STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS A complaint survey was completed on February 10, 2023. The complaint was substantiated (intake #NC00195728). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5400 Day Activity for Individuals of All Disability Groups. This facility has a current census of 37. The survey sample consisted of an audit of 1 former client. A sister facility is identified in this report. The sister facility will be identified as sister facility A. The clients will be identified using the letter of the facility and a numerical identifier.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 108	Continued From page 1 including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure at least one staff member with current training in First Aid and Cardiopulmonary Resuscitation (CPR) by the Red Cross, the American Heart Association or their equivalence, was available at all times when a client was present, affecting 2 of 2 former staff (FS#2 and FS#3). The findings are: Review on 2/1/23 of FS #2's personnel record revealed: -Hire date: 12/28/17. -Termination date: 12/5/22. -Job title: Direct Care Staff. -First Aid and CPR Completed 7/21/21 by an on line course with no hands on training. Review on 2/1/23 of FS #3's personnel record revealed: -Hire date: 11/30/21. -Termination date: 12/5/22. -Job title: Direct Care Staff.	V 108		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 108	Continued From page 2 -First Aid and CPR Completed 11/30/21 by an on line course with no hands on training. Interview on 2/2/23 the Qualified Professional (QP) Supervisor stated: -Clients would receive services either 1:1 with a staff in the community or on site with a group. -With the COVID (coronavirus disease) flexibilities (allowed staff to provide day program services in the home), the clients could receive day activity services in the community. -Former Client (FC) #1 received day activity services 1:1 in the community with FS#3 through 10/14/22 and FS#2 from 10/18/22 until 12/2/22. Interview on 2/2/23 FS#3 stated: -She had been working at the home of FS#2 on 10/14/22 with FC#1. -There were no other staff present until FS#2 arrived after 3 pm. Interview on 2/2/23 FS#2 stated: -He had been working at his home on 12/2/22 with FC#1. -There were no other staff present until FS#2 arrived around lunch time. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 108		
V 109	27G .0203 Privileging/Training Professionals 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 3 (a) There shall be no privileging requirements for qualified professionals or associate professionals. (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served. (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (d) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (e) Qualified professionals as specified in 10A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based employment system in the State Plan for MH/DD/SAS. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of an individualized supervision plan upon hiring each associate professional. (g) The associate professional shall be supervised by a qualified professional with the population served for the period of time as specified in Rule .0104 of this Subchapter. This Rule is not met as evidenced by: Based on record review, and interview, 2 of 2	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 4	V 109		

Qualified Professionals (QP#1, QP Supervisor) failed to demonstrate knowledge, skills and abilities required by the population served. The findings are:

Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (Tag V108). Based on record review and interview, the facility failed to ensure at least one staff member with current training in First Aid and Cardiopulmonary Resuscitation (CPR) by the Red Cross, the American Heart Association or their equivalence, was available at all times when a client was present, affecting 2 of 2 former staff (FS#2 and FS#3).

Cross Reference: G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (Tag V132). Based on record reviews and interviews, the facility failed to report allegations of abuse and neglect to the Health Care Personnel Registry (HCPR).

Cross Reference: 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL (Tag V318). Based on record reviews and interviews, the facility failed to report allegations of abuse and neglect to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation.

Cross Reference: 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (Tag V366). Based on record review and interview the facility failed to meet all elements of response as required for level II and level III incidents.

Cross Reference: 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 5 CATEGORY A AND B PROVIDERS (Tag V367). Based on record reviews and interviews the facility failed to ensure all level II and level III incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) as required within 72 hours of becoming aware of the incident. Cross Reference: 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (Tag V500). Based on record review and interview the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of resident neglect and abuse by health care personnel. Review on 2/8/23 of QP Supervisor's personnel file revealed: -Hire date: 2/26/09 -Met the qualifications of a QP. -Signed the job description on 2/13/13 that included the following responsibilities: -supervision and evaluation of paraprofessionals -participate in clinical training and in-service training -participate in scheduled clinical and administrative supervision -serve on internal agency committees, such as quality assurance and improvement, and other committees -other activities that relate to job title duties Review on 2/8/23 of QP#1's personnel file revealed: -Hire date: 9/7/10 -Met the qualifications of a QP. -Signed the job description on 2/13/13 that included the same job responsibilities as listed	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 6	V 109		

above for QP Supervisor.

Interview on 2/3/23 QP#1 stated:
-She was FC#1's QP.
-The purpose of the Supervisory Notes dated 11/17/22 was to address FS#3's performance problems during the 10/14/22 incident with FC#1.
-She did not have any Supervisory Notes for FS#2's performance problems during the 10/14/22 incident with FC#1.
-She had not made a visit to FS#2's home.

Interviews on 2/2/23, 2/3/23, 2/8/23 and 2/10/23 the QP Supervisor stated:
-Clients in the day program would either receive services "1:1" with a staff in the community or as part of a group at the day program facility.
-With COVID (coronavirus disease) "flexibilities" the clients enrolled in the day program could receive services in the community.
-A QP would go into the community and survey staff homes for safety if that was where services were being provided. This would be documented in one of the QP supervisions.
-She did not know which QP would have made a home visit to FS#2's home.
-QP#1 was FC#1's QP.
-If staff training was needed as a result of a client issue, the QPs either worked as a team to make sure training was done, or a QP could do individual training.
-Staff assignments were a QP decision.
-QP Supervisor and QP#1 made the decision to switch client assignments between FS#2 and FS#3 following FC#1's incident on 10/14/22.
-The staffing decision was made because FC#1 needed a male staff and "had been through quite a few staff because he makes false allegations."
-QP#1 and QP Supervisor discussed who was available to be FC#1's 1:1 staff.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 7 -10/18/22 was the first day FS#2 worked with FC#1 in the community to provide his services. -A client's QP would be responsible to follow up incidents and QP#1 was responsible for the investigation of the 10/14/22 incident with FC#1. -Making sure incident reporting was done within required time frames was the responsibility of the QP conducting the investigation. -Restrictive interventions were not used in the day program. -She did not consider staff actions with FC#1 on 10/14/22 to be abuse. -Staff were told "constantly" to call "911." -FC#1 can have "very aggressive behaviors." -FS#2 had to calm FC#1 down on 10/14/22. -She had not considered a delay in medical care for FC#1 on 12/2/22 a problem because Staff A1 assessed FC#1, rendered first aid, FC#1 said he was "ok," and there were no signs of serious injury apparent, like bleeding. Interview on 2/3/23 and 2/8/23 the Licensee/Executive Director stated: -QP Supervisor is the supervisor of the day program QPs to include QP#1. -FC#1 had issues with his behaviors in the community. With COVID (coronavirus disease) staff were allowed to take their client to the staff's home to provide services. -When in the staff's home they were to be working on the client's lesson plans and activities. -A QP was supposed to visit staff homes where clients were taken to assure it was a safe environment. She was not sure if anyone visited the home of FS#2. Review on 2/10/23 of the Plan of Protection dated 2/10/23 written by the QP Supervisor revealed: -"What immediate action will the facility take to ensure the safety of the consumers in your care?	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 8 QP's will be trained on the expectations and duties of their job. QP's will receive training on job description. All staff will have their trainings updated as required within the appropriate time frames. QP's and staff will receive training in Incident Reporting and Response requirements along with requirements for Reporting to Health Care Personnel Registry in appropriate timeframe." -"Describe your plans to make sure the above happens. Trainings will be held with QP's and Staff by March 5, 2023." FC#1 was a 35 year old client diagnosed with moderate intellectual developmental disorder and schizoaffective disorder. He was receiving services in FS#2's home with a 1:1 staff because of his behaviors which could be physically aggressive. On 10/14/22 FS#2 took FC#1 to the ground and held him for 10 minutes, as FS#3 looked on, before calling 911. QP#1 and QP Supervisor did not identify these actions on 10/14/22 by FS#2 and FS#3 as abuse or neglect; therefore, they did not respond or report as required. Instead, QP#1 and QP Supervisor switched the client assignments between FS#2 and FS#3 the following week. Neither FS#2 or FS#3 had current cardiopulmonary resuscitation and first aid trainings as required. There was no documentation of any QP Supervisions with FS#2, to include a home safety visit, following the 10/14/22 incident per the agency's procedures/policy. On 12/2/22, a second incident occurred with FS#2, FS#3, and FC#1 at FS#2's home. This time FC#1 suffered multiple injuries, to include blows to his head, face, and eye. Professional medical care did not occur for approximately 5 hours. After the 12/2/22 incident, all required reporting failed to meet required timeframes, and there were no corrective	V 109		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 109	Continued From page 9 measures taken with remaining staff to prevent and/or respond to similar incidents in the future. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of $6,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day	V 109		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against a patient or client for whom the employee is providing services).	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 132	Continued From page 10 Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse and neglect to the Health Care Personnel Registry (HCPR). The findings are: Review on 2/1/23 of Former Staff (FS) #2's personnel record revealed: -Hire date: 12/28/17. -Termination date: 12/5/22. -Job title: Direct Care Staff. Review on 2/1/23 of FS #3's personnel record revealed: -Hire date: 11/30/21. -Termination date: 12/5/22. -Job title: Direct Care Staff. Review on 2/2/23 of facility records from 10/14/22	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 132	Continued From page 11	V 132		

