No. 4092

PRINTED: 01/30/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ___ 9. WING ____ WHL023-048 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE CHARLES ROAD A 829-1 CHARLES ROAD A SHELBY, NO. 20162

	SHELBY, NC 28152					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	OXB) COMPLETE PATE		
V 000	INITIAL COMMENTS An annual survey was completed on January 19,	V 000	V290 27G.5602 Supervised Living-Staff			
∀ 2 90	2023. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients. This facility is located in the same building as two sister facilities. The sister facilities will be identified as sister facility B and sister facility C. Sister facility staff and clients will be identified using the letter of the facility and a numerical identifier. 27G .5602 Supervised Living - Staff 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 following client-staff ratios when more than one chilld or adolescent client is present:	V 290	The Supervising "Q" will ensure the following: 1) Staff schedules will be posted in the apartments every two weeks. The new schedule will be posted prior to the previous schedule before the end of the schedule. 2) The schedule will ensure that one staff is always scheduled for Apt A and one staff is always scheduled for Apt B and C. 3) A back up staff will be called immediately to cover a shift if a staff "calls out". However, the shift will be covered until a staff arrives at the home. 4) All staff for Apt A, B, and C will be trained regarding staffing requirements for the apartments and supervision requirements for B and C. The Regional Director will ensure the following: 1) The current Plan of Protection is followed for the home. 2) Shifts are covered as required. The Supervising "Q" will send staffing schedules to the Regional Director that includes any changes in staffing for at least two months.	1/19/23 1/19/23 1/19/23 1/19/23		

Division of Health Service Regulation

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

TIME Raggional Director

(XE) DATE 2/7

No. 4092

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING_ MHL023-048 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CHARLES ROAD A** 829-1 CHARLES ROAD A SHELBY, NC 28152 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE COMPLETE. PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 Continued From page 1 V 290 The Regional Director or Billing 1/19/23 Specialist will check Pay Com children or adolescents with substance (ComServ clock in time system) to abuse disorders shall be served with a minimum of one staff present for every five or fewer minor ensure that the staff worked the clients present. However, only one staff need be designated hours. 2) Apt B/C needs an additional staff for present during sleeping hours if specified by the second shift. Staff will continue to be emergency back-up procedures determined by 1/19/23 recruited and hired as soon as possible. the governing body; or However, the "Q", Home Manager, and children or adolescents with other staff will cover the shift (for either developmental disabilities shall be served with A, B, or C) until a staff is hired and one staff present for every one to three clients present and two staff present for every four or trained. 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: 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 the services of a certified substance (2)abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on interviews and record reviews, the facility failed to maintain one staff member present at all times when an adult client was on the premises affecting 3 of 3 cilents (Clients #1, #2, and #3). The findings are: Review of Client #1's record revealed: -Date of Admission: 8-8-19. -Age:79 years old. -Diagnoses: Moderate Intellectual Developmental

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No. 4092 P. 4/34
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Division o	f Health Service Regul	atlon				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING:		(X3) DATE SURVEY COMPLETED	,
		MHL023-048	8. WING		01/19/202	!3
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CHARLES	ROAD A	829-1 CI	IARLES ROAD A			
		SHELBY	', NC 20152			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE CO	(X5) MPLETE DAYE
V 290	Continued From page	2	V 290			
	Disability, Hypertensic -Treatment plan date assessment which de capability for unsuper	on. d 12-22-22 did not have an etermined the clients rvised time.				
	Review of Client #2's -Date of Admission: 9					
	-Age: 69 years old.	tellectual Developmental				
	Disability.	neaectual Developmental	***************************************			
		d 4-1-22 did not have an				
	assessment which de capability for unsuper					
	Review of Client #3's		-			
	-Date of Admission: 4	I-29-11.				
	-Age: 53 years old.	ruyansiya Dinardar Baild				
		epressive Disorder, Mild lental Disability, Autism.				
		d 2-24-22 did not have an				
	assessment which de					
	capability for unsuper					
	November and Dece -In November 2022 to at the facility every de	nere were at least two clients ay. nere was at least one client		•		
	Review on 1-13-23 of revealed:					
	-During the week, se scheduled to arrive b -Clients would return program at approxim	etween 2:30 pm - 4 pm. home from work/day				
	i .	ind 1-17-23 of time sheets mber and December 2022				

No. 4092 P. 5/34 PRINTED: 01/30/2023

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Division o	f Health Service Regul	ation				
	r of deficiencies	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	ONSTRUCTION	(X3) DATE SL	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		88131 000 040	B, WING		Od Id	9/2023
		MHL023-048			I VI/II	9/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
CHARLES	ROADA	829-1 CF	IARLES ROAD A			
		SHELBY	, NC 28152			
	CHAMADVET	ATEMENT OF DEFICIENCIES	·	PROVIDED'S DI ANI OF CORRECTIO	NI I	240
(X4) ID PREFIX		Y MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD		(XS) COMPLETE
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPR	RIATE	DATE
		_		DEFICIENCY)		
V 290	Continued From page	3	V 290			
V 250	Commissed From page	50	1 230			
	-November 2022: 10	of 30 days where at some				
	point there was not a	staff person present while				
	cilents were present.					
	-11-1 no staff from	m midnight until the clients				
	left for work/day prog	ram (approximately 8 am).				
	-11-5 (Saturday)	no staff between 8:02 pm -				
	8:29 pm.		ľ			
		i) Staff#1 clocked out at				
	12:56 am and then cl	ocked back in at 1:00 am.				
	(Sunday)	Staff #1 clocked out at 11:59				
	pm on Saturday night	t. Staff #1 clocked back in at				
	12:05 am. No staff ck	ocked in from 11:13 pm -				•
	11:15 pm.					
	-11-19 (Saturday	/) no staff between 7:08 pm -				
	8:41 pm.					
	-11-21 no staff b	etween 10:04 pm - 11:05 pm.		•		
	no staff between 9:04					
		elween midnight - 7:44 am.	1			
		7 pm and midnight. Staff #3				
		t did not clock out. 9.75				
		ted but unable to determine				
	which hours were wo					
		/) no staff between midnight -				
		tween 8:24 pm - midnight.				
		8 am but did not clock out.				
	13 hours were docum					
	determine which hou					
	, ,	no staff between midnight -				
	8:58 am.					
		out of 31 days where at				
		not a staff person present				
	while clients were pre					
		tween 8:10 pm - 8:30 pm.				
		lween 9:08 pm - 10:14 pm.				
	, , ,	no staff between 9:10 am -				
	9:39 am.					
		etween 10:25 pm - 10:55				
	pm.	-4 0.00 av3.1-1-1-1				
	l .	etween 8:36 pm - midnight. 8 am but did not clock out				
		were the till east Carry Uter	1 1			•

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No. 4092 P. 6/34
PRINTED: 01/30/2023
FORM APPROVED

