PRINTED: 03/21/2023 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER-A. BUILDING: \_\_ COMPLETED MHL059-069 B. WNG 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** REGULATORY OR LSC IDENTIFYING INFORMATION) COMPLETE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 000 INITIAL COMMENTS V 000 Received this admended version on 3/20/2023 via email. An annual and complaint survey was completed on February 28, 2023. The complaint was substantiated (NC#00197604). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and currently has a census of 2. The survey sample consisted of audits of 2 current clients and 1 former client. The Statement of Deficiencies was amended on 3/21/23 due to exit date correction on the previously mailed form. V 108 27G .0202 (F-I) Personnel Requirements V108 V 108 CEO supplied training to all QPs on the proper 10A NCAC 27G .0202 PERSONNEL documentation standards as it relates to REQUIREMENTS treatment plans, supervisions, and member 2/15/2023 (f) Continuing education shall be documented. contact notes. This will ensure care coordination for all members that we serve. (g) Employee training programs shall be It will also allow for QPs to understand the provided and, at a minimum, shall consist of the importance of updating plans when new issues following: Qualified Professional brought in the employees (1) general organizational orientation; of the Taylor Home and ensured they were (2) training on client rights and confidentiality as 2/9/2023 properly trained on the medical and behavioral delineated in 10A NCAC 27C, 27D, 27E, 27F and needs of the current members. 10A NCAC 26B: Compliance Specialist will do quarterly reviews (3) training to meet the mh/dd/sa needs of the of all member documentation to ensure that any changes in behavior or medical needs is client as specified in the treatment/habilitation updated in treatment plans and on client plan; and specific documentation. (4) training in infectious diseases and DHSR - Mental Health bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff APR 0 3 2023 member shall be available in the facility at all times when a client is present. That staff Lic. & Cert. Section member shall be trained in basic first aid Division of Health Service Regulation

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

Aimse Smith, CCO

(X6) DATE

3/21/2023

	f Health Service Regu	lation	(V2) MILITIDI E CO	DNISTRUCTION	(X3) DATE SURVEY
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		COMPLETED
		MHL059-069	B. WING		02/28/2023
NAME OF DE	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	
NAME OF PE	ROVIDER OR SOFFLIER		CRAWFORD STRI		
TAYLOR H	OME	OLD FO	RT, NC 28762		
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V 108	Continued From pag	e 1	V 108		
		nagement, currently trained			
	to provide cardiopula	nonary resuscitation and			
	trained in the Heimlig	ch maneuver or other first aid			
		hose provided by Red Cross,			
	the American Heart	Association or their			
	equivalence for relie	ving airway obstruction.			
	(i) The governing bo	ody shall develop and			
	implement policies a	nd procedures for identifying, ng and controlling infectious			
	reporting, investigati	diseases of personnel and			
	clients.	diseases of personner and			
	Olionico.				
1	This Rule is not me	t as evidenced by:			
	Based on record rev	view and interview, the facility			
	failed to ensure staf	f were trained to meet the			
	mh/dd/sa needs of	the client affecting 2 of 2			
	paraprofessional sta	aff (AFL Providers #1 and #2).			
	The findings are:				
	Review on 1/31/23	of Former Client #3's (FC #3)			
	record revealed:				
	-Admission date: 4/	13/22;			
	-Discharge date: 1/	21/23;			
		Syrup Urine Disease,			
		peractivity Disorder (ADHD),			
	Post Traumatic Stre	ess Disorder (PTSD), and Mild omental Disorder (IDD);			
	-Age: 16-year-old n				
	-Further record rev	iew revealed a Member Care			
	Plan from the Loca	Management Entity/Managed			
	Care Organization	(LME/MCO) dated 4/13/22 that			
	showed FC #3 had	a diagnostic history of			
	Conduct Disorder (	D/O), Other specified			
1	behavioral and em	otional disorders with onset			