through 12/2/22 revealed no allegations of abuse or neglect of Former Client (FC)#1 by FS#2 and FS#3 on 10/14/22 had been reported to the HCPR.

Review on 2/2/23 of the Incident Response Improvement System (IRIS) report for FC#1's 10/14/22 incident revealed:
-Provider learned of the incident on 10/14/22.
-The incident was reported as a level II; police responded to a 911 call for FC#1's aggressive behaviors.

Interviews on 2/2/23, 2/3/23, 2/8/23 and 2/10/23 the Qualified Professional Supervisor stated:
-Staff were trained to support FC#1's goals to reduce his behaviors by having reviewed his treatment plan, their NCI+ (National Crisis Intervention Plus) de-escalation training, and instruction to call "911" if there was a problem.
-Restrictive interventions were not used in the day program.
-FS#2 and FS#3 had not been reported to the HCPR for their actions on 10/14/22 to hold FC#2 on the ground for 10 minutes before calling 911.

Refer to V366 regarding the incident on 10/14/22 as follows:
-Incident summary written by FS#2 where he documented FC#1 was held on the ground for 10 minutes before 911 was called.
-Interviews with FS#2 and FS#3 evidenced FS#3 was present and took no action to call for emergency assistance until directed by FS#2.

This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 132	Continued From page 12 within 23 days.	V 132		
V 318	13O .0102 HCPR - 24 Hour Reporting 10A NCAC 13O .0102 INVESTIGATING AND REPORTING HEALTH CARE PERSONNEL The reporting by health care facilities to the Department of all allegations against health care personnel as defined in G.S. 131E-256 (a)(1), including injuries of unknown source, shall be done within 24 hours of the health care facility becoming aware of the allegation. The results of the health care facility's investigation shall be submitted to the Department in accordance with G.S. 131E-256(g). This Rule is not met as evidenced by: Based on record review and interview, the facility failed to report allegations of abuse and neglect to the Health Care Personnel Registry (HCPR) within 24 hours of becoming aware of the allegation. The findings are: Review on 2/1/23 of former staff (FS) #2's personnel record revealed: -Hire date: 12/28/17. -Termination date: 12/5/22. -Job title: Direct Care Staff. Review on 2/1/23 of FS #3's personnel record revealed:	V 318		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 318	Continued From page 13 -Hire date: 11/30/21. -Termination date: 12/5/22. -Job title: Direct Care Staff. Review on 2/2/23 and 2/8/23 of the facility "Initial Allegation Reports" of resident abuse for FS#2 and FS#3 revealed: -The incident date on each report was 12/2/22. -The facility became aware of the incident on 12/2/22. -The reports had been submitted by facsimile to the North Carolina Department of Health and Human Services on 12/6/22. Review on 2/2/23 of the Incident Response Improvement System (IRIS) report for FC#1's 12/2/22 Incident revealed: -Provider learned of the incident on 12/2/22. -The level III IRIS report was submitted 12/6/22. -FS#2 and FS#3 were reported for abuse. Interviews on 2/2/23, 2/3/23, 2/8/23 and 2/10/23 the QP Supervisor stated a client's QP would be responsible to follow up and make sure incidents were investigated and required reporting done within the required time frames. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 318		
V 366	27G .0603 Incident Response Requirments 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR CATEGORY A AND B PROVIDERS	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 14 (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record; (B) making a photocopy;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 15 (C) certifying the copy's completeness; and (D) transferring the copy to an internal review team; (2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows: (A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents; (B) gather other information needed; (C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and (D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and (3) immediately notifying the following: (A) the LME responsible for the catchment	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 16 area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record review and interview the facility failed to meet all elements of response as required for level II and level III incidents. The findings are: Review on 2/2/23 and 2/10/23 of Former Client (FC)#1's record revealed: -35 year old male admitted 10/21/21 and discharged 2/6/23. -Diagnoses included moderate intellectual developmental disorder and schizoaffective disorder. -"Reason for discharge: due to unavailable staff." -Treatment plan dated 6/1/22 documented FC#1 could become verbally or physically aggressive if others questioned or challenged his delusions. -Crisis Prevention and Intervention plan dated 6/1/22 documented, "[FC#1] is very physically aggressive when he is agitated. Talk to him in a calm voice and try to redirect as much as	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 17	V 366		

possible."
-FC#1 resided in an AFL (alternative family living) facility owned/operated by a different provider.

Review on 2/1/23 and 2/3/23 of Former Staff (FS) #2's personnel record revealed:
-National Crisis Intervention Plus (NCI+) "Prevention (Level: 1)" completed 5/16/22.
-There were no documented supervisions or disciplinary actions regarding the incident on 10/14/22 when FS#2 held FC#1 on the ground for 10 minutes before calling 911.

Review on 2/1/23 and 2/3/23 of FS #3's personnel record revealed:
-NCI+ - Prevention (Level: 1) completed 5/16/22 and 11/30/21.
-Supervision of FS#3 dated/signed by Qualified Professional (QP)#1 on 11/17/22 regarding the incident on 10/14/22 with FC#1 documented "... QP will provide staff more training and reinsert her (FS#3) into orientation again."
-No documentation after 11/17/22 of trainings or re-orientation.