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 2P CODE 829-1 CHARLES ROAD A SHELBY, NC 28152 CM4) ID PREFTX TAG CONTINUED RESOLUTION TO SEPTICE PROPERTY OF DEFICIENCIES REPRECEDED BY FULL PREFTX TAG V 290 Continued From page 4 V 290 Continued From page 4 13 hours were documented but unable to determine which hours were worked. (Saturday) no staff between 9:48 am - 3.03 pm and no staff between 10:09 pm - midnight. no staff between 10:09 pm - 10:13 pm12-21 (Saturday) no staff between 10:09 pm - 11:30 am. Interview on 1-10-23 with Client #1 revealed: -Was hard of hearing and difficult to communicate withWas unable to gather information from Client #1 regarding staffing patterns/issues. Interview on 1-10-23 with Client #2 revealed: -Unable to Interview on 1-0-23 with Client #3 revealed: -Staff would always be nearby in one of the other sister facilities. Interview on 1-9-23 with Staff #2 revealed: -Mostly worked in Chartes Road A but had covered the Sister Facilities B and C at the same time as the only staff.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C	(X3) DATE SURVEY COMPLETED		
CHARLES ROAD A SHELBY, NC 28162 CAND C			州HL023-04 B	B. WING		01/19/2023
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 290 Continued From page 4 13 hours were documented but unable to determine which hours were worked. (Saturday) no staff between midnight - 7:57 am. (Sunday) no staff between 9:48 am - 3:03 pm and no staff between midnight - 9:00 am. And no staff between 9:21 pm - 9:30 pm. -12-28 no staff between 10:02 pm - 10:13 pm. -12-31 (Saturday) no staff between 9:07 am - 11:30 am. Interview on 1-10-23 with Client #1 revealed: -Was hard of hearing and difficult to communicate with. -Was unable to gather information from Client #1 regarding staffing patterns/issues. Interview on 1-10-23 with Client #2 revealed: -Staff would always be nearby in one of the other sister facilities. Interview on 1-9-23 with Staff #2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same			829-1 CH	IARLES ROAD A	, žIP CODE	
13 hours were documented but unable to determine which hours were worked. (Safurday) no staff between midnight - 7:57 am. (Sunday) no staff between 9:48 am - 3:03 pm and no staff between 10:08 pm - midnight. no staff between midnight - 9:00 am. And no staff between 9:21 pm - 9:30 pm12-28 no staff between 10:02 pm - 10:13 pm12-31 (Saturday) no staff between 9:07 am - 11:30 am. Interview on 1-10-23 with Client #1 revealed: -Was hard of hearing and difficult to communicate withWas unable to gather information from Client #1 regarding staffing patterns/issues. Interview on 1-10-23 with Client #2 revealed: -Unable to Interview due to being nonverbal. Interview on 1-10-23 with Client #3 revealed: -Staff would always be nearby in one of the other sister facilities. Interview on 1-9-23 with Staff #2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same	PREFIX	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
Interview on 1-12-23 with Staff #1 revealed: -"I work by myself all the time." (Covering Charles Road A and Sister Facilities B and C at the same time)Would go from apartment to apartment (between Charles Road A to Sister Facilities B and C) to make sure they have what they needWhen covering for Charles Road A, would	V 290	13 hours were documdetermine which hour (Saturday) 7:57 am. (Sunday) 3:03 pm and no staff midnight. no staff between -12-28 no staff between -12-28 no staff between -12-31 (Saturday) 11:30 am. Interview on 1-10-23 -Was hard of hearing withWas unable to gather regarding staffing pather regarding staffing s	nented but unable to rs were worked. I) no staff between 9:48 am - between 10:06 pm - etween midnight - 9:00 am. 9:21 pm - 9:30 pm. etween 10:02 pm - 10:13 I) no staff between 9:07 am - with Client #1 revealed: and difficult to communicate or information from Client #1 tterns/issues. with Client #2 revealed: due to being nonverbal. with Client #3 revealed: he nearby in one of the other with Staff #2 revealed: arles Road A but had hellities B and C at the same with Staff #1 revealed: the time." (Covering Charles acidities B and C at the same ment to apartment (between ister Facilities B and C) to what they need.	V 290		

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2 P. 7/34 PRINTED: 01/30/2023 FORM APPROVED

MALE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE SAFLEY, NO. 28193 SHELBY, NO. 28193 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEPROSECIES SHELBY, NO. 28193 PREPTX TAG SEQUENTIAL STREET ADDRESS, CITY, STATE, ZP CODE SELEBY, NO. 28193 PREPTX TAG CAN THE REGILE STATE AND A SHELBY, NO. 28193 CAN THE REGILE STATE AND A SHELBY, NO. 28193 CONTINUED From page 5 complete most tasks thore. "They are older and con't function like floor once (clienta) in B and C," "I can prety much handle it by myself." (cover all three facilities at once) Interview on 1-17-23 with Staff #3 revealed: "We have been short staffed for a long time." "I haven't done it in a while." (covered for all facilities at once) Interview on 1-11-23 with the Staff House Manager revealed: "She just rurs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-10-23 with Staff #81 revealed: "She just rurs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-10-23 with the Staff House Manager revealed: "She just rurs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-10-23 with Staff #81 revealed: "She just rurs back and forth the whole facilities of the same time. "The clients in Stafer Facility B and Stafer Facility C aways had one staff. One staff covered both facilities at the same time. "The clients in Stafer Facility B and Stafer Facility C were more independent and only one staff worked to cover both facilities. "Vas trained by the provious QP and "I was told it was in their plans they could stay independently for 2 hours in B and C." "Recently there has been situations where we had one staff for the home form workfday program around 4 pm. "It someone doesn't show," Ill ask if they (staff)	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		A. BUILDING:	ONSTRUCTION	(X3) DATE SURVEY COMPLETED	
CAUTO DEPOSITION OF DEPOSITION			MHL023-048	B. WING		01/19/2023
PRETIX TAG CEACH-PERCENCY MLST BE PRECISED BY FULL TAG			829-1 CH	ARLES ROADA	, ZIP ÇODE	
complete most tasks there. "They are older and can't function like the ones (clients) in B and C." -"I can pretty much handle it by myself." (cover all three facilities at once) Interview on 1-17-23 with Staff #3 revealed: -"We have been short staffed for a long time." -"I haven't done it in a while." (covered for all facilities at once) -The clients very seldom have negetive behaviors. Interview on 1-11-23 with the Staff House Manager revealed: -"She just runs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-10-23 with Staff #B1 revealed: -"She just runs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-10-23 with Staff #B1 revealed: -"Staff #1] works the whole building sometime." (Charles Road A and Sister Facilities B and C) Interview on 1-9-23, 1-10-23 and 1-11-23 with the Quelified Professional (QP) revealed: -Since being employed, Sister Facility B and Sister Facility C always had one staff. One staff covered both facilities at the same timeThe clients in Sister Facility B and Sister Facility C were more independent and only one staff worked to cover both facilitiesVas trained by the previous QP and "I was told it was in their plans they could stay independently for 2 hours in B and C." -"Recently there has been situations where we had one staff for the whole facilitiesIn a staffed right now." - Clients would arrive home from work/day program around 4 prin"Il so moneon decents show, I'll ask if they (staff	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLETE
going off shift) can stay a few minutes. I will come	V 290	complete most tasks can't function like the -"I can pretty much ha three facilities at once interview on 1-17-23 dependently on the program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If someone doesn't staffed right nov-Clients would arrive in program around 4 pm-"If some	there. "They are older and ones (clients) in B and C." andle It by myself." (cover all endle It by myself." endle It by myself." while." (covered for all endle It by may be and forth the whole time she ing for all facilities at once) with Staff #B1 revealed: whole building sometime." Sister Facilities B and C) -10-23 and 1-11-23 with the endle It (QP) revealed: endle It is at the same time. Facility B and Sister Facility B and one staff facilities. The same time, facilities. The same time in the same time, is at the same time. Facility B and Sister Facility endent and only one staff facilities. The same time in B and C." Endle It is a they could stay endle It is a they could stay endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C. "Endle It is and C." Endle It is and C." Endle It is and C. "Endle It	V 290		