usually occurring in childhood and adolescence,

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE	SUDVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		G:	The second second	(X3) DATE SURVEY COMPLETED	
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		MHL059-069	B. WNG_		02	/28/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	1 02	20/2020	
TAYLOR	HOME	43 EAST C	RAWFORD	STREET			
	TOME	OLD FORT	, NC 28762				
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V 108	Continued From page	2	V 108				
	other conduct D/O, an expected normal phys childhood, psychologic and medical neglect.  Review on 2/1/23 of C Competencies for FC 3-"Diagnosis: Mild IDD; -Medical Concerns: M protein restriction, at rismedical emergencies, abuse, sexual abuse, r PTSD, and Mild IDD; -behavior concerns: phbiting, pushing, making destruction; -Goals/Outcomes: See Routines of Daily Care times"  -Signed by AFL Provide Provider #2 on 4/26/22; -No documented traininfollowing areas: children	d Unspecified lack of iological development in cal abuse, sexual abuse, lient Specific #3 revealed:  aple Syrup Urine disease, sk for metabolic crisis and history of psychological medical neglect, ADHD,  sysical aggression, kicking, threats, and property  Plan of Care; eneeds supervision at all er #1 on 4/25/22 and AFL gs provided for the n with histories of physical ical neglect, mental health are for children.  AFL Provider #1's ed:	V 108				
-	Interview on 1/31/23 wit revealed: -She was told about FC# 'he had maple syrup dis ·Only got a "tiny bit of in	#3 when he was admitted, ease and he was violent;"					
ision of Llast	egarding FC#3 and "did	In't find out that he had					

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WNG 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 108 V 108 Continued From page 3 been molested till he'd been here for 3-4 months;" -Denied she had received training on working with clients who had been sexually abused; -Had received the yearly training for Nonviolent Crisis Intervention (NCI), blood borne pathogens, "no other specific training;" Interview on 1/31/23 with the AFL Provider #2 revealed: -"We've never dealt with kids...with abused kids...this was new territory...don't know how to act or react;" -Denied she had received training on working with clients who had been sexually abused; -"We have had clients in the past where they have lied to us about history." Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed: -Information regarding FC#3 came from the local state psychiatric facility, and it didn't speak of anything (sexual)...if it had, we would have not thought it was a good fit;" -The LME/MCO sent a plan (regarding FC#3); -"The biggest thing with FC#3 was his maple syrup disease and making sure it was taken care of...' -AFL Provider #1 went and got trained through FC#3's doctors about his medications; -Was responsible for specific client training with AFLs: -Did not have a conversation with AFL Provider #1 and #2 about supervision of FC #3 online and video games, "leaving that up to [AFL Provider #1]:" Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed: -The QP was responsible for client specific

training: Division of Health Service Regulation

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ MHL059-069 B. WNG\_ 02/28/2023 NAME OF PROVIDER OR SUPPLIER

NAME OF PROVIDER OR SUPPLIER		TREET ADDRES	S, CITY, ST	TATE, ZIP CODE	
TAYLOR	HOME 43	BEAST CRAV	VFORD S	TREET	
		LD FORT, NO	28762		
(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) COMPLET DATE
	Continued From page 4  -She did the yearly AFL refresher training.  Interview on 2/9/23 with the Owner/Licensee revealed:  -"We are trained to deathwe can't create something on a piece of paper for 140+ client diagnoses."  This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days.  27G .0205 (C-D)  Assessment/Treatment/Habilitation Plan  10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN  (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days.  (d) The plan shall include:  (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;  (2) strategies;  (3) staff responsible;  (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;  (5) basis for evaluation or assessment of outcome achievement; and  (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.	V 1		QP looked over the treatment plans for the current members in the home and updated with any needed medical or behavior issues. Treatment plans will better reflect the behavioral and emotional issues that the members have.  Affected member is no longer with CCHC. CEO supplied training to all QPs on the proper documentation standards as it relates to treatment plans, supervisions, and member contact notes. This will ensure care coordination for all members that we serve. It will also allow for QPs to understand the importance of updating plans when new issues arise.  Specialist received an updated copy of treatment plans to ensure completion. Compliance specialist completed an audit of empoyee supervision notes, client contact notes, incident reports, and behavior reports to ensure that QP properly updated the treatment plans. Compliance Specialist will conduct quarterly audits of the same caliber.	2/15/202

