		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL078-312	B. WING			R 27/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ROBESC	DN #3		.M STREET I, NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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 HE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMENT	ſS	V 000			
		w up survey was completed 3. Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.					
	census of 5 clients.	ed for 6 and currently has a The survey sample consisted nt clients and 1 former client.				
V 366	27G .0603 Incident	Response Requirments	V 366			
	implement written p response to level I, shall require the pro (1) attending of individuals involv (2) determinin (3) developin measures accordin timeframes not to e (4) developin to prevent similar in specified timeframe (5) assigning for implementation preventive measure (6) adhering set forth in G.S. 75, 42 CFR Parts 2 and 164; and	UREMENTS FOR B PROVIDERS B providers shall develop and policies governing their II or III incidents. The policies povider to respond by: to the health and safety needs ed in the incident; ng the cause of the incident; g and implementing corrective g to provider specified exceed 45 days; g and implementing measures incidents according to provider as not to exceed 45 days; person(s) to be responsible of the corrections and es; to confidentiality requirements Article 2A, 10A NCAC 26B, d 3 and 45 CFR Parts 160 and				
	Subparagraphs (a)	ng documentation regarding (1) through (a)(6) of this Rule. e requirements set forth in				

Division	of Health Service Re	egulation				APPROVED
	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
		MHL078-312	B. WING			R 2 7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, ST	TATE, ZIP CODE		
ROBESC	DN #3		M STREET , NC 28364			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COF	RECTION	(X5)
PREFIX TAG		YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 366	Continued From pa	ge 1	V 366			
	shall address incide regulations in 42 CF (c) In addition to th Paragraph (a) of thi providers, excluding develop and implem their response to a while the provider is or while the client is The policies shall re by: (1) immediate by: (A) obtaining to (B) making a (C) certifying (D) transferrin review team; (2) convening review team within 2 internal review team who were not involv were not responsibl with direct profession services at the time review team shall co follows: (A) review the determine the facts and make recommendon occurrence of future (B) gather ott (C) issue writt within five working of preliminary findings LME in whose catch	s Rule, ICF/MR providers ents as required by the federal FR Part 483 Subpart I. e requirements set forth in s Rule, Category A and B g ICF/MR providers, shall nent written policies governing level III incident that occurs a delivering a billable service on the provider's premises. equire the provider to respond ely securing the client record the client record; photocopy; the copy's completeness; and g the copy to an internal 24 hours of the incident. The n shall consist of individuals ved in the incident and who le for the client's direct care or onal oversight of the client's of the incident. The internal omplete all of the activities as a copy of the client record to and causes of the incident endations for minimizing the e incidents; ner information needed; ten preliminary findings of fact days of the incident. The of fact shall be sent to the neent area the provider is .ME where the client resides,				

		2gulation (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL078-312	B. WING			R 27/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
ROBESC	ON #3		M STREET , NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	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'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE
V 366	 (D) issue a fin owner within three if final report shall be catchment area the LME where the clie final written report sidentified by the interior include all public do incident, and shall r minimizing the occu all documents need available within three LME may give the p three months to sub (3) immediate (A) the LME rear area where the serve Rule .0604; (B) the LME rear area where the serve Rule .0604; (C) the provide for maintaining and treatment plan, if di provider; (D) the Depar (E) the client applicable; and (F) any other 	al written report signed by the months of the incident. The sent to the LME in whose provider is located and to the nt resides, if different. The shall address the issues ernal review team, shall bouments pertinent to the make recommendations for urrence of future incidents. If led for the report are not ee months of the incident, the provider an extension of up to omit the final report; and ely notifying the following: esponsible for the catchment vices are provided pursuant to where the client resides, if der agency with responsibility updating the client's fferent from the reporting tment; s legal guardian, as authorities required by law.	V 366			