Division of Health Service Regulation

No. 4092 P. 8/34 PRINTED: 01/30/2023

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: __ B WING 01/19/2023 MHL023-048 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CHARLES ROAD A** 829-1 CHARLES ROAD A **SHELBY, NC 20152** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE. PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 290 Continued From page 6 V 290 if I can't find someone until I can find someone. Sometimes I can find someone, sometimes I can't." -The last two months have been more frequent with having just one staff cover all three facilities. -"Lost a house manager and then a third shift staff. Lost a lot of staff 3 months ago." Interview on 1-11-23 with the Community Services Regional Director revealed: -"I think it has been a big issue, staffing during COVID." -Have had staffing issues for all 3 facilities. -"I didn't understand that there were not people working." -"I don't think we are providing a dangerous environment, but it could run a whole lot better." Interview on 1-17-23 with the Chief Executive Officer (CEO) revealed: -"Unfortunately with the way staff is right now, we are short and trying to keep people safe." -"I can assure you it is a thoughtful process who goes into those homes due to staffing." -"Honestly I was not aware that had happened. That definitely needs to be addressed." (sharing staff between Charles Road A and Sister Facilities B and C) -"We definitely screwed up in not getting documented what needed to get documented." Review on 1-13-23 of the Plan of Protection dated 1-13-23 written by the Community Services Regional Director revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? The facility will ensure that the staff schedule is maintained with a staff present for all individuals in Charles Road A at all times. This staff will not be used for staffing Charles Road B or C.

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(X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING_ MHL023-048 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD A **CHARLES ROAD A SHELBY, NC 28152** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC (DENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 V 290 Continued From page 7 The staffing schedule will be posted every two weeks in the facility to ensure that staff know their time and place of work. If a staff will not be able to work their schedule. then they will inform the 'Q' (QP) for the facility at least four hours before the beginning of shift. The 'Q' will then ensure that a staff person is obtained for the vacant shift. The 'Q' will be responsible for ensuring that the Regional Director has a copy of the staffing schedule and is made aware of any changes to the schedule. Describe your plans to make sure the above happens. The Regional Manager will check weekly with the supervising 'Q' to ensure that schedules have been followed. The Regional Manager will also check with staff on shift at varying times to ensure that two staff are present at all times when individuals are present in the facilities." The facility served 3 adult clients whose diagnoses included Intellectual Developmental Disability, Hypertension, Major Depressive Disorder, and Autism. The facility was located in a building that was also occupied by Sister Facilities B and C. There were 10 days in November 2022 and 10 days in December 2022 where at some point there was not a staff present while clients were present. The clients required supervision and had not been assessed or approved for unsupervised time. Staff from Sister Facilities B and/or C would cover the lapse of time where no staff was present for Charles Road A. Staff that was assigned and clocked in as working for Charles Road A would also work to cover both Sister Facilities B and C. Staff would cover these shifts ranging from minutes to several hours. This deficiency constitutes a Type

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FORM APPROVED Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING: _____ B. WING_ 01/19/2023 MHL023-048 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER CHARLES ROAD A **829-1 CHARLES ROAD A** SHELBY, NC 28152 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETE (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE OROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 290 V 290 Continued From page 8 B rule violation which is detrimental to the health, safety, and welfare of the clients. If the violation is not corrected within 45 days, an administrative penalty of \$200.00 per day will be imposed for each day the facility is out of compliance beyond the 45th day.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SI COMPLE	
		MHL023-154	8. WING		01/1	9/2023
CHARLES		829-1 C SHELB	ADDRESS, CITY, ST HARLES ROAD Y, NC 28152	•	DDSCTION)	N/0
(X4) ID PREFIX YAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(XS) COMPLETE DATE
V 000	An annual survey wa 2023. Deficiencies w	s completed on January 19,	V 600	V290 27G.5602 Supervised I The Supervising "Q" will ensur 1) Staff schedules will be	e the following:	1/19/23
	category: 10A NCAC Living for Adults with This facility is license	27G ,5600C Supervised Developmental Disability. d for 2 and currently has a		apartments every two v schedule will be posted previous schedule befo schedule.	weeks. The new I prior to the are the end of the	
	audits of 2 current cli	I in the same building as two		2) The schedule will ensure is always scheduled for staff is always scheduled. C. 3) A back up staff will be	r Apt A and one ed for Apt B and	1/19/23
	identified as sister fa- Sister facility staff an	ister facilities will be cility A and sister facility C. d cilents will be identified facility and a numerical		immediately to cover a "calls out". However, covered until a staff ar 4) Plans will be revised in unsupervised time for	shift if a staff the shift will be rives at the home. In order to include individuals in	1/19/23
V 112	27G .0205 (C-D) Assessment/Treatme		V 112	Apt. B and C, to includ work time during the d that do not require and coach.	ay for individuals	2/24/23
	PLAN (c) The plan shall be assessment, and in plegally responsible po	ITATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days		5) Individuals that reside will receive a yearly exdetermine if the individuals the unsupervised time. However, the time will period of three hours.	valuation to dual is capable of in the apartment.	2/24/23
	receive services bey (d) The plan shall in (1) client outcome(s	clude: i) that are anticipated to be n of the service and a		6) All staff will be trained staffing and supervision for A, B, and C. The Regional Director will ensity following:	n requirements	1/26/23
	(3) staff responsible (4) a schedule for re	; eview of the plan at least ion with the cilent or legally		The current Plan of Profollowed for the home. Shifts are covered as re	equired. The	1/19/23
	responsible person o			Supervising "Q" will se schedules to the Region includes any changes in least two months.	nal Director that	1/19/23

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No. 4092 P. 12/34

Division o	f Health Service Regul	ation				
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
10001100000000000000000000000000000000		MHL023-154	B. WING	***************************************	01/1	9/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHARLES	ROAD B	829-1 CH	ARLES ROAD E	3		
		SHELBY,	NC 28152			
(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 SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 112	outcome achievemen (6) written consent or responsible party, or		V 112	 The Regional Director or Billi Specialist will check Pay Com (ComServ clock in time system ensure that the staff worked the designated hours. Apt B/C needs an additional second shift. Staff will conting recruited and hired as soon as However, the "Q", Home Man other staff will cover the shift staff is hired and trained. 	n) to e taff for ue to be possible. ager, and	1/19/23 1/19/23
	facility failed to develor strategies to address affecting 1 of 2 clients are: Review of Client #2's -Date of Admission: 1 -Diagnoses: Mild Interpretation of the assessment or approfure atment strategies to employment. Interview on 1-10-23 -Had lived in Charles -Worked in the commithours a week.	ews and interviews, the op and implement treatment community employment is (Client #2). The findings record revealed: 0-5-18 Illectual Developmental introl and conduct disorder id 7-18-22 did not include an ival for unsupervised time or io address community with Client #2 revealed: Road B for almost 5 years in introl and include an ival include an ival for unsupervised time or io address community.				
	Interview on 1-10-23	with the Qualified				

No. 4092

2 P. 13/34 PRINTED: 01/30/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING: _	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL023-154	8, WING		01/19/2023
NAME OF PE	ROVIDER OR SUPPLIER	829-1 CH/	ORESS, CITY, STATE ARLES ROAD B NC 28152		
(X4) IO PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 112	timeHad not written the ocompleted by previousThe Local Managem Individual Support Plate Individual Support Individual Ind	realed: hould reflect unsupervised urrent treatment plan, it was is QP. ent Entity wrote the an for the client, but the the necessary Information ut 15 hours in the community and 1-13-23 with the Regional Director revealed: client that works in the ised. or probably did her (client #2) e should have had input." transportation to and from there for 5 years. "He took is. Within the last two years, The first three years, I didn't ganized." with the CEO revealed: e evaluations." (for the client time) up with paperwork." to follow up like we should written evaluation but it was	V 112		
V 290	27G .5602 Supervise	d Living - Staff	V 290		
	10A NCAC 27G .560	2 STAFF			