Division o	f Health Service Regu	lation				
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL059-069	B. WING		02/28/2023	
NAME OF PE	ROVIDER OR SUPPLIER		DRESS, CITY, STATI			
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TAYLOR F	IONE	OLD FOR	RT, NC 28762			
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TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)		
V 112	Continued From page	e 5	V 112			
	This Rule is not met	as evidenced by:				
		iew and interviews, the				
	facility failed to deve	lop and implement treatment				
	strategies based on	client needs affecting 1 of 1				
	Former Client (FC#3					
		,				
	Review on 1/31/23 a	and 2/7/23 of FC #3's record				
	revealed:					
	-Admission date: 4/1	13/22;				
1	-Discharge date: 1/2					
	-Diagnoses: Maple	Syrup Urine Disease,				
	Attention Deficit Hyp	peractivity Disorder (ADHD),				
	Post Traumatic Stre	ss Disorder (PTSD), and Mild				
	Intellectual Develop	mental Disabilities;	1			
	-16-year-old male;					
		nent completed by Qualified				
	Professional (QP) o					
		unusual behaviors (sexual,				
		ogical?) YesIf yes, please				
	explain: Intense Be					
		ew revealed a Member Care				
		Management Entity/Managed				
	Care Organization (	LME/MCO) dated 4/13/22 that				
		a diagnostic history of				
	Conduct Disorder(D	D/O), Other specified				
		otional disorders with onset				
		childhood and adolescence,				
		and Unspecified lack of				
1	expected normal ph	nysiological development in				

childhood, psychological abuse, sexual abuse,

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TAYLOR HOME  3 EAST CRAWFORD STREET OLD FORT, NC 28762  OLD FORT, NC 28762  PREMIX REGULATORY OR LSD DENTIFYING INFORMATION)  V 112  Continued From page 6 and medical neglect; -Treatment Plan dated 4/13/22; "FC #3] will have residential supports. He requires 24-hour supervision and will receive assistance with his personal care needs, enhance/improve his self-care, independent living, and socialization skills at home and in the communityshort term goals: -Talking to staff when he gets apitated;" -There were no goals or strategies to address new needs that had emerged such as sexualized behaviors and inappropriate interactions with young children; -The treatment plan had not been updated since admission: -Treatment plan had add 4/13/22 was signed on 9/19/22 by the guardian.  Review on 2/1/23 of facility behavioral notes from 10/1/22 to 1/2/123 for FC #3 revealed: -10/11/22, FC #3 being verbally aggressive at school for female student in the facility; -10/27/22, FC #3 being verbally aggressive at school for female student into the bathroom trying to harm her: -12/13/22, FC #3 physically and verbally aggressive to teacher and became upset the therapist was not at school. FC #3 was suspended.  Review on 2/1/23 of the QP Home Visit notes from 4/1/22 to 1/1/23 FC #3 being verbally aggressive to teacher and became upset the therapist was not at school. FC #3 was suspended.			MHE039-069	B. WING_		02	2/28/2023	
OLI FORT, NC 28762  OLI SUMMARY STATEMENT OF DEFICISIONS (EACH DEFICIENCY MUST BE PRECIDED BY FULL TAG)  PREFIX TAG  OUT THE REGULATORY OR LSG IDENTIFYING INFORMATION)  V112  Continued From page 6 and medical neglect:  -Treatment Plan dated 4/13/22: "[FC #3] will have residential supports. He requires 24-hour supervision and will receive assistance with his personal care needs, enhance/improve his self-care, independent living, and socialization skills at home and in the community.  -short term goals:  -Talking to staff when he gets upset;  -Utilizing coping skills when he gets upset;  -Utilizing coping skills when he gets upset;  -There were no goals or strategies to address new needs that had emerged such as sexualized behaviors and inappropriate interactions with young children;  -The treatment plan had not been updated since admission;  -Treatment plan dated 4/13/22 was signed on 9/19/22 by the guardian.  Review on 2/1/23 of facility behavioral notes from 10/1/22 to 1/2/1/33 for FC #3 revealed:  -10/11/22, FC #3 bullying a female student at school and friends had to protect her to keep FC #3 from hitting her.  -10/25/22 FC #3 kicked the dog across the room at the facility;  -11/3/22, FC #3 bullying 8-year-old grandson at the facility;  -11/3/22, FC #3 bullying serbally aggressive at school to female student:  -12/1/22, FC #3 by spear-old grandson at the facility;  -11/3/22, FC #3 being verbally aggressive to teacher and became upset the therapist was not at school. FC #3 was suspended.  Review on 2/7/23 of the QP Home Visit notes from 4/1/22 to 1/1/23 revealed:	NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	STATE, ZIP CODE			
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PREFIX TAG  PREFIX TAG  CEACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION)  V112  Continued From page 6 and medical neglect: -Treatment Plan dated 4/13/22: "[FC #3] will have residential supports. He requires 24-hour supervision and will receive assistance with his personal care needs, enhance/improve his self-care, independent living, and socialization skills at home and in the communityshort term goals: -Talking to staff when he gets upset; -Utilizing coping skills when he gets agitated;" -There were no goals or strategies to address new needs that had emerged such as sexualized behaviors and inappropriate interactions with young children; -The treatment plan dated 4/13/22 was signed on 9/19/22 by the guardian.  Review on 2/1/23 of facility behavioral notes from 10/1/22 to 1/2/1/3 for FC #3 revealed: -10/11/22, FC #3 bullying a female student at school and friends had to protect her to keep FC #3 from hitting her; -10/25/22 FC #3 kicked the dog across the room at the facility; -11/27/22, FC #3 being verbally aggressive at school chasing a female student into the bathroom trying to harm her: -12/17/32, FC #3 being verbally aggressive to teacher and became upset the therapist was not at school. FC #3 was suspended.  Review on 2/7/23 of the QP Home Visit notes from 4/1/22 to 1/1/23 revealed:	IAILOKI	TOME	OLD FOR	RT, NC 28762				
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from 4/1/22 to 1/1/23 revealed:								
from 4/1/22 to 1/1/23 revealed:			5				- 1	
							- 1	
-No documentation of behaviors or concerns						1	- 1	
	-	No documentation of be	ehaviors or concerns				1	