Division	of Health Service Re	egulation			FURIN	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMF	E SURVEY PLETED
		MHL078-312	B. WING			R 2 7/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ROBESC	DN #3		M STREET NC 28364			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORREC	TION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETE DATE
V 366	Continued From pa	ge 3	V 366			
	Refer to V367 for: -Incidents involving police.	client #2 and calls to the local				
V 367	27G .0604 Incident	Reporting Requirements	V 367			
	level II incidents, ex the provision of billa consumer is on the incidents and level to whom the provide 90 days prior to the responsible for the services are provide becoming aware of be submitted on a f Secretary. The rep in person, facsimile means. The report information: (1) reporting identification inform (2) client iden (3) type of ind (4) descriptio (5) status of t cause of the incider (6) other indiv or responding. (b) Category A and missing or incomple shall submit an upd report recipients by day whenever:	UIREMENTS FOR B PROVIDERS B providers shall report all ccept deaths, that occur during able services or while the providers premises or level III II deaths involving the clients er rendered any service within incident to the LME catchment area where ed within 72 hours of the incident. The report shall orm provided by the ort may be submitted via mail, or encrypted electronic shall include the following provider contact and ation; cident; n of incident; the effort to determine the				

Division of Health Service Regulation STATE FORM

0X0611

If continuation sheet 4 of 7

	of Health Service Re	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDE		IDENTIFICATION NUMBER:	A. BUILDING:		COM	PLETED
	MHL078-312		B. WING		R 01/27/2023	
NAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
ROBES	ON #3	504 S EL	M STREET			
NOBLO			I, NC 28364			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETE DATE
V 367	Continued From pa	ge 4	V 367			
	erroneous, mislead (2) the provid required on the incid- unavailable. (c) Category A and upon request by the obtained regarding (1) hospital re- information; (2) reports by (3) the provid (d) Category A and of all level III incident Mental Health, Deve Substance Abuse S becoming aware of providers shall send incidents involving a Health Service Reg becoming aware of client death within s or restraint, the prov- immediately, as req .0300 and 10A NCA (e) Category A and report quarterly to th catchment area who The report shall be by the Secretary via include summary in (1) medicatio definition of a level (2) restrictive the definition of a level (3) searches (4) seizures of	d in the report may be ing or otherwise unreliable; or er obtains information dent form that was previously B providers shall submit, e LME, other information the incident, including: ecords including confidential other authorities; and er's response to the incident. B providers shall send a copy int reports to the Division of elopmental Disabilities and cervices within 72 hours of the incident. Category A d a copy of all level III a client death to the Division of ulation within 72 hours of the incident. In cases of seven days of use of seclusion vider shall report the death uired by 10A NCAC 26C AC 27E .0104(e)(18). B providers shall send a ne LME responsible for the ere services are provided. submitted on a form provided a electronic means and shall formation as follows: n errors that do not meet the II or level III incident; interventions that do not meet vel II or level III incident; of a client or his living area; of client property or property in client; umber of level II and level III	t			

STATEMEN	of Health Service Re T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
			A. BUILDING:			
		MHL078-312	B. WING			R 27/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
ROBESO	N #3		M STREET I, NC 28364			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 367	Continued From pa	ge 5	V 367			
	incidents that occur					
		nt indicating that there have				
	•	incidents whenever no Irred during the quarter that				
		eria as set forth in Paragraphs	;			
		ule and Subparagraphs (1)				
	through (4) of this F	Paragraph.				
	This Rule is not me	et as evidenced by:				
		views and interviews, the				
		ure critical incident reports				
		he Local Management Entity are Organization (MCO) within				
	72 hours as require					
	· - · · · · · · · · · · · · · · · · · ·					
		of client #2's record revealed:				
	-48-year-old male a					
		d autism spectrum disorder, eractivity disorder, and				
		mental disability - mild				
	Davisou au 1/05/00	-files North Constinue Insident				
		of the North Carolina Incident ment System (IRIS) website				
		incident reports involving				
		local law enforcement.				
	Interview on 1/06/00	2 House Manager stated				
		3 House Manager stated: acted local law enforcement				
	when he got upset.					
		nent had come out on several				
		talked to client #2 to let him				
		e police should be for				
	emergency situation	15.				