Graduate Hills

No. 4092

P. 14/34 PRINTED: 01/30/2023 FORM APPROVED

Division o	f Health Service Regul	lation				
	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CO	DISTRUCTION	(X3) DATE S	JRVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
		1				
			B. WING		l	
		MHL023-154	B. WIING		01/1	9/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	ZIP CODE		
CHARLES			IARLES ROAD B			
WITHILL	TOAD B					
		SHELBI	', NC 28152			
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION		(%6)
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP		COMPLETE DATE
11/1/2	((() () () () () ()		IAG	DEFICIENCY)		
V 290	Continued From page	ə 3	V 290			
	(a) Staff-client ratios	shove the minimum				
	, ,	Paragraphs (b), (c) and (d)				
		* * * * * * * * * * * * * * * * * * * *				
		determined by the facility to				
	*	nd to individualized client				
	needs.	a ainsting angle of the state of				
		e staff member shall be				
	, ·	hen any adult client is on the				
	1 2	en the client's treatment or				
		ments that the client is				
		In the home or community				
		The plan shall be reviewed				
		ss than annually to ensure				
	l .	o be capable of remaining in	1			
	l .	nity without supervision for				
	specified periods of t					
	, , ,	sent In a facility in the				
	. *	ratios when more than one				
	child or adolescent cl	adolescents with substance				
		I be served with a minimum				
		or every five or fewer minor				
	· · ·	vever, only one staff need be				
		ing hours if specified by the				
		procedures determined by				
	the governing body;	or adolescents with				
	\ /	acolescents with ilities shall be served with				
	, ,				'	
		every one to three clients				
		f present for every four or			!	
		However, only one staff				
	need be present duri	-				
		rgency back-up procedures				
	determined by the go					
	' '	serve clients whose primary				
	, 	ce abuse dependency:				. '
	' '	staff member who is on				
		in alcohol and other drug				
	withdrawal symptom					
	secondary complicat	ions to alcohol and other				

No. 4092 P. 15/34 PRINTED: 01/30/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL023-164	8. WING		01/19/2023
NAME OF PI	ROVIDER OR SUPPLIER	829-1 C	DDRESS, CITY, STAT HARLES ROAD B /, NC 28152	E, ZIP CODE	•
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPROPRIEMENCY)	ULD BE COMPLETE
∨ 290	Continued From page drug addiction; and (2) the services abuse counselor sha as-needed basis for e	s of a certified substance Il be available on an	√ 290		
	facility failed to maint present at all times w	and record reviews, the ain one staff member then an adult client was on g 2 of 2 clients (Clients #1		·	
	Disability, Bipolar Dis Oppositional Disorde	1-26-21. ellectual Developmental eorder, Anxiety Disorder, er. d 10-1-22 did not have an etermined the clients			
	Disability, Impulse co	I0-5-18. bliectual Developmental ontrol and conduct disorder. ed 7-18-22 did not have an etermined the clients			
	December 2022 reversion November 2022 to 11-24, 11-25, and 11 the facility due to bein December 2022 to 11 December 2022 to 12 December 2022 to 12 December 2022 to 15	eport for November and ealed: here were 4 days (11-23, -26) where no clients were in			

No. 4092

2 P. 16/34 PRINTED: 01/30/2023 FORM APPROVED

Division o	f Health Service Regul	ation			
	FOF DEFICIENÇIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED
			B. WING		0.4 (4.0 (0.0 0.0
		MHL023-154	S. WING		01/19/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DORESS, CITY, STATE	, ZIP CODE	
CHARLES			IARLES ROAD B	,	
AIMICEE	, ((QAD D				
		SHELBI	', NC 28152		
(X4) ID		ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD	V V
PREFIX TAG		Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPROPR	
Inc		•	""	DEFICIENCY)	
				······································	
V 290	Continued From page	95	V 290		
	being out on leave.				
	A4(1) 001, 011, 1001				
	Review on 1-13-23 of	a weekly schedule			
	revealed:	a weetty contount			
	-During the week, sec	and chift staff ware			
		etween 2:30 pm - 4 pm.		•	
	-Clients would return				
	program at approxim	alely 4 pill.			
	 Bancianorum	nd 1-17-23 of time sheets for			
	November and Dece				
	l	of 26 days where at some	1		
	•	staff person present while			
	clients were present.	10.10			
	no staff between 4:11				
	no staff between 5:42				
	no staff between 12:03	-			
	no staff on second shif				
	' '	no staff between 7:00 am -			
	8:31 pm.	. 44			
'		io staff between 8:20 am -			
	9:47 pm.				
	no staff on second shif				
	no staff on second shif	•			
	no staff on second shif				
	1	n second shift until 10:32 pm.			
		n second shift until 7:43 pm.			
	(Sunday) no staff	between 8:33 am - 9:57			
	pm.				
	1	n second shift until 10:35 pm.			
	1	n second shift until 10:47 pm.			
		n second shift at all.			
	1	night until the clients left for			
	work/day program (ap)				
	-8:30 am). No staff or	n second shift until 10:00			
	pm.	•			
	(Sunday) no staff	between 8:03 am - 10:14			
	pm.				
	no staff o	n second shift until 9:08 pm.	-		
1	1	n second shift until 10:52 pm.			

No. 4092 P. 17/3

Division o	f Health Service Regul	ation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	ONSTRUCTION	(X3) DATE SI	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLE	TED
		1				
		3501 000 454	6. WING		04/4	9/2023
		MHL023-154] 01/1	JIAVAI
NAME OF P	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
CHARLES	ROAD B	829-1 CI	HARLES ROAD B			
		SHELBY	, NG 28152			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	ON	(×5)
PREFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	I	COMPLETE
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	Y'AG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	RIATE	DATE
				· · · · · · · · · · · · · · · · · · ·		
V 290	Continued From page	9 €	V 290			
	no staff on secor	nd shift between 4:58 pm -				
	10:38 pm.	•				
		n second shift until 10:39 pm.				
		of 29 days where at some				
		staff person present while				
	clients were present.	• •				
		m 9:45 pm - midnight.				
	(Sunday) no staff	between 8:04 am - 11:00				
	pm.					
	no staff from midr	night until the clients left for				
	work/day program (ap	proximately 8:00 am				
	-8:30 am).					
	no staff on second	l shift between 9:57 pm -				
'	11:00 pm.					
	Staff #3 clocked in	n at 11 pm but did not clock				
		orded as working time.				
		staff worked over through				
		o one was documented				
		idnight to wake up on 12-7.				
		n at 10 pm but did not clock				
		orded as working time.				
		staff worked over through				
		one was documented				
		idnight to wake up on 12-8.				
	,	d shift between 3:19 pm -				
	6:36 pm.					
		second shift until 8:34 pm.				
		ff between 9:03 am - 1:12 pm				
	and no staff between)			
		no staff between 8:08 am -	Vanavarra			
	6:24 pm.	kad feam midniniak romiil ilaa	***************************************		,	
		ted from midnight until the	WHEN			
	clients left for work/da/ 8:00 am -8:30 am).	y program (approximately	***************************************			
		t shiff hotwoon 0:12 am	THE STATE OF THE S			
		d shift between 9:13 pm -	**************************************			
	10:08 pm.	on second shift until 10:16	on disposal			
		ni secona simi alim 10; 10				
	pm.		A CONTRACTOR OF THE CONTRACTOR			