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WNG\_ 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 112 Continued From page 7 V 112 except for 12/5/22 home visit related to FC #3; -12/5/22, "member is having behavior problem both at school and home. [Therapist] with [local mental health provider #1] is working on behavioral guidelines...he's been inappropriate with others when playing games and has been aggressive to younger kids...he has no control over impulse or emotions." Attempted review on 2/7/23 of FC #3's Treatment Team Notes was unsuccessful as there were no notes available for review. Interview on 2/7/23 with the Office Administrator -Confirmed there were not treatment team notes, only facility behavioral notes for FC #3. Interview on 2/3/23 with the AFL Provider #1 revealed: -Saw a treatment plan for FC #3 and had monthly treatment teams; -"Tried to help get [FC #3] in to therapy...had been expelled twice...(he) kept wanting to beat up a female;" -"[FC #3]'s guardian wouldn't sign the papers...nothing was done;" -FC #3 had a cell phone, had access to the internet, "nobody said anything different...nobody ever had a conversation with us about supervision on cell phones/video games." -FC #3 was having problems at school and there was supposed to be a behavior plan for FC#3..."but it never happened." -"I was going to take him to the hospital and have him assessed....but [Licensee] came out and assessed him back in November (2022)."

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revealed:

Interview on 1/31/23 with AFL Provider #2

PRINTED: 03/21/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL059-069 B. WING 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 8 V 112 -"Didn't know a lot about [FC#'3]'s past...he was standoffish to women...didn't have anything to do with me:" -"[FC #3]'s plan didn't have anything about 24-hour awake supervision." Interview on 1/31/23 and 2/7/23 with the QP revealed: -Completed treatment plans: -"The biggest thing with [FC#3] was his maple syrup disease and making sure it was taken care of ..." -Crisis call for FC #3, someone from the crisis team went and spoke to him "...he just needed help processing...he was being defiant and verbally aggressive;" -"He got into a lot of trouble at school...he got expelled so much where they couldn't expel him anymore because of his inappropriateness with other kids:" -Regarding the 12/5/22 home visit, FC #3 was being "smart alecky at the home...don't recall him having issues with other kids at the house;" -Regarding the "24-hour supervision" listed on FC #3's treatment plan, "It's not that he needs awake staff and supervision every second of the day;" -Clarified that "24-hour supervision", meant supervision like living in a home with a family..."If you get up in the middle of the night and are sick...you still have to take care of the client;" -Therapist for the Licensee only saw FC #3 after

Division of Health Service Regulation

days.

assessment.

