AND BLANCE CORRECTION IN THE PROPERTY OF THE P		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING:				
MHL084-099		B. WING		R 01/11/2023		
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
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V 000	0 INITIAL COMMENTS		V 000			
	An annual, complaint and follow up survey was completed on January 11, 2023. The complaint was substantiated (Intake #NC00194849). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities. A sister facility was identified in this report. The sister facility will be identified as facility A. Staff will be identified using the letter A and a numerical identifier. The facility is licensed for three beds and currently has a census of two. The survey sample consisted of audits of two current clients.					
V 290	27G .5602 Supervi	sed Living - Staff	V 290			
	10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the					

Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED		
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V 290	Continued From page 1		V 290			
	(1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.					
	This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to ensure that there was a staff present with two of two audited clients (#1 and #2) at all times. The findings are: Review on 12/13/22 of client #1's record revealed: -Admission date of 7/20/18Diagnoses of Intermittent Explosive Disorder, Mild Intellectual Developmental Disability, Autism					

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 290	290 Continued From page 2		V 290			
	Reflux Disease, Un Compulsive and Reschizophrenia Special Disorder, Hyperlipid tremor and Unspector -A behavior support addressed behavior property destruction Review on 12/13/22 revealed: -Admission date of -Diagnoses of Mode Developmental Disathoughts and Acts, Deficiency, Type 2 I unspecified nature oparts of nervous systems.	tent, Gastro-esophageal specified Obsessive elated Disorder, Unspecified ctrum and other Psychotic demia, Obesity, Drug-induced ified Urinary Incontinence. I plan dated 10/1/22 Is of physical aggression, and emotional outbursts. 2 of client #2's record 7/20/18.				
	dated 10/29/22 reversely a state of the date of the da	of an internal incident report ealed: ect: Care manager reports on] was left alone at the group ately 1 hour unsupervised."				
	Improvement Systerevealed: - "On 11/3/22 at 8:5 Operations and Proemail from [Client # Management Entity neglect on [Client # 10/29/22. The alleg was left alone at the	2 of the Incident Report m (IRIS) report dated 11/3/22 6am the Director of gram Manager received an et] Care Manager at a Local reporting an allegation of 1] which occurred on gation reported was [Client #1] et facility for approximately 1 until direct care staff arrived at				

Division of Health Service Regulation

STATE FORM 86JF11 If continuation sheet 3 of 6

AND BLAN OF CORRECTION \ \ \ \ IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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V 290	the facility after her therapeutic leave visolated incident, arbeen suspended perinvestigation. [Client incident." An interview was at 12/14/22 with client Interview on 12/14/-She was aware of #1 being left alone -She was assigned facility within the ag-She went over to the another facilityHer shift ended at another staff memberShe returned to he another staff memberConfirmed that both visits and would return to the confirmed she did staff that clients we times of return to the Interview on 12/14/-He worked next do-Client #2 came ow staff was in the facilient #2 staff was in the facilient #2 staff was she client #1 was she client #2 arrived be 2pm-2:30pmHe notified the Sis	was returned from a sist with his uncle. This is an and the accused [Staff #1] has ending an internal at #1] was not injured from this attempted on 12/13/22 and at #1 but he declined. 22 with staff #1 revealed: the incident regarding client at the facility. To work that day at another gency. The facility to prepare client #1 facility to prepare client #1 facility to prepare client #1 facility and she was relieved by over. The clients left the facility on day urn later that afternoon. The communicate with relief are out on day visits and their facility. 22 with staff #A2 revealed: for at the sister facility. The facility and said no clity. The facility and saw client #1. Stated they arrived at the facility.	V 290			

Division of Health Service Regulation STATE FORM

6899 86JF11 If continuation sheet 4 of 6

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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arrivedSFRTL rems staff arrived. Interview on Residential Table is the Refacility A newaller He was scheller He received informed the client #1 and staff #A2 was no staff arrived. Interview on Leader Superam Leader Superam Leader facilityShe was restream Leader facilityShe was infection the was restream Leader facilityShe was infection the was restream to the schedule staff arrived.	d at the ained a at the fat th	e facility until the SFRTL at the facility until the assigned acility. 22 with the Sister Facility eader (SFRTL) revealed: ial Team Leader for the Sister to work that day. a client to another facility. from Staff #A2 and was eno staff at the facility with #2. In to the facility and saw there facility. went to the facility and stayed lient #2 until the scheduled 22 with the Residential Team revealed: ble for supervising Residential created the schedules for the by staff #1 that client #1 and any passes with their family. to confirm the return time of ed back with the time of return ent #2. In staff #A2 that client #1 was t #1 was sitting on the porch ber dropped him off. t #2 returned around 2pm. the SFRTL arrived to stay until	V 290	DELIGITATION OF THE PROPERTY O		

Division of Health Service Regulation STATE FORM

MHL084-099 NAME OF PROVIDER OR SUPPLIER MOSS LANE I STREET ADDRESS, CITY, STATE, ZIP CODE 42424 MOSS LANE NEW LONDON, NC 28127 (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)	AND DUAN OF CODDECTION DENTIFICATION AND DED		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
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-The Residential Team Leader of the facility was responsible for staff coverage for the weekendThe Residential Team Leader was currently out of work on medical leaveStaff #1's shift ended at 1pmThat a staff was the assigned staff to work at the facility but was not told by staff #1 the return time of client #1 and client #2. Interview on 12/13/22 with the Qualified Professional revealed: -Client #1 and client #2 did not have unsupervised time.	-The Resideresponsible responsible respons	idential Team Leader of the facility was ple for staff coverage for the weekend. idential Team Leader was currently out in medical leave. It is shift ended at 1pm. It is that the assigned staff to work at the it was not told by staff #1 the return time if 1 and client #2. On 12/13/22 with the Qualified in it is not client #2 and client	-The Residential Te responsible for staff -The Residential Te of work on medical -Staff #1's shift end -That a staff was the facility but was not to f client #1 and client	V 290			

Division of Health Service Regulation STATE FORM