staff won't let me stay alone by myself." -"[Client #1] cannot be left alone. You know he can't." -"[Staff #2] drove me to places. All three of us were in [staff #2]'s car. It is a sky gray color. I was left alone in his car, and he told me I was in charge. He was gone for quite some timewe were in a parking lot. A big parking lot. It was away from the house[client #1] bit and scratched [former client #4]. I got [client #2] off of him. I took my seatbelt off. I told [staff #2] about it. I had no choice but to. He (staff #2) left us alone" -Was unable to state when he and the other clients were left alone in the car by staff #2 -Was unable to state where he and the other					
	clients were when the					

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 18 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		(X3) DATE SURVEY COMPLETED	
					
	MHL0411235		B. WING		12/07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DDRESS, CITY, STA	TE, ZIP CODE	
BLAZING	WOOD		ZINGWOOD DRI		
040.15	CLIMMADV CT		BORO, NC 2740		1 05
(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 APPROPF DEFICIENCY)	BE COMPLETE
V 367	Continued From page	e 18	V 367		
	-"You can ask my mo dealt with"	m. She said it would be			
	Interview on 12/6/22 Guardian revealed:	-			
	staff #2	e incident that occurred with			
		ld me that him and 2 other nd former client #4) were			
		taff #2) and the staff person			
	had them with him while running errands and the staff left them in the car. [Client #3] did not say				
	where they were. He	was really new (to the			
		been there 2 months. I do rly on when he was placed			
		e going to a fall festival, so it			
	was in the month of C	October (2022). I was told by			
	= =	e multiple stops and during nappened with one of the			
		rbal (#1). That client started			
	hitting one of the other	er clients and [client #3] was			
	trying to break it up."	ent to [the Director/Licensee			
		ould investigate the incident			
	and I heard back fron	n him that he was going to			
	, ,	man. The staff's name was			
		am okay with it since he has oes not happen again"			
		with staff #2 revealed:			
	-Had not left any clier	nts unsupervised in a car			
		with the QP/PD revealed:			
	 -Had not submitted the Response Improvement 	ne incident into the Incident			
		ent System (IRIS) Iternal investigation which			
	was unsubstantiated	-			
	-Had suspended staff	f #2 from the schedule for 3			

days

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 19 of 22

Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	ETED
		MHL0411235	B. WING		12/0	7/2022
		MITEO 4 1 12 3 3			1 12/0	112022
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATI	E, ZIP CODE		
BLAZING\	WOOD	824 BLA	ZINGWOOD DRIV	E		
DEALINO	NOOD	GREENS	SBORO, NC 27406	5		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE DATE
TAG	REGULATORY OR L	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	MAIE	DAIL
			+	· · · · · · · · · · · · · · · · · · ·		
V 367	Continued From page	e 19	V 367			
	-Had retrained staff #	2 on supervision of all the				
	clients					
	Interview on 12/5/22 v	with the Director/Licensee				
	#2 revealed:					
	-Had suspended staff	#2 from the schedule for 3				
	days until the internal	investigation could be				
	completed					
	-The internal investiga	ation was unsubstantiated				
	due to lack of evidence	ce				
	-The QP/PD had retra					
		ture allegations against				
		mitted within the 72-hour				
	mandated time frame					
V 736	27C 0202(a) Equility	and Crounda Maintananaa	V 736			
V 730	27G .0303(C) Facility	and Grounds Maintenance	V 730			
	10A NCAC 27G .0303	3 LOCATION AND				
	EXTERIOR REQUIRE	EMENTS				
	(c) Each facility and it	s grounds shall be				
	maintained in a safe,	clean, attractive and orderly				
	manner and shall be I	kept free from offensive				
	odor.					
	This Date 1 1 1					
	This Rule is not met					
		ns and interviews, the facility				
		n a clean, safe, attractive,				
	and orderly manner.	rne iindings are:				
	Observations of the fa	acility from 8:30am to				
	9:04am on 12/5/22 re					

Division of Health Service Regulation

-A hole in the door of the staff's office -The refrigerator's right handle was loose -Inside the right side of the refrigerator, all the

shelves were missing

STATE FORM 6899 If continuation sheet 20 of 22 SKYR11

PRINTED: 12/06/2022

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMP	
			7. BOILBING			
		MHL0411235	B. WING		12/	07/2022
NAME OF PI	ROVIDER OR SUPPLIER	STREET	DDRESS, CITY, STATE,	ZIP CODE		
BLAZING\	WOOD	824 BLA	ZINGWOOD DRIVE			
		GREENS	SBORO, NC 27406			
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
V 736	Continued From page	e 20	V 736			
	-One of the two doors off track -One of the lower cab dishwasher would no -The carpeted stairs vante -The last drawer to close -1 of the lights in the lowes burned out -There was a towel by no rod -Client #2's bedroom -The lamp in client #2 shade -A mattress, rails and against the wall in client	irs was missing the back is to the laundry closet was binet's doors near the t close were stained ient #1's dresser would not hallway's bathroom vanity racket in the bathroom with door had a hole behind it the bathroom was missing the a head board was leaning				

-Client #3's bedroom outlet had black wires exposed with no outlet plate

-Client #3's bathroom tub was dirty

hole in the wall on the right side

like that when I moved in."

Interview on 12/5/22 with client #2 revealed:
-The items leaning against his bedroom wall "was

-Client #3's bathroom had a sticky floor, stains under the light switch, red stains on the vanity

-In and around client #3's bathroom toilet was

-Client #3's bathroom had a one inch by one inch

Interview on 12/5/22 with client #3 revealed:

-"I have not cleaned up my room yet."

Interview on 12/5/22 with the Director/Licensee #1 revealed:

Division of Health Service Regulation

dirty

STATE FORM SKYR11 If continuation sheet 21 of 22

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
	MHL0411235	B. WING		12	/07/2022
NAME OF PROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
BLAZINGWOOD		AZINGWOOD DRIV SBORO, NC 2740			
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES IUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 736 Continued From page 2 -Had put in work orders department for the repa -Would contact the mair see what the status of the s	to the maintenance	V 736			

Division of Health Service Regulation

STATE FORM SKYR11 If continuation sheet 22 of 22