the incident on 1/20/23 and did an updated

This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRFFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 V118 V 118 Continued From page 9 V 118 V 118 27G .0209 (C) Medication Requirements Employees of the facility have attended 2/15/2023 another Medication Administration trainging. Conducted by our on staff 10A NCAC 27G .0209 MEDICATION nurse REQUIREMENTS Compliance Specialist along with QP will do periodic walk throughs of the home to (c) Medication administration: (1) Prescription or non-prescription drugs shall ensure that they are properly documenting medication administration. only be administered to a client on the written A plan of improvement was conducted on order of a person authorized by law to prescribe the employees of the Taylor Home. (2) Medications shall be self-administered by clients only when authorized in writing by the client's physician. (3) Medications, including injections, shall be administered only by licensed persons, or by unlicensed persons trained by a registered nurse, pharmacist or other legally qualified person and privileged to prepare and administer medications. (4) A Medication Administration Record (MAR) of all drugs administered to each client must be kept current. Medications administered shall be recorded immediately after administration. The MAR is to include the following: (A) client's name; (B) name, strength, and quantity of the drug; (C) instructions for administering the drug; (D) date and time the drug is administered; and (E) name or initials of person administering the drug. (5) Client requests for medication changes or checks shall be recorded and kept with the MAR file followed up by appointment or consultation with a physician.

Division of Health Service Regulation

This Rule is not met as evidenced by:

PRINTED: 03/21/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 118 Continued From page 10 V 118 Based on record review, observation, and interview, the facility failed to ensure medications were administered as ordered by a physician and failed to keep MARS current affecting 2 of 2 current clients, (Client #1, #2). The findings are: Review on 1/31/23 and 2/1/23 of Client #1's record revealed: -Admission date: 7/3/15; -Diagnoses: Severe Intellectual Developmental Disabilities (IDD), Post Traumatic Stress Disorder (PTSD), Autistic Disorder (D/O), Cerebral Unspecified, Anemia Unspecified, other Encephalopathy, allergic rhinitis, and Constipation: -Physician orders for the following medications: B12 super strength (vitamin), give 0.2 milliliters (mls) orally, every day, written on 10/26/22 and discontinued on 1/29/23. Review on 2/3/23 of Client #1's MARs from February 1, 2023, to February 3, 2023 revealed: -B12 super strength was initialed as being administered daily in February 2023; Observation on 2/3/23 at 3:30pm of Client #1's medications revealed: -B12 super strength not present. Review on 1/31/23 and 2/1/23 of Client #2's

Division of Health Service Regulation

record revealed:

complications;

-Admission date: 11/15/21; -Diagnoses: Moderate Intellectual

Developmental Disabilities (IDD), Obsessive Compulsive Disorder (D/O), Anxiety D/O, Osteoporosis, Hyperlipidemia, Scoliosis, MRSA, Hypothyroidism, and Type 2 Diabetes without

-Physicians orders for the following medications: Cyproheptadine HCL (allergies), 4mg tablet (tab), Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 118 Continued From page 11 1 tab by mouth, three times a day, written 9/27/22 and discontinued on 1/18/23; -20 Doxycycline Hyclate (antibiotic) 100mg capsule (cap), 1 cap twice a day for 10 days written 1/26/23. Observation on 2/3/23 at 3:45PM of Client #2's medications revealed: -Cyproheptadine HCL present in bubble pack; -a bottle of 20 Doxycycline Hyclate 100mg, dispensed 1/26/23. Review on 2/1/23 and 2/3/23 of Client #2's MARs from December 1, 2022 to February 3, 2023 -Cyproheptadine HCL, was being administered in February 2023 daily. -Doxycycline Hyclate was not listed on MAR for January 2023 or February 2023 as administered. Interview on 2/3/23 with AFL Provider #1 revealed: -Initialed the vitamin as administered for Client #1, "out of habit;" -Client #2 was going to the doctor tomorrow for a follow up appointment and would talk to the doctor; -Forgot to write in the antibiotic on the MAR but had been giving the medication to Client #2; -The MARS are turned in by the 5th of each month and the nurse reviewed them. Due to the failure to accurately document medication administration, it could not be determined if clients received their medications as ordered by the physician. V 289 V 289 27G .5601 Supervised Living - Scope