Finding #1:
Review on 2/2/23 of the Incident Response Improvement System (IRIS) report of FC#1's incident dated 10/14/22 revealed:
-Provider learned of the incident on 10/14/22.
-"Incident Comments ...Client (FC#1) became upset with staff and client spit in staff face. Client went into a rage and was out of control. Staff tried to hold him to calm him down, but client was still out of control. Staff (FS#3) called 911. Police came."
-"Describe the cause of this incident ... Client became upset with staff ... began having aggressive behaviors."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 18	V 366		

Review on 2/8/23 of the Investigation Report of FC#1's 10/14/22 incident revealed:
-Investigation Report was signed and dated 10/18/22 by QP#1.
-No facility response documented for FC#1's injuries on 10/14/22, or regarding his health and safety needs.
- No analysis documented to determine the causes of the incident from the onset, when FC#1 first became upset with FS#3, the escalation of FC#1's behaviors, or the decision by staff to hold the client on the ground for 10 minutes before calling 911.
-There were no corrective measures documented to ensure FS#2 understood how to prevent or respond to similar incidents prior to his assignment as FC#1's 1:1 staff starting 10/18/22.
-There were no documented interview summaries obtained during the investigation of the 10/14/22 incident made available during the survey for review.
-There was no written summary of the 10/14/22 incident documented by FS#3 made available during the survey for review.

FS#2's handwritten summary of the 10/14/22 incident revealed:
-"Staff arrived client was walking down the road and walked to [neighbor]. When I got there, he (FC#1) was in the yard [neighbor] put a band-aid and peroxide on his leg. He got in the car with me to go back. I ask client to pick up the things he threw off the neighbors porch. He did do it he start yelling & getting loud. Then he walked towards [FS#3] and was getting louder. He act like he wanted to attack her. I restrained him and held him down. Client would not calm down I held him for about 10 min (minutes) he still was trying to get away screaming, kicking, scratching & trying to bite. That when I told [FS#3] to call

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 19	V 366		

911 because he is not calming down. When she call 911 and walked away Client began to calm down. I helped him up and he went and sat on the porch till the police came."

Review on 2/3/23 of the QP#1's case note dated 11/17/22 for FC#1 revealed:
-"Purpose of contact: altercation with client & staff."
-FC#1's name was documented at the top of the form.
-There were no staff names included in the note.
-"Intervention/Activity: QP was informed of incident that happened October 14, 2022. QP informed by staff that client spit on DCS (direct care staff). Staff was able to put the client in a safety hold until client calmed down. Staff provided client with water. Client was checked by paramedics and taken home by AFL. QP reinterviewed client on Monday. QP encouraged staff to not get upset w/client, to talk calmly and always use step by step instructions. QP encouraged verbal prompting, structure routine visual schedules & close supervision at all times."
-"Effectiveness of Intervention/Activity: Full investigation was completed. Incident report done, contacted care coordinator and guardian. Spoke w/AFL. QP went over plan w/staff to insure staff understands how to effectively assist client. QP emphasized the importance of not to argue w/client as well as immediately contacting staff/9-1-1 not to place client in any holds. "

Finding #2:
Review on 2/2/23 of the IRIS report for FC#1's 12/2/22 incident revealed:
-Provider learned of the incident on 12/2/22.
-Incident comments: FS#2 noticed FC#1 "fumbling around in chair" and was told by FC#1 he was looking for his wallet. When FC#1 was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 20 informed by FS#2 that "chips" were found in the chair, but not a wallet, FC#1 became "irritated and started running down the road." FC#1 returned to the home and he locked himself inside the staff's car. FS#2 and FS#3 physically removed FC#1 from the car as the client resisted. FC#1 bit FS#3 and would not release her. FS#2 stated he "tried restraining client but he wouldn't let off other staff and his only options was to hit client in the face twice ... client then let staff go ... then walked to the end of the road until other staff (Staff A1) came." Staff A1 saw FC#1's eye was "black" and applied an ice pack, then continued to the nearby town with FC#1. The AFL provider and guardian were contacted, and the AFL provider stated that she would take FC#1 to the ER (emergency room). -"Describe the cause of this incident ... Client got upset when staff told him he did not find his wallet but found chips instead. Client was upset because he thought staff had stolen his wallet, but client left his wallet at home." Review on 2/8/23 of the Investigation Report of FC#1's 12/2/22 incident revealed: -Investigation Report was signed and dated 12/6/22 by the QP. -The delay to seek professional medical treatment for more than 4 hours was not identified as a concern and not mentioned in the report. -No corrective measures developed/implemented to prevent similar incidents of delayed medical treatment. -No corrective measures developed/implemented to ensure staff would know how to prevent or respond to similar incidents of aggressive behaviors in the community. -Corrective measures taken were the termination of FS#2 and FS#3 on 12/5/22.	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 21 -There were no documented interview summaries or written statements obtained during the investigation made available during the survey for review. Review on 2/8/23 of FC#1's ER record dated 12/2/22 revealed: -FC#1 arrived in the ER at 6:13 pm and was discharged at 7:38 pm. -Physical findings included frontal hematoma on the left forehead, left periorbital edema, ecchymosis of the left upper eyelid, small amount yellow drainage on the underside of the upper eyelid, and periorbital region, mild tenderness over the left knee, and hematoma of his left thigh region. Review on 2/3/23 of photographs provided by the Licensee of FC#1's injuries on 12/2/22 revealed: -Multiple red marks over FC#1's shoulders, upper back, left arm near his elbow, and front of his left leg . -The left eye was black and swollen shut with red marks on the cheek area. Review on 2/10/23 of police report dated 12/4/22 revealed: -The police responded to the home of FC#1 in reference to a report of an assault. -"Caller Statement: Special needs 35 y/o (year old) that lives w/the caller was attacked by his day worker on Friday (12/2/22)." -The report was a summary of statement by the AFL provider. -There had been a verbal argument between FC#1 and FS#2, followed by a physical altercation. FC#1 locked himself the the staff's car and refused to get out. Staff drug FC#1 out of the vehicle, choked him, ripped his shirt, and "commenced to stomp him."	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 22 Interview on 2/3/23 FS#3 stated: -There was an incident with FC#1 on 10/14/22 between 2:45 pm and 3 pm. -At the time she was working alone with FC#1 at the home of FS#2. -FC#1 was not allowed to be at the day program because of his behaviors, so the staff had to take him to their home. FC#1 had gotten into a fight with another client. -The reason she and FS#2 took FC#1 to that home was because it was available. -FC#1 became aggressive after she confronted him about missing some money. -FS#2 arrived to assist her and she called the police. -The AFL provider came and took FC#1 home. -No one from the facility came to the home on 10/14/22 after the incident. -The staff were not trained on how to protect themselves against aggressive clients. -She was suspended on 10/17/22 for an investigation of the 10/14/22 incident, then called back shortly the same day and told the investigation was over and she could resume work. -When she questioned how the investigation could be over so soon, she was told the AFL provider did not have anyone to look after FC#1. -She told the facility she did not want to work with FC#1 anymore; she could not do it anymore. -The facility asked her if FS#2 would take FC#1, and she told them she could not answer that question. -They "made it a big issue" in October that she had called the police. -On 12/2/22 she and Client A2 went to FS#2's home and observed FS#2 outside trying to calm FC#1. -FC#1 locked himself inside the staff's car and	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 23	V 366		

was kicking at the windows.
-She and FS#2 physically removed FC#1 from the car as he resisted.
-FC#1 grabbed FS#3 by the leg, bit her, and FS#2 hit FC#1 to force the client to let her go.
-She took Client A2 to the office, then went to an urgent care center and the police station and "took out papers" on FC#1.