	i		1			1

No. 4092 P. 18/34

PRINTED: 01/30/2023 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION '	(X3) DATE SURVEY COMPLETED
		MHL023-154	B. WING		01/19/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AC	DRESS, CITY, STAT	TE, ZIP CODE	
CHARLES			ARLES ROAD B		***************************************
		SHELBY,	NC 28152		***************************************
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES I 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 COMPLETE
V 290	Continued From page	• 7	V 290		
	-12-23 no staff or	n second shift until 7:54 pm.			
	-Staff would check inbouncing back and Road B and Sister Fa -During overnight, sta but checked in on Chillerview on 1-10-23 -Had lived in Charles -"Staff pops in and ou -"Overnight staff will casleep. They stay in [Interview on 1-10-23 -Staff go back and for and Sister Facility CStaff are in Sister Fa Interview on 1-10-21 -During the night, Sta watch it on our side."	forth." (between Charles cility C) Iff stays in Sister Facility C arles Road B. with Client #2 revealed: Road B for almost 5 years. I the whole shift." Theck on us to see if we are Sister Facility C]." with Client #C1 revealed: It between Charles Road B			
	Interview on 1-10-23 -The clients in Charle C were "pretty muc -Would go between C Facility C "back an -There had been only been here." (for Siste Facility C) -"[Staff #A1] works the (Charles Road B and	harles Road B and Sister d forth all the time." "one staff as long as I have			
'	-When working between	with Stan #2 revealed. een Charles Road B and d go back and forth to make			

No. 4092 P. 19/34 PRINTED: 01/30/2023

FORM APPROVED

NAME COPPROVIDER OR SUPPLIER CHARLES ROAD B SEPHCHARLES ROAD B SUMMARY STATEMENT OF DEFICIENCIES CHARLES ROAD B PROVIDERS PLAN OF CORRECTION CHARLES CHARLES CHARLES ROAD B SHELBY, NC 28182 PROVIDERS PLAN OF CORRECTION CHARLES CHARLES		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
CHARLES ROAD B SHELBY, NC 28162 D PROVIDENS PLAN OF CORRECTION PLAN OF CORRECTION PROPERTY TAG PREPRY TYGE CONTINUED FROM THE PROPERTY OF DEFICIENCES PYFUL PREPRY TYGE V 290 Continued From page 8 Sure they were doing chores and hygieneCharles Road B mainly required supervision so that they remained on taskWould usually spend the majority of her time in Sister Facility C when workflog in Charles Road B. Interview on 1-9-23 with Staff #A2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same time as the only staffCharles Road B and Sister Facilities B. and C)." Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself all the time." (Covering Charles Road B and Sister Facilities B and C)." Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself all the time." (Covering Charles Road B and Sister Facilities B and C)." Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself covering all three facilities), the girls (Charles Road B) will automatically do their stuff and child." Interview on 1-17-29 with Staff #A3 revealed: -"We have been short staffed for a long time." -"I haven't done it in a while." (covered for all facilities a lone) -"The clients very seldom have negative behaviors. Interview on 1-11-23 with the Staff #A House Manager revealed: -"One staff covered both Charles Road B and			MHL023-154	8. WING		01/1	9/2023
SHELBY, NC 20182 CAN D	NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
SALMANY STAYEMENT OF DEFICIENCES PARTICIPATED	CHARLES	CHARLES ROAD B 829-1 CH		RLES ROAD B			
PREERIX TAG CRACH CORRECTIVE ACTION SHOULD BE COMMETED THE REGULATORY OR LEG IDENTIFY INS INFORMATION) TAG V 290 Continued From page 8 sure they were doing chores and hygieneCharles Road B mainly required supervision so that they remained on taskWould usually spend the majority of her time in Sister Facility C when working in Charles Road B. Interview on 1-9-23 with Staff #A2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same time as the only staffCharles Road B and Sister Facility C)but I go back and forth and check on them (clients in Sister Facilities B and C). Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself all the time." (Covering Charles Road B and Sister Facilities B and C). Would go from spartment to apartment (between Charles Road B on Sister Facilities B and C) to make sure they have what they need"I can pretty much handle It by myself." (cover all Ihree facilities A nonce) -"If I am by myself (covering all three facilities), the girls (Charles Road B) will automatically do their stuff and chill." Interview on 1-17-23 with Staff #A3 revealed: -"We have been short staffed for a long time." -"I haven't done it in a while." (covered for all facilities at once) -The clients very seidom have negative behaviors. Interview on 1-11-23 with the Staff #A House Manager revealed: -One staff covered both Charles Road B and			SHELBY, I	NC 20152			
sure they were doing chores and hygiene. -Charles Road B mainly required supervision so that they remained on task. -Would usually spend the majority of her time in Sister Facility C when working in Charles Road B. Interview on 1-9-23 with Staff #A2 revealed: -Mostly worked in Charles Road A but had covered the Sister Facilities B and C at the same time as the only staff. -Charles Road B and Sister Facility C clients were more independent. -"Mainly I sit with the guys (Sister Facility C)but I go back and forth and check on them (clients in Sister Facilities B and C)." Interview on 1-12-23 with Staff #A1 revealed: -"I work by myself all the time." (Covering Charles Road B and Sister Facilities A and C). -Would go from apartment to apartment (between Charles Road A to Sister Facilities B and C) to make sure they have what they need. -"I can pretty much handle it by myself." (cover all three facilities at once) -"It I am by myself (covering all three facilities), the girls (Charles Road B) will automatically do their stuff and chill." Interview on 1-17-23 with Staff #A3 revealed: -"We have been short staffed for a long time." -"I haven't done it in a while." (covered for all facilities at once) -The clients very seldom have negative behaviors. Interview on 1-11-23 with the Staff #A House Manager revealed: -One staff covered both Charles Road B and	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE	COMPLETE
George Committee	V 290	sure they were doing -Charles Road B main that they remained or -Would usually spend Sister Facility C wher Interview on 1-9-23 w -Mostly worked in Ch covered the Sister Fatime as the only staffCharles Road B and more independent"Mainly I sit with the I go back and forth an Sister Facilities B and Interview on 1-12-23 -"I work by myself all Road B and Sister FaWould go from apart Charles Road A to Si make sure they have -"I can pretty much ha three facilities at once -"If I am by myself (co the girls (Charles Roa their stuff and chill." Interview on 1-17-23 -"We have been shor -"I haven't done it in a facilities at once) -The clients very seld behaviors. Interview on 1-11-23 Manager revealed:	chores and hygiene. nly required supervision so in task. If the majority of her time in in working in Charles Road B. nith Staff #A2 revealed: aries Road A but had indities B and C at the same. Sister Facility C clients were guys (Sister Facility C)but and check on them (clients in Id C)." with Staff #A1 revealed: the time." (Covering Charles adilities A and C). ment to apartment (between ster Facilities B and C) to what they need. andle it by myself." (cover all e) overing all three facilities), and B) will automatically do with Staff #A3 revealed: t staffed for a long time." a while." (covered for all tom have negative. with the Staff #A House.	V 290			

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING: ... 8. WING 01/19/2023 MHL023-154 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 829-1 CHARLES ROAD B CHARLES ROAD B **SHELBY, NC 20162** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX COMPLETE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY V 290 V 290 Continued From page 9 She usually worked second shift. -"She just runs back and forth the whole time she is here." (when covering for all facilities at once) Interview on 1-9-23, 1-10-23 and 1-11-23 with the Qualified Professional (QP) revealed: -Since being employed, Charles Road B and Sister Facility C always had one staff. One staff covered both facilities at the same time. -The clients in Charles Road B and Sister Facility C were more independent and only one staff worked to cover both facilities. -Was trained by the previous QP and " ... I was told it was in their plans they could stay independently for 2 hours in B and C." -"Recently there has been situations where we had one staff for the whole facility (Charles Road B and Sister Facilities A and C) ... We are just short staffed right now." -Clients would arrive home from work/day program around 4 pm. -"If someone doesn't show, I'll ask if they (staff going off shift) can stay a few minutes. I will come if I can't find someone until I can find someone. Sometimes I can find someone, sometimes I can't." -The last two months have been more frequent with having just one staff cover all three facilities. -"Lost a house manager and then a third shift staff. Lost a lot of staff 3 months ago." Interview on 1-11-23 with the Community Services Regional Director revealed: -"I think it has been a big issue, staffing during COVID." -Have had staffing issues for all 3 facilities. -*I didn't understand that there were not people

Division of Health Service Regulation

-"I don't think we are providing a dangerous environment, but it could run a whole lot better."