Division of Health Service Regulation

NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, JP CODE  43 EAST CRAWFORD STREET  OLD FORT, NC 28762  (A4) ID  PREFIX TAD  CONTINUED FROM SUMMARY STATEMENT OF DEPOLISACIONS (EACH OPENDIANY WIST OF DEPOLISACIONS (EACH OPENDIANY OR USE DEMTIFYING INFORMATION)  PREFIX TAD  V 289  Continued From page 12  10A NCAC 27G, 5601 SCOPE  (a) Supervised living is a 24-hour facility which provides residential services to includuals in a home environment where the primary purpose of these services is the tacera, habititation or rehabititation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervised inving facility shall be licensed if the facility services limiting facility shall be licensed to serve a specific population as designated below.  (1) The or or nor entire clients, or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility.  (c) Each supervised living facility shall be licensed in the same facility.  (d) Each supervised inving facility shall be licensed to serve a specific population as designated below.  (1) "Ar designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (2) "B' designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (3) "C' designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (4) "D' designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (5) "E' designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (6) "E' designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (6) "E' des		IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  TAYLOR HOME  O(4) ID PRETX PAGE OFFICIENCY MUST BE PRECEDED BY PULL ERGOLAR CORNECTION PROTECTION FOR A 28782  Octobrough Taylor Continued From page 12  10 A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability of idabilities, or a substance abuse disorder, and who require supervised living facility shall be licensed in facility.  (c) Each supervised living facility shall be licensed readily (c) Page of the compliance special studies are primary diagnoss is a developmental disability but may also have other diagnoses;  (d) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (d) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (e) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (f) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (g) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (g) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (g) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (g) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (g) "C" designation means a facility which serves adults whose primary di			3	A. BUILDING	j:	COIVIE	LETED	
TAYLOR HOME  43 EAST CRAWFORD STREET OLD FORT, NC 28762  (X4) ID PREFIX PROUDERS PLAN OF CORRECTION (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  7 2889  Continued From page 12  10 A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed to serve a specific population as designated below. (c) Each supervised living facility shall be licensed to serve a specific population as designated below. (1) "A" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (2) "B" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (6) "E" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (6) "E' designation means a facility which serves ad			MHL059-069	B. WING		02/	28/2023	
AS LAST CRAWFORD STREET OLD FORT, NC 28762  PREDIX GRADI GENERATION SYSTEMAN OF DEPTICENCIES (RECHARD REPORTED BY THE PRECIDED	NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
DATE OF THE CASE OF THE PROVIDER'S HAND FORMATION PRETIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG.)  V 289 Continued From page 12  V 289 Continued From page 12  10A NCAC 27G .5601 SCOPE  (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.  (b) A supervised living facility shall be licensed if the facility serves either:  (1) one or more adult clients, Minor and adult clients shall not reside in the same facility.  (c) Each supervised living facility shall be licensed to serve a specific population as designated below.  (1) "A" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (2) "B" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (4) "D" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (5) "E" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (5) "E" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (6) "E" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have	TAVLOR	HOME						
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10A NCAC 27G .5601 SCOPE  (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.  (b) A supervised living facility shall be licensed if the facility serves either:  (1) one or more minor clients; or  (2) two or more adult clients shall not reside in the same facility.  (c) Each supervised living facility shall be licensed to serve a specific population as designated below:  (1) "" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;  (3) "C" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;  (4) "D" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (6) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (7) "C" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (8) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (8) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses;  (9) "B" designation means a f	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	COMPLETE	
		10A NCAC 27G .5601  (a) Supervised living is provides residential set home environment what these services is the corehabilitation of individillness, a development or a substance abuse supervision when in the (b) A supervised living the facility serves either (1) one or more a Minor and adult clients same facility.  (c) Each supervised livilicensed to serve a speed designated below:  (1) "A" designation serves adults whose problems but may also have (2) "B" designation serves adults whose problems but may also have (3) "C" designation serves adults whose problems adults adu	SCOPE s a 24-hour facility which ervices to individuals in a ere the primary purpose of are, habilitation or uals who have a mental al disability or disabilities, disorder, and who require e residence. I facility shall be licensed if er: Iminor clients; or adult clients. I shall not reside in the ving facility shall be edific population as on means a facility which imary diagnosis is mental we other diagnoses; on means a facility which rimary diagnosis is a y but may also have other on means a facility which imary diagnosis is a y but may also have other means a facility which rimary diagnosis is a y but may also have other on means a facility which rimary diagnosis is a y diagnosis is a y diagnosis is is dency but may also have  In means a facility which mary diagnosis is is dency but may also have  In means a facility which mary diagnosis is is dency but may also have	V 289	V289  Affected member was removed from the Taylor had 1/21/2023 and taken to another licensed facility as member. All other members in the home were saflook over the treatment plans for the current mem home and update with any needed medical or behavioral needs of the moved.  Qualifed Priofessional brought in employees of the Home to ensure they were properly trained on the behavioral needs of the current members.  CEO supplied a training to all QPs on the proper documentation standards as they relate to treatme supervision notes, and member contact notes. CE the compliance specialist with a copy of completed compliance specialist with a copy of update plans. QP supplied compliance specialist with a cocompleted employee training on their member's metabehavioral needs.  CCHC updated the admissions policy to reflect that admissions will have to be approved by referral QP to ensure that all necessary documentation is in plance with the waiver updated by the 1st of calendar year. CEO has added a certification to our system with an expiration date on juvenile waivers, ensure that waivers are updated by the 1st of every year.  CCHC did not have guardian premission for the rapper standard to the complex of the current members of the current me	s the only in each of the control of	2/15/2023 2/9/2023 2/10/2023	