Interview on 2/3/23 FS#2 stated:
-He was involved in the incident on a Friday in October (10/14/22) with FC#1 and FS#3.
-He was not given any disciplinary action for having put FC#1 in a hold on 10/14/22.
-The following week he was asked to switch clients with FS#3 for about a week to "see if I liked it."
-He had expected a pay raise for changing the assignment, but when he got his check, it was not what he expected, and was told, "that was as much as they could do."
-He then told the facility he did not want to continue working with FC#1, but was told since FS#2 had Client A2 there was no other client for him, so he just "stuck with it."
-He was given FC#1's goals and information about the client's disabilities.
-FS#2 was not given specific instructions on how to handle behavioral situations with FC#1.
-On 12/2/22 FC#1 started having behaviors after FS#2 found a bag of cheese puff snacks hidden in a chair instead of FC#1's wallet. They were at FS#2's home.
-FS#3 had arrived to take FS#2 and FC#1 to get lunch because the two staff were sharing a car.
-FC#1 locked himself inside the staff's car.
-FS#2 and FS#3 physically removed FC#1 from the car as the client resisted.
-FC#1 was able to grab FS#3, bit her on the leg, and FS#2 hit FC#1 to force the client to release

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 24	V 366		

FS#3.
-FS#2 had no training on how to protect himself in these situations and no training on restrictive interventions.
-He had sent QP#1 a text message about FC#1 having behaviors on 12/2/22 before the physical altercation, then called her after the physical altercation. He did not recall any response to his text message.
-In response to the phone call, QP#1 sent Staff A1 to pick up FC#1 and he arrived about 20-30 minutes after the call.
-"After the fact" (following the 12/2/22 incident) he was told he should have "followed protocol." He was not clear on what the "protocol" was.
-He had been instructed to call the office for any incidents with FC#1; therefore, that is what he did on 12/2/22.

Interview on 2/6/23 Staff A1 stated:
-"I think my first day (on the job) was October 17. (10/17/22)."
-The Licensee called him on 12/2/22 "around 1 pm - 2 pm" and asked him to pick up FC#1 from FS#2. He was not told why he needed to pick up FC#1.
-At the time he was in route from the Licensee's office to deliver medications to a facility in another town about 30 miles from the office with Client A3.
-FC#1's eye was "swollen shut" ... "turning dark," clothing torn, and "red whelps" were visible around his neck, arm, and hip.
-FC#1 pulled his pants up and showed him a scratch on his knee.
-He rendered first aid by putting an ice pack on FC#1's eye and proceeded to the nearby town to deliver the medications as he had been assigned, and dropped off Client A3. He had FC#1 with him.
-He did not call anyone and report FC#1's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 25	V 366		

condition until he returned to the office.
-He thought he got back to the office with FC#1 around "3 something." He left FC#1 with QP#1.
-QP#1 did not ask him any questions.
-He did not know if the AFL provider was at the office when he left FC#1 with the QP.

Interview on 2/6/23 Client A2 stated:
-He saw FS#3 hit FC#1 in the head.
-FS#3 kicked FC#1 and FC#1 kicked her back.
-FS#2 and FS#3 pulled FC#1 out of the car by his arms and they "threw him on the ground."

Interview on 2/3/23 and 2/6/23 FC#1's AFL provider stated:
-On 12/2/22 she was called "around 2 pm" by QP#1 and told there had been "another incident" between FC#1 and FS#2.
-QP#1 told her FC#1 was hurt but said, "I have not seen him so I do not know what to tell you."
-She was told another staff had been sent to pick up FC#1 and would take him to the AFL's home.
-She "waited and waited" for FC#1 to show up and she kept calling the office.
-Around 5:30 pm she received a call that FC#1 was at the office, and she went to pick him up.
-When she saw FC#1, "I was furious... He looked like a gang of people had attacked him."
-She took FC#1 to the hospital ER around 6 pm and he was discharged around 8 pm that evening.
-This was the 2nd incident with these 2 staff.
-The first incident with FS#2 and FS#3 happened in October 2022.
-When the October 2022 incident occurred, FS#3 called and informed the AFL provider that FC#1 was being aggressive.
-The AFL provider went to the home and picked up FC#1.
-The police and EMS (emergency medical

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 26	V 366		

services) were on the scene when she arrived.
-With the exception of a black eye, FC#1 had injuries in October the same as he did on 12/2/22.
-She did not take FC#1 to the ER on 10/14/22 because EMS had assessed him on scene.
-There had been an investigation of the 10/14/22 incident and she had sent pictures of FC#1's injuries to the Licensee.
-She also sent pictures of FC#1's injuries from 12/2/22 to the Licensee.

Interview and observation on 2/3/23 at 4:30 pm with FC#1 revealed:
-The FS#2 and FS#3 had "stomped" him in the head and he had to bite.
-Holding up a wallet he said, "It all started because of this."
-It was a "very expensive" wallet.
-He admitted he had "stolen" the cheese puff snack.

Interview on 2/8/23 the EMS staff stated:
-She was one of the EMS responders on 10/14/22 with FC#1.
-There was no EMS report done.
-When EMS arrived, they noted the client had a minor injury to his knee that only required first aid and his shirt had been pulled away from his neck.
-The client's "caretaker" arrived shortly after EMS arrived.
-EMS did not "assess" the client since his injuries were minor and the caretaker arrived and took him with her.

Interview on 2/10/22 the local county Sheriff's officer stated:
-The police received a call on 10/14/22 because FC#1 was being aggressive.
-When police arrived FC#1 was calm and sitting in a chair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 27	V 366		

-FC#1 had some minor injuries.
-FC#1's caretaker arrived and took him home.
-There was no police report because no crime had been committed.

Interview on 2/3/23 QP#1 stated:
-She was the QP for FC#1.
-The 2 hand written documents she provided dated 11/17/22 were a Supervision for FS#3's performance problems during the 10/14/22 incident with FC#1, and a case note.
-A case note was a "case management note" which could be any type of note.
-The staff referenced in the case note dated 11/17/22 was FS#3.
-Following the 10/14/22 incident she had both FS#2 and FS#3 come to her office.
-The "facility protocol" was to call the facility and not put hands on the client.
-Staff should call "911" when they feel threatened, or the client is screaming.
-FC#1 did not attend the onsite day program because his attention seeking behaviors were a distraction to the class and prevented others from being able to do their work.
-FC#1 did get into a fight with a peer during an outing in the park. It started when FC#1 called the peer a "b---h," and the peer attacked FC#1. This was "a while ago."
-On 12/2/22 FS#2 called QP#1 twice, the second call about 30 minutes after the first following the physical altercation. FS#2 requested to have another staff sent to the home.
-Staff A1 was sent, found FC#1 at the end of the road, and rendered first aid from the first aid kit he had on transport.
-Staff A1 asked FC#1 if he was "ok," then proceeded to a nearby town to deliver some items, then returned to the office.
-This took "about 30 minutes," then the AFL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 28	V 366		

provider "pulled in."
-Staff A1 talked with the QP Supervisor about FC#1's injuries, black eye, bruises to his chest and shoulders, "like scratch marks." She was not sure if he told her the "extent of the injuries."
-The AFL provider took FC#1 to the ER.
-The AFL provider did not take him to ER "then;" she was not sure "when" she took him, but she said she was taking him to ER.
-The AFL provider called back later that evening and said she had taken him to the ER.
-The facility offered to take FC#1 to the ER but the AFL provider said she would take him.
-The corrective actions taken following the 10/14/22 incident were to "ensure staff follow protocol."
-FC#1 was not currently receiving services.