Graduate Hills

No. 4092 P. 21/34 PRINTED: 01/30/2023 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		s survey Pleted
		MHL023-154	B. WING		01	1/19/2023
	ROVIDER OR SUPPLIER S ROAD B	829-1 CF	DDRESS, CITY, STATE HARLES ROAD B 7, NC 29152	, ZIP CODE	***************************************	, and the second
			1140 20132			
(X4) ID PREFIX TAG	EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE. DEFICIENCY)	(SHOULD BE	(X5) COMPLETE DATE
V 290	Continued From page	e 10	V 290	•		
	Officer (CEO) reveals -"I knew that we had two apartments (Cha Facility C). I thought (unsupervised time a -"Unfortunately with tare short and trying to -"We would have never apartments (Charles C) that couldn't hand -"I can assure you it is goes into those home -"Honestly I was not. That definitely needs staff between Charles Facilities A and C) -"We definitely screw documented what need to be a commented with a staff will ensure the safety of the facility will ensure maintained with a staff in Charles Road B are will not be used for some the staffing schedule weeks in the facility to time and place of wo if a staff will not be a then they will informate the safety of the 'Q' will then ensure the vacation obtained for the vacation obtained for the vacation of the 'Q' will be response."	the shared staff between the cries Road B and Sister we had the evaluations assessments)." The way staff is right now, we to keep people safe." We put in anyone in those Road B and Sister Facility le it." The saffing." The aware that had happened. The beaddressed." The sharing is Road B and Sister wed up in not getting the ded to get documented." The Plan of Protection in by the Community Services wealed: The consumers in your care? The that the staff schedule is aff present for all individuals and C at all times. This staff taffing Charles Road A. The will be posted every two to ensure that staff know their ork. The beginning of shift, the beginning of shift, the that a staff person is				

Division of Health Service Regulation

No. 4092 P. 22/34

PRINTED: 01/30/2023 FORM APPROVED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: ____ B. WING, MHL023-154 01/19/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **CHARLES ROAD B** 829-1 CHARLES ROAD B **SHELBY, NC 28152** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (XS) COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 290 Continued From page 11 V 290 schedule and is made aware of any changes to the schedule. Care Coordinators and guardians will be contacted immediately to obtain a verbal consent for unsupervised time for these individuals in B. Care Coordinators will also be requested to review plans for all individuals in both Charles Road B and C to ensure that the treatment team agrees with unsupervised time for individuals living in these apartments. The plan will then be revised in order to reflect approved unsupervised time appropriate for each individual. Risk Assessments will also be reviewed in order to reflect appropriate amount of supervision and ensure that it is reflected in the assessment. Describe your plans to make sure the above The Regional Manager will check weekly with the supervising 'Q' to ensure that schedules have been followed. The Regional Manager will also check with staff on shift at varying times to ensure that two staff are present at all times when individuals are present in the facilities." The facility served 2 adult clients whose diagnoses included Mild intellectual and Developmental Disability, Bipolar Disorder, Anxiety Disorder, Oppositional Disorder, and Impulse control and conduct disorder. The facility was located in a building that was also occupied by Sister Facilities A and C. There were 21 days in November 2022 and 13 days in December 2022 where at some point there was not a staff present while clients were present. The clients required supervision and were not assessed or approved for unsupervised time. Staff from Sister Facilities A and/or C would cover the lapse of time where no staff was present for Charles Road B. Staff that was assigned and clocked in as working

No. 4092 P. 23/34

PRINTED: 01/30/2023 FORM APPROVED

Division o	f Health Service Regul	ation			racent	MALKOVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE S COMPL	
		MHL023-154	B. WING		01/1	19/2023
	CHARLES ROAD B 829-1 C		ADDRESS, CITY, STAT HARLES ROAD B 7, NC 28152			
(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 CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEPICIENCY)	OULD BE	(XS) COMPLETE DATE
V 290 V 736	Sister Facility C at the cover these shifts ran several hours. This d B rule violation which safety, and welfare or not corrected within 4 penalty of \$200.00 peach day the facility i the 45th day.	rould also work to cover e same time. Staff would aging from minutes to eficiency constitutes a Type is detrimental to the health, if the clients. If the violation is 15 days, an administrative er day will be imposed for s out of compliance beyond	V 290			
	1736 27G .0303(c) Facility and Grounds Maintenance 10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (c) Each facility and its grounds shall be maintained in a safe, clean, attractive and orderly manner and shall be kept free from offensive odor. This Rule is not met as evidenced by:					
	was not kept in a safe orderly manner. The Observation on 1-9-2 -The refrigerator and (8-12) rust spots vary -The free-standing el around the edges of drawerThe electronic control the housing of the un	3 at 2:58pm revealed: freezer doors had multiple ring in size. ectric range had rust all the oven door and storage of pad was separated from it. of pad appeared operational				

No. 4092

2 P. 24/34 PRINTED: 01/30/2023 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		(X3) DATE COMF	SURVEY PLETED
200000000000000000000000000000000000000		MHL023-154	a. WING		01	/19/2023
NAME OF PE	ROVIDER OR SUPPLIER FROAD B	829-1 CH	DDRESS, CITY, STATE, IARLES ROAD B , NC 28152	ZIP CODE		
	COMMANDACT	ATEMENT OF DEFICIENCIES		DDOLADEDIC DI ANI OF CODI	nerome on ke	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 736	-The cooktop is a small indicating "cooktop or burner knobs were portop was cold to the too Interview on 1-9-23 w Professional (QP) review -The rust had been an facilityThe maintenance de rust on the door but herefrigerator. Interview on 1-11-23 w Services Regional Directors and the processional Control of the cookers.	ooth surface. The light " was on even though all estioned to off and the stove such. ith the Qualified realed; I issue in this particular partment painted over the ave done nothing about the	∨ 736			

