STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
ND FLAN	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: B. WING		C 01/05/2023	
		MHL095010				
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IEW RIV	ER VOCATIONAL CE	NTFR	DCAT ROAD AP, NC 28618			
(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 ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	rs	V 000			
		was completed on 1/5/23. unsubstantiated (intake iciency was cited.				
	category: 10A NCA Developmental Voc	sed for the following service AC 27G .2300 Adult ational Program for velopmental Disabilities.				
		sed for 0 and currently has a survey sample consisted of an ient.				
V 203	27G .2304(A-B) Ad	ult Voc. for DD - Operations	V 203			
	shall provide an one staff and clients dee principles of accide specific hazards. T training for clients in environmental safe (b) Business Pract (1) If the ADV remuneration for go another individual, of (A) Supplies, by the ADVP, shall amount in the bid p (B) Wages p a piece rate or hour (C) Each clie	onal Program. Each ADVP going educational program for signed to teach them the nt prevention and control of The program shall include n personal, work and ty. ices: /P seeks or receives bods or services provided to organization or business: materials or tools, if provided be identified as a separate rice; aid to ADVP clients shall be or rly commensurate wage basis nt involved in productive work	1			
	period which indica and deductions; an (D) Prices for shall be equal to or	en statement for each pay tes gross pay, hours worked d goods produced in the ADVP exceed the cost of productior surate wages, overhead, tools	1			

				(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		MHL095010	B. WING		C 01/05/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, ST	TATE, ZIP CODE		
	ER VOCATIONAL CE	NTER	ILDCAT ROAD GAP, NC 28618			
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 203	Continued From pa	age 1	V 203			
	individual, organiza shall review client e an annual basis to rates and amounts (3) Clients sh their rights and resp wages, hours, work	nall be counseled concerning ponsibilities in such matters king conditions, social securit nd the consequences of their	ast ay as ty,			
	Based on record re facility failed to prove each pay period wh	et as evidenced by: eviews and interviews, the vide a written statement for nich indicates gross pay, hou ions for 1 of 1 audited client are:	rs			
	-Date of admission -Diagnoses of Intel Disability, Seizure I	2/29/22 for Client #1 reveale 8/30/17 lectual/Developmental Disorder, Dystonia, Sleep esophageal Disease.	ed:			
	January - December Residential Statem -From 1/10/22-4/14 which was deposite -From 4/18/22-5/20 which was deposite -From 6/6/22-9/16/2 There was no depo	veekly production sheets from er 2022 in addition to the ent for Client #1 revealed: 4/22 Client #1 earned \$630.7 ed into her account 5/19/22. 6/22 Client #1 earned \$351.6 ed into her account 9/29/22. 22 Client #1 earned \$442.25 posit for these earnings. 6/22 Client #1 earned \$210.2 ed on 12/28/22.	5 3			

STATEMEN	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
ND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:			
		MHL095010	B. WING			C 05/2023	
IAME OF PI	ROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, S	TATE, ZIP CODE			
		176 WII I	DCAT ROAD	,			
	ER VOCATIONAL CE	DEEP GA	AP, NC 28618				
(X4) ID			ID	PROVIDER'S PLAN OF		(X5) COMPLE	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	DATE	
V 203	Continued From pa	age 2	V 203				
	-During COVID she was still working but didn't get paid.		t				
	-Works at the vocational center shredding paper. -She talked to the Business Manager (BM)who						
	said money was in an account. -Asked the Qualified Professional (QP) too who						
	said money was in her account.						
	"paid once at the e	check in a while. She was nd of the month or when they					
	feel like it." -"Gets paid cash ai	nd splits her money." She puts					
	half in a place to save and keeps half as						
		She hides the money in her					
	room. -Wants to buy a ne	w comforter and curtains for					
	her room.	stmas and going shopping					
	tomorrow.	and going shopping					
	-"Going to see wha color."	tever is left for haircut and					
	Interview on 1/3/22 revealed:	with Client #1's guardian					
		ing to the QP about limiting the #1.					
	-Finally got \$30 in [December that was supposed House Manager told her none					
		otten pay since before covid.					
	visited at the group	onth to see Client #1 but only home. "She loved to get her					
		unt statements but was not					
	consistent.	9/22 the house manager told					
	her the clients did r	not bring home any money in					
	July. She reported but no other pay.	the girls would get their \$66					
	-In October the QF	o sent a message about Client					
		I reported the money was					
	going into her acco alth Service Regulation	ount. She reported the VD got					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL095010	B. WING			C 05/2023
IAME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
IEW RIV	ER VOCATIONAL CE		DCAT ROAD AP, NC 28618			
(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 T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 203	Continued From pa	ige 3	V 203			
	behind in sorting pa completing time sh	ayroll and new staff were not eets correctly.				
		22 with Staff #1 revealed: aper in the morning. She goe	s			
	around building collecting anything to shred. She					
	is not the only client who shreds. -Client #1 was cut back to 1 hour a day, mid to					
	end of November. -Client #1 got \$30 recently and the rest went into					
	her account. -"[Client #1] can ask the [BM] anytime what her					
		k the [BM] anytime what her never seen a statement."				
		22 with the QP revealed:				
		was going into her account. handing part of her pay in				
	request it from the					
	-Received \$66 a m -When clients need	onth allowance. I larger things staff can use the	e			
	to the BM who then	ard and bring the receipt back takes money from the client's	\$			
	account. -Client #1 gets \$30 card.	a month for prepaid phone				
		nts stayed home because the				
	-Began earning mo	ney again when vocational				
		February or March. cts their benefits so they now				
	try to limit Client #1	to 1 hour a day. I staff to help her stay on task.				
	-The 1:1 staff are re	esponsible for keeping up with				
		rn the production sheets into ctor (VD) who processes				
	payroll and that goe	es into their account.				
	90 days.	ent goes to guardians every				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	MHL095010		B. WING			C 05/2023
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	/ER VOCATIONAL CE	NTER	DCAT ROAD AP, NC 28618			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLET DATE
V 203	Continued From pa	ge 4	V 203			
	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)					

U9XE11