Interviews on 2/2/23, 2/3/23, 2/8/23 and 2/10/23 the QP Supervisor stated:
-Staff were trained to support FC#1's goals to reduce his behaviors by having reviewed his treatment plan, their NCI+ de-escalation training, and instruction to call "911" if there was a problem.
-Following the 10/14/22 incident the client assignments between FS#2 and FS#3 were switched.
-Restrictive interventions were not used in the day program.
-FS#2's actions on 10/14/22 were done because he had to calm FC#1 down.
-Staff were told "constantly" to call "911."
-They had never had any issues (with FS#2) until that day. "[FC#1] can have very aggressive behaviors."
-On 12/2/22 QP#1 made her aware that FS#2 had requested someone pick up FC#1.
-She did not speak with Staff A1 until after he returned to office with FC#1.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 29 -When FS#2 called QP#1 on 12/2/22 he did not tell her the client was hurt, only that his behaviors had continued to escalate. -The first call to QP#1 reported FC#1 was walking in the woods. -The second call FS#2 reported FC#1's behaviors had escalated and someone needed to pick him up. -FS#3 was not supposed to go the FS#2's home on 12/2/22; the facility did not know they were sharing a car. -Neither FS#2 nor FS#3 worked after 12/2/22. -FC#1 had been discharged Interviews on 2/2/23, and 2/3/22 the Licensee stated: -She could not recall if there had been any other corrective measures taken because of the 12/2/22 incident other than termination of the 2 staff involved. -The photographs she provided for review during the survey were pictures of FC#1's injuries from 12/2/22 that she had received from FC#1's AFL provider. -She could not locate any photographs following the 10/14/22 incident. -The Licensee referred serveral times to the 12/2/22 incident and said, "they (FS#2 and FS#3) beat him up" and that she had never had staff do this to a client before. -The facility did not use restrictive interventions and staff were not trained to use restrictive interventions. -It did not matter what training they had; the staff knew this was not appropriate. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS (V109) for a	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 366	Continued From page 30 Type A1 rule violation and must be corrected within 23 days.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding. (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 367	Continued From page 31	V 367		

erroneous, misleading or otherwise unreliable; or
(2) the provider obtains information required on the incident form that was previously unavailable.
(c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including:
(1) hospital records including confidential information;
(2) reports by other authorities; and
(3) the provider's response to the incident.
(d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18).
(e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows:
(1) medication errors that do not meet the definition of a level II or level III incident;
(2) restrictive interventions that do not meet the definition of a level II or level III incident;
(3) searches of a client or his living area;
(4) seizures of client property or property in the possession of a client;
(5) the total number of level II and level III incidents that occurred; and

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 367	Continued From page 32 (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure all level II and level III incidents were reported to the Local Management Entity/Managed Care Organization (LME/MCO) as required within 72 hours of becoming aware of the incident. The findings are: Reviews on 2/2/23 and 2/10/23 of Former Client (FC)#1's record revealed: -35 year old male admitted 10/21/21 and discharged 2/6/23. -Diagnoses included moderate intellectual developmental disorder and schizoaffective disorder. Review on 2/2/23 of the North Carolina Incident Response Improvement System (IRIS) reports between 10/1/22 and 2/2/23 revealed: -Level II IRIS report submitted on 10/18/22 for an incident that occurred on 10/14/22 when police responded to a 911 call due to FC#1's aggressive behavior. The facility was aware of the incident on 10/14/22. -No level III report had been submitted by the facility for abuse or neglect of FC#1 by Former	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 367	Continued From page 33 Staff (FS) #2 or FS#3 that occurred on 10/14/22. -Level III IRIS report submitted on 12/6/22 for an incident that occurred on 12/2/22. The facility was aware of the incident on 12/2/22. Interviews on 2/8/23 and 2/10/23 the Qualified Professional Supervisor stated staff actions on 10/14/22 had not been identified as abuse. Refer to V366 regarding the descriptions of incidents with FC#1, Former Staff (FS)#2, and FS#3 on 10/14/22 and 12/2/22. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 367		
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications.	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 500	Continued From page 34 (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client. (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 500	Continued From page 35 over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on record review and interview the facility failed to report to the Department of Social Services (DSS) in the county where services are provided all allegations of resident neglect and abuse by health care personnel. The findings are: Review on 2/2/23 of facility records from 10/14/22 through 2/2/23 revealed: -No allegations of neglect or abuse of Former Client (FC)#1 on 10/14/22 had been reported to the DSS in the county where services were provided. Interviews on 2/2/23 and 2/8/23 the Qualified Professional Supervisor stated: -There had been no level III incidents reported in the 6 months prior to 12/2/22. -Staff actions to hold FC#1 on the ground for 10 minutes on 10/14/22 had not been reported as abuse. Refer to V366 regarding the the incident on 10/14/22 as follows: -Incident summary written by Former Staff (FS)#2 where he documented FC#1 was held on the ground for 10 minutes before 911 was called. -Interviews with FS#2 and FS#3 evidenced FS#3 was present and took no action to call for emergency assistance until directed by FS#2. This deficiency is cross referenced into 10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND	V 500		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 500	Continued From page 36 ASSOCIATE PROFESSIONALS (V109) for a Type A1 rule violation and must be corrected within 23 days.	V 500		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm, abuse, neglect and exploitation in accordance with G.S. 122C-66. (b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter. (c) Goods or services shall not be sold to or purchased from a client except through established governing body policy. (d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter. (e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee. This Rule is not met as evidenced by: Based on record review and interview, 2 of 2 former staff (FS#2, FS#3) neglected and abused 1 of 1 former client (FC#1). The findings are: Reviews on 2/2/23 and 2/10/23 of Former Client	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 37	V 512		

(FC)#1's record revealed:
-35 year old male admitted 10/21/21 and discharged 2/6/23.
-Diagnoses included moderate intellectual developmental disorder and schizoaffective disorder.
-"Reason for discharge: due to unavailable staff."
-Treatment plan dated 6/1/22 documented FC#1 could become verbally or physically aggressive if others questioned or challenged his delusions.
-Crisis Prevention and Intervention plan dated 6/1/22 documented, "[FC#1] is very physically aggressive when he is agitated. Talk to him in a calm voice and try to redirect as much as possible."
-FC#1 resided in an AFL (alternative family living) facility owned/operated by a different provider.

Review on 2/1/23 of FS #2's personnel record revealed:
-Hire date: 12/28/17.
-Termination date: 12/5/22.
-Job title: Direct Care Staff.
-National Crisis Intervention Plus (NCI+) "Prevention (Level: 1)" completed 5/16/22.

Review on 2/1/23 of FS #3's personnel record revealed:
-Hire date: 11/30/21.
-Termination date: 12/5/22.
-Job title: Direct Care Staff.
-NCI+ - Prevention (Level: 1) 5/16/22 and 11/30/21.
-Supervision of FS#3 dated/signed by Qualified Professional (QP)#1 on 11/17/22 regarding FC#1 read, "QP met w/(with) staff after investigation and reviewed policies, procedures and protocols. QP informed staff of what actions should have been taken to prevent incident or recurring of another incident. QP went over step by step all

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 38	V 512		

scenarios to ensure staff knows the correct protocol. QP reminded staff to always call office & 9-1-1. Staff was informed not to call anyone else unless informed. Issues to follow with: QP will provide staff more training and reinsert her into orientation again."

Finding #1:
Review on 2/2/23 of the Incident Response Improvement System (IRIS) report of FC#1's incident dated 10/14/22 revealed:
-Provider learned of the incident on 10/14/22.
-FC#1's behavior was "aggressive" and "destructive."
-"Incident Comments ...Client (FC#1) became upset with staff and client spit in staff face. Client went into a rage and was out of control. Staff tried to hold him to calm him down, but client was still out of control. Staff (FS#3) called 911. Police came."
-"Describe the cause of this incident ... Client became upset with staff ... began having aggressive behaviors."