Division of Health Service Regulation

No. 4092

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION	(X3) DATE S COMPL			
		MHL023-155	a. WING		01/1	9/2023
NAME OF PE	ROAD C	829-1 CH	DDRESS, CITY, ST HARLES ROAD ', NC 28152			
(X4) (D PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE EAPPROPRIATE	(XIS) COMPLETE DATE
∨ 000	INITIAL COMMENTS		V 000	V290 27G.5602 Supervised	Living-Staff	
	An annual survey was 2023. A deficiency was	s completed on January 19, as cited.		The Supervising "Q" will ensu	-	
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.		Staff schedules will be apartments every two schedule will be posted previous schedule before schedule.	weeks. The new d prior to the	1/19/23
	•	d for 2 and currently has a rey sample consisted of ents.		The schedule will ensis always scheduled for staff is always scheduled. C.	or Apt A and one	1/19/23
	sister facilities. The si identified as sister fac Sister facility staff and	in the same building as two ister facilities will be sility A and sister facility B. d clients will be identified facility and a numerical		3) A back up staff will b immediately to cover "calls out". However, covered until a staff at Plans will be revised in unsupervised time for Apt. B and C, to include	a shift if a staff the shift will be rrives at the home. n order to include individuals in	1/19/23
V 290	27G .5602 Supervise 10A NCAC 27G .5602	_	V 290	work time during the that do not require and coach.	day for individuals	2/24/23
	(a) Staff-client ratios numbers specified in of this Rule shall be d enable staff to respon needs.	above the minimum Paragraphs (b), (c) and (d) letermined by the facility to id to individualized client		5) Individuals that reside will receive a yearly e determine if the individuals the unsupervised time However, the time wi	valuation to idual is capable of in the apartment.	2/24/23
	present at all times w premises, except who habilitation plan docu	e staff member shall be hen any adult client is on the en the client's treatment or ments that the client is In the home or community		period of three hours. 6) All staff will be traine staffing and supervisit for A, B, and C.		1/26/23
	without supervision. as needed but not les	The plan shall be reviewed as than annually to ensure		The Regional Director will enfollowing:	sure the	
		be capable of remaining in ity without supervision for me.		The current Plan of Pr followed for the home	•	1/19/23
	(c) Staff shall be pre-	sent in a facility in the atios when more than one		Shifts are covered as r Supervising "Q" will se schedules to the Region includes any changes in least two months.	end staffing nal Director that	1/19/23

No. 4092 P. 26/34

	FOR DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED
		MHL023-166	B. WING		01/19/2023
NAME OF PE	ROVIDER OR SUPPLIER	829-1 CH	ODRESS, CITY, STA ARLES ROAD C NC 28152	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF CORRECT	BE COMPLETE
V 290	abuse disorders shall of one staff present for clients present. How present during sleepin emergency back-up puthe governing body; of (2) children or a developmental disability one staff present and two staff more clients present, need be present during specified by the emergedetermined by the good (d) In facilities which diagnosis is substance (1) at least one duty shall be trained in withdrawal symptoms secondary complicated drug addiction; and	be served with a minimum or every five or fewer minor ever, only one staff need being hours if specified by the procedures determined by a dolescents with littles shall be served with every one to three clients present for every four or However, only one staffing sleeping hours if gency back-up procedures everning body. Serve clients whose primary endused dependency: staff member who is on a alcohol and other drug and symptoms of consito alcohol and other	V 290	 3) The Regional Director or Billist Specialist will check Pay Com (ComServ clock in time system ensure that the staff worked the designated hours. 4) Apt B/C needs an additional state second shift. Staff will continue recruited and hired as soon as However, the "Q", Home Mana other staff will cover the shift staff is hired and trained. 	aff for the to be possible. ager, and
	facility failed to mainta present at all times wi	ind record reviews, the bin one staff member nen an adult client was on g 2 of 2 clients (Clients #1			
Thursday of Hoo	Review of Client #1's -Date of Admission: 2 -Diagnoses: Mild Intel Disability and Schizop	-19-86. lectual Developmental			

No. 4092 P. 27/34

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL023-155	B. WING		01/1	9/2023
NAME OF P	RÖVIDER OR SUPPLIER		DRESS, CITY, STA			
CHARLES	S ROAD C	SHELBY,		,		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC (DENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X6) COMPLETE DATE	
	Continued From page -Treatment plan dated assessment which de capability for unsuper Review of Client #2's -Date of Admission: 10 -Diagnoses: Moderate DisabilityTreatment plan dated assessment which de capability for unsuper Review on 1-13-23 of November and Decer- In November and De least one client at the Review on 1-13-23 of revealed: -During the week, sed scheduled to arrive be -Clients would return to program at approximate Review on 1-12-13 and for November and De -November 2022: 16 of not clock in for the ent facility and clients wer remaining 14 days, th present while clients wer no staff beto	sc (DENTIFYING INFORMATION) 2 16-1-22 did not have an termined the clients vised time. record revealed: 0-1-94, e Intellectual Developmental 111-1-22 did not have an termined the clients vised time. the facility client census for other 2022 revealed: cember 2022 there was at facility every day. a weekly schedule cond shift staff were extween 2:30 pm - 4 pm. chome from work/day ately 4 pm. ad 1-17-23 of Time Sheets cember 2022 revealed: cof 30 days where a staff did dire 24-hour workday for this re present. During the ere was not a staff person were present.		CROSS-REFERENCED TO THE APPROPR		
	midnight. no staff bett and from 10:38 pm - n no staff bett and from 9:17 pm - mi	veen midnight to wake up idnight. no staff between midnight to				

No. 4092 P. 28/34

	r of Deficiencies DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL023-155	s. WING		01/19/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREETA	DDRESS, CITY, STATE	, ZIP CODE		
01145156		829-1 CH	HARLES ROAD C			
CHARLES	S ROAD C	SHELBY	, NC 28152			
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID I	PROVIDER'S PLAN OF CORRE	CTION (X5)	
PREFIX TAG	•	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE COMPLET	E
V 290	Continued From page	3	V 290			
	-11-7 no staff bet	ween midnight to wake up				
	and from 8:58 pm - m	Idnight. This day Staff#1				
	was only clocked in fr	om 7:11 pm - 8:58 pm. No				
	staff clocked in for co	verage when clients				
	returned from work/da					
.		etween midnight to wake up				
	and from 10:47 pm - r					
		tween midnight to wake up				
	and from 7:49 pm - m					
	-) no staff between midnight				
	to 8:26 and from 10:5					
	and from 11:05 pm - r	etween midnight to wake up				
	· · · · · · · · · · · · · · · · · · ·	etween midnight to wake up				
	and from 11:16 pm - r					
		etween midnight to wake up				
	and from 11:19 pm - r					
		etween midnight to wake up				
}	and from 10:55 pm - r	nidnight.				
	Staff #1 cl	ocked in at 8 am but did not				
		re documented but unable				
	to determine which he					
		ocked in at 8 am but did not				
		re documented but unable				
l	to determine which he	ours were worked. of 31 days where a staff did				
		or this facility and clients				
1		or this racinty and cherits omaining 4 days, there was	·			
j		sent while clients were				
	present.	***************************************				
	•	ween midnight to wake up				
ĺ	and from 4 pm - midn					
		ween midnight to wake up				
	and from 8:34 pm - m					
		elween midnight to wake up				
	and from 8:45 pm - m					
		etween midnight to wake up				
		nidnight. Staff was clocked				
		I1 pm. No staff clocked in				
	for coverage when cli	ents returned home from				

No. 4092 P. 29/34

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION (X3 A. BUILDING:		
	1	MHL023-155	e, WING		01/19/2023
NAME OF PI	ROVIDER OR SUPPLIER	829-1 Cł	DDRESS, CITY, STATE, HARLES ROAD C ', NC 28152	ZIP CODE	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL YAG REGULATORY OR LSC IDENTIFYING INFORMATION)		iD PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOWN CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE COMPLETE	
V 290	-Staff go back and for and Sister Facility BStaff are in Charles F. Interview on 1-10-21 department on the night, State watch it on our side." -Sometimes staff wounight. Interview on 1-10-23 department of the night of the night of the night of the night of the night. Interview on 1-10-23 department of the night	with Client #1 revealed: th between Charles Road C Road C overnight. with Client #2 revealed: ff would watch tv " they ald be in Sister Facility A at with Client #B1 revealed: every few minutes " forth." (between Charles acility C) off stays in Charles Road C ar Facility B. with Client #B2 revealed: acility B for almost 5 years. at the whole shift." check on us to see if we are Charles Road C." with Staff #1 revealed: s Road C and Sister Facility sh low key." charles Road C and Sister	V 290		
	BECOLVICAN OU 1-11-72	wii Olai wa ievearu.			