			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
	MHL078-312	B. WING			R 27/2023
ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
N #3		-			
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH	ON SHOULD BE IE APPROPRIATE	(X5) COMPLET DATE
-She had let client a upset and wanted t to contact her so sh He had been follow her instead of the lo him. Interview on 1/26/2 -Client #2 had cont upset and frustrate -He would contact p someone had take -He had last contact 2022, or early Janu -Local law enforcer following client #2's During interview on Professional (QP) r -She had not comp contact related to c related to misuse o not emergency related	 #2 know that when he got o notify someone, he needed ne could address his concerns ring her advice and contacting ocal police since she advised 3 staff #2 stated: acted local police when he got d. police when he thought n something from him. cted police in late December of lary of 2023. ment came to the house a last phone call. 1/27/23 the Qualified revealed: leted an IRIS report for police lient #2, as the calls were f the emergency number and tted concerns. 				
	SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa -She had let client a upset and wanted to to contact her so sl He had been follow her instead of the le him. Interview on 1/26/2 -Client #2 had contact upset and frustrate -He would contact a someone had takes -He had last contact 2022, or early Janu -Local law enforcer following client #2's During interview on Professional (QP) n -She had not comp contact related to o related to misuse o not emergency rela -Moving forward, sl	MHL078-312 ROVIDER OR SUPPLIER STREET AL N#3 504 S EL MAXTON SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 6 -She had let client #2 know that when he got upset and wanted to notify someone, he needed to contact her so she could address his concerns He had been following her advice and contacting her instead of the local police since she advised him. Interview on 1/26/23 staff #2 stated: -Client #2 had contacted local police when he got upset and frustrated. -He would contact police when he thought someone had taken something from him. -He had last contacted police in late December of 2022, or early January of 2023. -Local law enforcement came to the house following client #2's last phone call. During interview on 1/27/23 the Qualified Professional (QP) revealed: -She had not completed an IRIS report for police contact related to client #2, as the calls were related to misuse of the emergency number and not emergency related concerns. -Moving forward, she would document all police	DF CORRECTION IDENTIFICATION NUMBER: A. BUILDING:	OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: MHL078-312 B. WING ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE N #3 504 S ELM STREET SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 6 V 367 -She had let client #2 know that when he got upset and wanted to notify someone, he needed to contact her so she could address his concerns. He had been following her advice and contacting her instead of the local police since she advised him. V 367 Interview on 1/26/23 staff #2 stated: -Client #2 had contacted local police when he got upset and frustrated. -He would contact police when he thought someone had taken something from him. -He had last contacted police in late December of 2022, or early January of 2023. -Local law enforcement came to the house following client #2's last phone call. During interview on 1/27/23 the Qualified Professional (QP) revealed: -She had not completed an IRIS report for police contact related to client #2, as the calls were related to misuse of the emergency number and not emergency related concerns. -Moving forward, she would document all police	op CORRECTION IDENTIFICATION NUMBER: A. BUILDING: COMING MHL078-312 B. WING 01/2 ROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE N #3 504 S ELM STREET SUMMARY STATEMENT OF DEFICIENCIES ID REQUIATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PREFIX Continued From page 6 V 367 -She had let client #2 know that when he got upset and wanted to notify someone, he needed to contact her so she could address his concerns. He had been following her advice and contacting her instead of the local police when he got upset and frustrated. -He would contacted local police when he thought someone had taken something from him. -He would contacted police in late December of 2022, or early January of 2023. -Local law enforcement came to the house following client #2's last phone call. During interview on 1/27/23 the Qualified Professional (QP) revealed: -She had to completed an IRIS report for police contact related to client #2, as the calls were related to misuse of the emergency number and not emergency related concerns. -Mewould contary related concerns. -Mewould concerns. -Mewould concerns. -Mewould to completed to client #2, as the calls were related to misuse of the emergency number and not emergency related concerns.