Review on 2/8/23 of the Investigation Report of FC#1's 10/14/22 incident revealed:
-Investigation Report was signed and dated 10/18/22 by QP#1.
-FC#1 started yelling and cursing loudly as he picked up twigs he had thrown on the neighbor's porch.
-FC#1 started to walk toward FS#3 and was getting "louder."
-FC#1 "acted like" he wanted to attack FS#3.
-FS#2 then "restrained" FC#1 by holding him down for "about 10 minutes although the client was screaming, kicking, scratching and trying to bite staff."
-FS#2 then told FS#3 to contact 911.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 39 Review on 2/8/23 of FS#2's handwritten summary of the 10/14/22 incident revealed: -"Staff arrived client was walking down the road and walked to [neighbor]. When I got there, he (FC#1) was in the yard [neighbor] put a band-aid and peroxide on his leg. He got in the car with me to go back. I ask client to pick up the things he threw off the neighbors porch. He did do it he start yelling & getting loud. Then he walked towards [FS#3] and was getting louder. He act like he wanted to attack her. I restrained him and held him down. Client would not calm down I held him for about 10 min (minutes) he still was trying to get away screaming, kicking, scratching & trying to bite. That when I told [FS#3] to call 911 because he is not calming down. When she call 911 and walked away Client began to calm down. I helped him up and he went and sat on the porch till the police came." Review on 2/3/22 of the QP#1's case note dated 11/17/22 for FC#1 revealed: -"Purpose of contact: altercation with client & staff." -FC#1's name was documented at the top of the form. -There were no staff names included in the note. -"Intervention/Activity: QP was informed of incident that happened October 14, 2022. QP informed by staff that client spit on DCS (direct care staff). Staff was able to put the client in a safety hold until client calmed down. Staff provided client with water. Client was checked by paramedics and taken home by AFL. QP reinterviewed client on Monday. QP encouraged staff to not get upset w/client, to talk calmly and always use step by step instructions. QP encouraged verbal prompting, structure routine visual schedules & close supervision at all times." -"Effectiveness of Intervention/Activity: Full	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 40	V 512		

investigation was completed. Incident report done, contacted care coordinator and guardian. Spoke w/AFL. QP went over plan w/staff to insure staff understands how to effectively assist client. QP emphasized the importance of not to argue w/client as well as immediately contacting staff/9-1-1 not to place client in any holds. "

Finding #2:
Review on 2/2/23 of the IRIS report for FC#1's 12/2/22 incident revealed:
-Provider learned of the incident on 12/2/22.
-The consumer's behavior was "aggressive."
-Incident comments: FS#2 noticed FC#1 "fumbling around in chair." FC#1 told FS#2 he was looking for his wallet. The two were about to leave the home so FS#2 told FC#1 to go outside while he looked for the wallet. FC#1 became "irritated and started running down the road" when FS#2 told the client he did not find his wallet but did find some "chips" the client had "between the cushion." FC#1 returned to the home and started throwing objects off the porch. FC#1 then got into the staff's vehicle, locked the doors, and put his chest against the horn "non-stop." FS#3 used her key to unlock the car door as FC#1 was trying to kick out the window. FS#3 took FC#1's legs off the window as FS#2 entered through the back door with FC#1 "swinging, scratching, and spitting" on FS#2. FC#1 bit FS#2 on the hand. FS#2 grabbed FC#1 to pull him from the car and they both fell out of the vehicle. FC#1 then "grabbed" FS#3's leg "with his mouth and bit her while grasping on her and wouldn't let go." FS#2 stated he "tried restraining client but he wouldn't let off other staff and his only options was to hit client in the face twice. Staff stated that client then let staff go. Client then walked to the end of the road until other staff came." FS#2 "then called QP and informed that

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 41 client was in the car and he had to do what he had to do to get him out the car. QP informed staff that she was sending another worker to pick up consumer." When Staff A1 "... picked up client, evaluated the client, he saw the eye was black and then staff went and got ice and put the ice pack on the consumer's eye." Staff A1 "asked client was he okay and client said he was okay. AFL provider and guardian was contacted, and AFL provider stated that she would take him to the ER (emergency room)." -"Describe the cause of this incident ... Client got upset when staff told him he did not find his wallet but found chips instead. Client was upset because he thought staff had stolen his wallet, but client left his wallet at home." Review on 2/8/23 of the Investigation Report dated 12/6/22 for incident on 12/2/22 revealed: -The incident dated 12/2/22 involved FC#1, FS#2, and FS#3. -"Staff contact [QP#1] to inform her client [FC#1] got upset and was having a behavior." -FC#1 got upset and ran out of the home and locked himself in the car. -Both FS#2 and FS#3 tried to get FC#1 out of the car as the client spit, hit, kicked and bit both staff. -Staff got FC#1 out of the car and FS#2 tried to put the client in a therapeutic hold. -FC#1 bit FS#3 on her leg, would not let go, so FS#2 hit FC#1 in the face to force him to release FS#3. -QP#1 sent another staff (Staff A1) to go pick up FC#1, and on arrival he could see FC#1 had a black eye. -The allegation investigated read, "Staff hit client in the face causing him to have a black eye and client stated staff tried to choke him because client bit staff 2 (FS#3) leg and would not let go."	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 42 Review on 2/8/23 of FC#1's ER record dated 12/2/22 revealed: -FC#1 arrived in the ER at 6:13 pm and was discharged at 7:38 pm. -FC#1 reported he had been "assaulted" by one on his caretakers who had punched him in the face. -FC#1 complained of left eye swelling, left-sided facial pain, headache, and left-sided knee pain. -A CT (computed tomography) scan of the head without contrast and x-rays of FC#1's left knee were performed. -Physical findings included frontal hematoma on the left forehead, left periorbital edema, ecchymosis of the left upper eyelid, small amount yellow drainage on the underside of the upper eyelid, and periorbital region, mild tenderness over the left knee, and hematoma of his left thigh region. Review on 2/3/23 of photographs provided by the Licensee of FC#1's injuries on 12/2/22 revealed: -Photographs had been made of FC#1's left face, right and left front view of shoulders, upper back, left arm near his elbow, and front view of his left leg from mid thigh to mid lower leg. -Multiple red marks were visible in each photograph. -The left eye was black and swollen shut with red marks on the cheek area. Review on 2/10/23 of police report dated 12/4/22 revealed: -The police responded to the home of FC#1 in reference to a report of an assault. -"Caller Statement: Special needs 35 y/o (year old) that lives w/the caller was attacked by his day worker on Friday (12/2/22)." -The report was a summary of statement by the AFL provider.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 43 -Report read, "... There had been an argument over [FC#1] taking a bag of [cheese puff snacks] without asking permission and them hiding in the couch. After an exchange of words, [FC#1] was asked to go outside. He then got in the caseworkers vehicle and locked himself inside avoiding more confrontation. [FC#1] has a mental disability and is known for taking things without permission and other actions known to disabled persons. [FC#1] was then yelled at to open the door of the car but refused. The caretaker then got the keys to the vehicle and proceeded to choke [FC#1] and drag him out of the vehicle ripping his shirt and then commenced to stomp him." Interview on 2/3/23 FS#3 stated: -On 10/14/22 she was working alone with FC#1 at the home of FS#2. -On 10/14/22 she noticed $10 had been removed from her purse and she confronted FC#1 about the missing money. -FC#1 became "very defensive," spit in her face and picked up a stick to hit her. -She called the office, but no one came. She did not recall with whom she spoke. -She called FS#2 for help, and he came after he completed his shift at sister facility A. -She called the police, and the police came. -The AFL provider came and took FC#1 home. -The incident on 10/14/22 occurred between 2:45 pm and 3 pm. -On 12/2/22 FS#2 was working with FC#1 at the same home where the incident occurred on 10/14/22. -On 12/2/22 she drove with Client A2 to FS#2's home to take FS#2 and FC#1 to get lunch. -On arrival she observed FS#2 outside trying to calm FC#1. -She took Client A2 inside the home because she	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 44	V 512		

knew FC#1's behaviors could escalate if he had an "audience."
-Client A2 went outside to smoke, and she heard the car horn.
-She went outside and saw FC#1 in the driver's side of the car, with the doors locked, kicking at the windows.
-She opened the car door, grabbed FC#1's legs and FS#2 was able to unbuckle FC#1's seat belt.
-FS#2 tried to get FC#1 out of the car as FC#1 was fighting him, and they both fell to the ground.
-FC#1 continued to kick and grabbed FS#3 by the leg, bit her, and would not let go.
-FS#3 started to cry and told FS#2 to get FC#1 "off of me."
-FS#2 hit FC#1, and when he let her go, she left with client A2.
-She took Client A2 to the office, then went to an urgent care center and the police station and "took out papers" on FC#1.