Division of Health Service Regulation

3KHF11

Graduate Hills

No. 4092

2 P. 30/34 PRINTED: 01/30/2023 FORM APPROVED

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO		COMPLETED	
		MHL023-155	B. WING		01/19/2023	
				70 0005		
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE, IARLES ROAD C	ZIP CODE		
CHARLES	CHARLES ROAD C SHELBY, NC 26152					
e de Ver	SHANADV ST	ATEMENT OF DEFICIENCIES	, iii	PROVIDER'S PLAN OF CORRECTION	DN (X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
V 290	Continued From page	e 5	V 290			
	Sister Facility B, wou sure they were doing -Sister Facility B malr that they remained or	nly required supervision so				
	-Mostly worked in Ch covered the Sister Fa time as the only staff. -Charles Road B and more independent. -"Mainly I sit with the	Sister Facility C clients were guys (Sister Facility C)but nd check on them (clients in				
	-"I work by myself all Road C and Sister Fa -Would go from apart Charles Road A to SI make sure they have -"I can pretty much have three facilities at onco-"If I am by myself (co	ment to apartment (between ster Facilities B and C) to what they need. andle it by myself." (cover all				
	-"We have been shoth -"I haven't done it in a facilities at once) -The clients very seld behaviors. Interview on 1-11-23 Manager revealed:	with Staff #A3 revealed: t staffed for a long time." a while." (covered for all lom have negative with the Staff #A House oth Charles Road C and				

No. 4092 P. 31/34

Division o	f Health Service Regul	ation			
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X9) PATE SURVEY COMPLETED
		MHL023-155	B. WING		01/19/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	TE, ZIP CODE	- 1 and 6
			ARLES ROAD C		
CHARLES	ROADC	SHELBY	, NC 28152		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	DBE COMPLETE
V 290	Continued From page	96	V 290	**************************************	
V 290	She usually worked s -"She just runs back a Is here." (when cover Interview on 1-9-23, 1 Qualified Professional -Since being employed Sister Facility B alway covered both facilities -The clients in Charle B were more independently for 2 h -Was trained by the p told it was in their plate independently for 2 h -"Recently there has a had one staff for the v B and Sister Facilities short staffed right nov -Clients would arrive to program around 4 pm -"If someone doesn't going off shift) can staff I can't find someone Sometimes I can find can't." -The last two months -"Lost a house manage staff. Lost a lot of staff Interview on 1-11-23 a Services Regional Directions	in here alone a lot of times." second shift. and forth the whole time she ing for all facilities at once) I-10-23 and I-11-23 with the all (QP) revealed: ed, Charles Road C and ys had one staff. One staff is at the same time. Is Road C and Sister Facility Ident and only one staff facilities. Irevious QP and "I was ins they could stay ours in B and C." been situations where we whole facility (Charles Road is A and C)We are just w." home from work/day in. show, I'll ask if they (staff ay a few minutes. I will come is until I can find someone, someone, sometimes I have been more frequent, ger and then a third shift if 3 months ago." with the Community rector revealed: big issue, staffing during	V 290		
	-"I didn't understand t working."	hat there were not people providing a dangerous	***************************************		

Graduate Hills

No. 4092 P. 32/34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		
		MHL023-155	B. WING		0	1/19/2023
NAME OF P	ROVIDER OR SUPPLIER	STREETA	ODRESS, CITY, STATE	ZIP CODE		
CHARLES	POADO	829-1 C	HARLES ROAD C			
OFFICE	SKOADO	SHELBY	Y, NC 28152			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (%5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)		
V 290	Continued From page 7		V 290			
	environment, but it co	uld run a whole lot better."				
	Officer (CEO) reveals "I knew that we had to two apartments (Cha Facility B). I thought would the consumer of	the shared staff between the ries Road C and Sister we had the evaluations ssessments)." The way staff is right now, we be keep people safe." The put in anyone in those Road C and Sister Facility of it." The safe thoughtful process who are that had happened. The safe and C and Sister safe that had happened. The safe and C and Sister safe and C and C and Sister safe and C and				
	dated 1-13-23 written Regional Director rev "What immediate acti ensure the safety of ti The facility will ensur maintained with a sta in Charles Road B an will not be used for st The staffing schedule weeks in the facility to time and place of wor if a staff will not be alt then they will inform t least four hours befor The 'Q' will then ensu obtained for the vaca	ion will the facility take to the consumers in your care? that the staff schedule is aff present for all individuals ad C at all times. This staff affing Charles Road A. the will be posted every two to ensure that staff know their able to work their schedule, the 'Q' (QP) for the facility at the the beginning of shift. The that a staff person is				

No. 4092 P. 33/34

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL023-155	8. WING		01/19/2023	
NAMEOFP	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE ZIP CODE		
14 avic V1 (ومراجع والمساورة ويالان المساورة والمساورة والمساورة		ARLES ROAD C			
CHARLES	B ROAD C		, NC 28152			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	0 10	PROVIDER'S PLAN OF CORRECTIO	N (KS)	
PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				BE COMPLETE	
V 290	Continued From page 8 V 290					
	Regional Director has a copy of the staffing schedule and is made aware of any changes to the schedule. Care Coordinators and guardians will be contacted immediately to obtain a verbal consent for unsupervised time for these individuals in C. Care Coordinators will also be requested to review plans for all individuals in both Charles Road B and C to ensure that the treatment team agrees with unsupervised time for Individuals living in these apartments. The plan will then be revised in order to reflect approved unsupervised time appropriate for each individual. Risk Assessments will also be reviewed in order to reflect appropriate amount of supervision and ensure that it is reflected in the assessment. Describe your plans to make sure the above happens. The Regional Manager will check weekly with the supervising 'Q' to ensure that schedules have been followed. The Regional Manager will also check with staff on shift at varying times to ensure that two staff are present at all times when individuals are present in the facilities." The facility served 2 adult clients whose diagnoses included Intellectual Developmental Disability and Schizophrenia. The facility was					
	located in a building the Sister Facilities B and	hat was also occupied by I.C. There were 30 days in				
		31 days in December 2022 here was not a staff present				
		sent. The clients required				
		not assessed or approved				
		, Staff from Sister Facilities				
	1	er the lapse of time where				
		or Charles Road C. Staff				
	that was assigned and	d clocked in as working for				
	Charles Road C Woul	d also work to cover Sister				

2 P. 34/34 PRINTED: 01/30/2023 FORM APPROVED

	f Health Service Regul	ation							
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
AND FEAR OF CORRECTION		,	A, BUILDING:		non nerset kerPer 1 ₹65 fm*				
		MHL023-155	B. WING		01/1	9/2023			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE								
CHARLES	ROADC		IARLES ROAD C						
			, NC 28152						
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE			
V 290	Continued From page 9		V 290						
V 290	Facility B at the same these shifts ranging fi hours. This deficiency violation which is detr and welfare of the clie corrected within 45 dependity of \$200.00 pe	e time. Staff would cover from minutes to several y constitutes a Type B rule ilmental to the health, safety, ents. If the violation is not ays, an administrative or day will be imposed for sout of compliance beyond							