Interview on 2/3/23 FS#2 stated:
-He was involved in the incident on a Friday in October (10/14/22) with FC#1 and FS#3.
-On 10/14/22 he had worked at sister facility A with Client A2.
-The following week he was asked to switch clients with FS#3 for about a week to "see if I liked it."
-After he did not receive a pay raise for agreeing to change client assignments as he expected, he told the facility he did not want to continue working with FC#1.
-He was informed there was no other client for him to be assigned since FS#2 was now assigned to Client A2; therefore, he just "stuck with it."
-He was given FC#1's goals and information about the client's disabilities.
-FS#2 was not given specific instructions on how

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 45	V 512		

to handle behavioral situations with FC#1.
-He had seen restraints used in the day program in the past, but not recently.
-"After the fact" in December (following the 12/2/22 incident) he was told he should have "followed protocol." He was not clear on what the "protocol" was.
-He had never been told not to call the police.
-He had been instructed to call the office for any incidents with FC#1; therefore, that is what he did on 12/2/22.
-FC#1's behaviors on 12/2/22 started "around 11:30 am -12 noon."
-FS#3 had arrived at FS#2's home to take him and FC#1 to get lunch because the two staff were sharing a car.
-He saw FC#1 "stuffing something down into the sofa."
-When questioned, FC#1 said he was looking for his wallet.
-FS#2 instructed FC#1 to go outside while he looked for the wallet.
-Instead of a wallet, FS#2 found a bag of cheese puff snacks.
-FC#1 denied he had the snacks and walked away from the home, into a field, and down the road.
-FS#2 got into the car and drove in the client's direction.
-FC#1 started to walk back toward the home and FS#2 drove back, both arriving about the same time.
-FC#1 tried to enter the home, but knowing FC#1's history of property destruction, FS#2 blocked the client from entering.
-FC#1 then went and got inside the car on the driver's side, locked the car, and fastened his seat belt.
-FS#3 used the key to unlock the car doors and FS#2 got into the back seat and unfastened the

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 46	V 512		

seat belt.
-As FS#2 tried to get FC#1 out of the car, the client was "squirming, kicking, scratching, and kicking the windshield."
-FC#1 cracked the windshield.
-FS#2 grabbed FC#1 by his legs to pull him from the car and they both fell to the ground.
-When they fell FS#2's upper body was wrapped around FC#1's legs leaving the client's arms free.
-FC#1 was able to grab FS#3 and he bit her on the leg.
-FS#2 hit FC#1 because he would not "let go" of FS#3.
-He had no training on how to protect himself in these situations and no training on restrictive interventions.
-He had sent QP#1 a text message earlier about FC#1 having behaviors, then called her after the physical altercation. He did not recall any response to his text message.
-QP#1 answered the phone call and sent Staff A1 to pick up FC#1.
-Staff A1 arrived about 20-30 minutes after the call.
-FC#1 had walked down the road and was sitting in a nearby memorial garden when Staff A1 arrived.
-FS#2 had FC#1 in his sight but he kept a distance so he would stay in one place until Staff A1 arrived.

Interview on 2/6/23 Staff A1 stated:
-The Licensee called him on 12/2/22 "around 1 pm - 2 pm" and asked him to pick up FC#1 from FS#2. He was not told why he needed to pick up FC#1.
-At the time he was in route from the Licensee's office to deliver medications to a facility in another town about 30 miles from the office with Client A3.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 47 -He called FS#2 to find out where they were and was told, "he (FC#1) might be a little messed up, but he is alright." -FS#2 did not explain what he meant by "messed up." -It took about 20 minutes to get to FC#1 and he was found sitting alone on a bench outside of a church near FS#2's home. -Staff #A1 was "totally" alarmed at FC#1's appearance. -FC#1's eye was "swollen shut" and was "turning dark." His shirt was torn by his neck and clothing torn near his right hip, lower back area. -He could see "red whelps" around his neck, right side of his arm muscle, and on his hip where his clothing was torn near the back pocket. -FC#1 pulled his pants up and showed him a scratch on his knee. -He rendered first aid by putting an ice pack on FC#1's eye and proceeded to the nearby town and delivered the medications, and dropped off Client A3. -He asked FC#1 what had happened, and FC#1 told him that FS#2 and FS#3 had "jumped him." -FC#1 did not have shoes or a jacket. FS#2 arrived with FC#1's shoes, but had to go back to the house to get his jacket. -There was a stick tangled up in FC#1's jacket. FC#1 had told Staff A1 the staff had hit him with a stick. -He did not call anyone and report FC#1's condition until he returned to the office. -He thought he got back to the office with FC#1 around "3 something." He left FC#1 with QP#1. -QP#1 did not ask him any questions. -He did not know if the AFL provider was at the office when he left FC#1 with the QP. Interview on 2/6/23 Client A2 stated: -He saw FS#3 hit FC#1 in the head.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 48 -FC#1 had spit in FS#3's face and bit her. -FS#3 kicked FC#1 and FC#1 kicked her back. -FS#2 and FS#3 pulled FC#1 out of the car by his arms and they "threw him on the ground." -FC#1 ran into the woods. -FC#1 was upset because the staff would not take him to get lunch. Interview on 2/3/23 and 2/6/23 FC#1's AFL provider stated: -On 12/2/22 she was called "around 2 pm" by QP#1 and told there had been "another incident" between FC#1 and FS#2. -QP#1 told her FC#1 was hurt but said, "I have not seen him so I do not know what to tell you." -Around 5:30 pm she received a call that FC#1 was at the office, and she went to pick him up. -When she saw FC#1, "I was furious... He looked like a gang of people had attacked him." -She took FC#1 to the hospital ER around 6 pm and he was discharged around 8 pm that evening. -FC#1 told her that FS#3 was "stomping" him in the head and he bit her because it was the only way he knew to stop her. -"They beat that boy awful." His eye was "swollen shut" and he had marks on his side, legs, and around his neck "where they had him down on the ground." -This was the 2nd incident with these 2 staff. -The first incident with FS#2 and FS#3 happened in October 2022. -When the October 2022 incident occurred, FS#3 called and informed the AFL provider that FC#1 was being aggressive. -The AFL provider went to the home and picked up FC#1. -The police and EMS (emergency medical services) were on the scene when she arrived. -With the exception of a black eye, FC#1 had	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 49	V 512		

injuries in October 2022 the same as he did on 12/2/22. He had bruises and scrapes near his neck, arm area, leg, and one on the side of his body. His shirt was ripped like it had been on 12/2/22.
-FS#3 told her "It started" when she and FC#1 were at the court house.
-FS#3 went inside the courthouse and left FC#1 in the car.
-FS#3 had left $10 on the console and when she returned it was not there.
-FS#3 and FC#1 started to argue about the missing money in the car and continued to argue after they got home.
-The AFL provider was told FC#1 spit, hit, and started chasing FS#3 with a bat that he had retrieved from a neighbor's back yard.
-She was told that FC#1 was chasing FS#3 with the bat when FS#2 arrived. FS#2 "jumped" out of the car and the staff had to "take him to the ground."
-FC#1 told her the staff were choking him.
-She found it difficult to believe that FC#1 would go to a neighbor's yard to find a bat when he was not familiar with that area.
-She did not take FC#1 to the ER on 10/14/22 because EMS had assessed him on scene.
-There had been an investigation of the 10/14/22 incident and she had sent pictures of FC#1's injuries to the Licensee.
-She also sent pictures of FC#1's injuries from 12/2/22 to the Licensee.

Interview and observation on 2/3/23 at 4:30 pm with FC#1 revealed:
-The FS#2 and FS#3 had "stomped" him in the head and he had to bite.
-Holding up a wallet he said, "It all started because of this."
-It was a "very expensive" wallet.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 50 -He admitted he had "stolen" the cheese puff snack. -The wallet was a clutch style wallet about 6 inches by 3 inches in size. -He continued to repeat that he was very smart and from another state. -The AFL provider would redirect FC#1 back to the 12/2/22 incident, and he would restate the staff had stomped him. Interview on 2/8/23 the EMS staff stated: -She was one of the EMS responders on 10/14/22 with FC#1. -There was no EMS report done. -When EMS arrived, they noted the client had a minor injury to his knee that only required first aid. -She could see FC#1's shirt had been pulled away from his neck. -She saw a "young lady and gentleman" at the home and assumed they lived there. -She was told by police the "young girl" was supposed to be watching the client when FC#1 started "acting up" and the 2 staff "took him to the ground." -The EMS staff tried to ask FC#1 a few questions but he did not seem to comprehend. -The client's "caretaker" arrived shortly after EMS arrived, asked FC#1 some questions, then told him to get into her car and left. -EMS did not "assess" the client since his injuries were minor and the caretaker arrived and took him with her. -She never spoke directly with the 2 staff. Interview on 2/10/23 the local county Sheriff's officer stated: -He was familiar with the incident on 10/14/22 with FC#1. -There was no police report for that day because no crime had been committed.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 51	V 512		

-The police received a call for a report that FC#1 was being aggressive.
-When police arrived FC#1 was calm and sitting in a chair.
-FC#1's caretaker arrived and took him home.
-FC#1 had some minor injuries.

Interview on 2/3/23 QP#1 stated:
-She was the QP for FC#1.
-The 2 hand written documents she provided dated 11/17/22 were a Supervision for FS#3's performance problems during the 10/14/22 incident with FC#1, and a case note.
-A case note was a "case management note" which could be any type of note.
-The staff referenced in the case note dated 11/17/22 was FS#3.
-Following the 10/14/22 incident she had both FS#2 and FS#3 come to her office.
-The "facility protocol" was to call the facility and not put hands on the client.
-Staff should call "911" when they feel threatened, or the client is screaming.
-On 12/2/22 FS#2 called QP#1 twice, the second call about 30 minutes after the first following the physical altercation. FS#2 requested to have another staff sent to the home.
-Staff A1 was sent, found FC#1 at the end of the road, and rendered first aid from the first aid kit he had on transport.
-The AFL provider took FC#1 to the ER.

Interviews on 2/2/23, 2/3/23, 2/8/23 and 2/10/23 the QP Supervisor stated:
-Staff were trained to support FC#1's goals to reduce his behaviors by having reviewed his treatment plan, their NCI+ de-escalation training, and instruction to call "911" if there was a problem.
-Following the 10/14/22 incident the client

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 52	V 512		

assignments between FS#2 and FS#3 were switched.
-Restrictive interventions were not used in the day program.
-Staff were told "constantly" to call "911."
-On 12/2/22 QP#1 made her aware that FS#2 had requested someone pick up FC#1.
-When FS#2 called QP#1 on 12/2/22 he did not tell her the client was hurt, only that his behaviors had continued to escalate.
-The first call to QP#1 reported FC#1 was walking in the woods.
-The second call FS#2 reported FC#1's behaviors had escalated and someone needed to pick him up.
-FS#3 was not supposed to go the FS#2's home on 12/2/22; the facility did not know they were sharing a car.
-Neither FS#2 nor FS#3 worked after 12/2/22.

Interview on 2/2/23, and 2/3/22 the Licensee stated:
-FC#1 had issues with his behaviors in the community. With COVID (coronavirus disease) staff were allowed to take their client to the staff's home.
-When in the staff's home they were to be working on the client's lesson plans and activities.
-The photographs she had provided to the surveyor had been given to her by the AFL provider. These photographs were pictures of FC#1's injuries that occurred during the 12/2/22 incident with FS#2 and FS#3.
-She could not locate any photographs following the 10/14/22 incident.
-The Licensee referred serveral times to the 12/2/22 incident and said, "they (FS#2 and FS#3) beat him up" and that she had never had staff do this to a client before.
-The facility did not use restrictive interventions

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 53	V 512		

and staff were not trained to use restrictive interventions.
-It did not matter what training they had; the staff knew this was not appropriate.

Review on 2/10/23 of the Plan of Protection dated 2/10/23 written by the QP Supervisor revealed:
-"What immediate action will the facility take to ensure the safety of the consumers in your care? QP will have more frequent Supervisions with clients and Staff receiving Day Activity Services in the community to ensure clients safety. Client is no longer with the agency. The agency has had clinical Staffing and the determination was made not to take any more consumers with behaviors with physical aggression and property destruction."
-"Describe your plans to make sure the above happens. Through QP Supervisions and Clinical Staffing. Crisis Training will be held with all of the agencies Staff by March 5, 2023."

FC#1 was a 35 year old client diagnosed with moderate intellectual developmental disorder and schizoaffective disorder, and history of aggressive behaviors. On 10/14/22, FS#3 was providing services for FC#1 at the home of FS#2 when the client became physically aggressive. FS#3 called FS#2 for assistance and when FS#2 arrived he put FC#1 on the ground and held him there for 10 minutes before FS#3 called 911 for assistance. The police and EMS arrived and reported the client had some minor injuries on his knee. On 12/2/22 FS#2 was providing services for FC#1 at the same home. FS#3 arrived at the home around lunch time with Client A2 and saw FS#2 trying to calm FC#1. After FS#3 and Client A2 went indoors, FC#1 locked himself in the car and refused to get out. FS#3 assisted FS#2 to forcefully remove FC#1 from the car. FC#1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL024-100	A. BUILDING: _____ B. WING _____	02/10/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DAY ACTIVITY PROGRAM	114 PREMIERE PLAZA WHITEVILLE, NC 28472

(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)	(X5) COMPLETE DATE
V 512	Continued From page 54 reported that FS#3 was stomping him so he had to bite her on the leg. FS#2 hit FC#1 in his face to force FC#1 to release FS#3. The physical altercation resulted in FC#1 sustaining a black eye, scrapes and contusions to his head, neck, and extremities. This deficiency constitutes a Type A1 rule violation for serious neglect and abuse and must be corrected within 23 days. An administrative penalty of $3,000.00 is imposed. If the violation is not corrected within 23 days, an additional administrative penalty of $500.00 per day will be imposed for each day the facility is out of compliance beyond the 23rd day	V 512		