Division of Health Service Regulation (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_\_ B. WNG\_ 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 V 289 Continued From page 13 three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record review, observations, and interviews, the facility failed to provide services within the scope of their license affecting 1 of 1 Former Client (FC#3). The findings are: Cross Reference: 10A NCAC 27G .0202 Personnel Requirements (V108). Based on record review and interview, the facility failed to ensure staff were trained to meet the mh/dd/sa needs of the client affecting 2 of 2 paraprofessional staff (AFL Providers #1 and #2). Cross Reference: 10A NCAC 27G .0205

Division of Health Service Regulation

Service Plan (V112)

Assessment and Treatment/Habilitation or

STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(V2) MULTIT	OLE CONCEDUCATION			
	OF CORRECTION	IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION		(X3) DATE SURVEY	
	Professional Carlos Historica Applica Application (2000) (2004) (2004)		A. BUILDING	G:	COMP	PLETED	
			1				
		MHL059-069	B. WING				
					02	/28/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
		43 EAST	CRAWFORD	STREET			
TAYLOR	HOME		T, NC 28762	OTTEL!			
0/4/15	CUBANADYOTA		1,110 20/02				
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORR		(X5)	
TAG		SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTION SH	HOULD BE	COMPLETE	
		,	TAG	CROSS-REFERENCED TO THE AP DEFICIENCY)	PROPRIATE	DATE	
			+				
V 289	Continued From page	14	V 289				
	Based on record revie	wondintonious the					
	Based on record revie						
	facility falled to develo	p and implement treatment	1				
		ient needs affecting 1 of 1					
1	Former Client (FC#3).					1	
	Cross Reference: 10A						
	Operations (V291). Ba	ased on record review and				-	
	interviews the facility fa	ailed to provide service					
	coordination for 1 of 1	Former Client (FC#3).	1				
		, , , , , , , , , , , , , , , , , , , ,					
	Review on 1/31/23 of t	he Division of Health					
		HSR) records revealed:					
		as a 5600F, Supervised					
		amily Living in a Private					
	Residence (for adults);		1				
			1				
	-Licensed capacity was						
	-3/25/22, waiver from L	OHSR approved a minor,					
	FC #3, to reside in the						
	clients for the licensure	year 2022, expired	1				
	December 31, 2022.		1				
			1				
	Review on 1/31/23 and	2/1/23 of Client #1's	1				
	record revealed:						
1	-Admission date: 7/3/15	5:					
		ellectual Developmental					
	Disabilities (IDD), Post	Traumatic Stress					
	Disorder (PTSD), Autist						
		ified, Anemia Unspecified,				1	
						- 1	
	other Encephalopathy,	allergic rhinitis, and				- 1	
	Constipation;						
	-37-year-old female .					1	
	D - 1 - 404100 - 1						
40	Review on 1/31/23 and	2/1/23 of Client #2's					
	record revealed:						
	-Admission date: 11/15						
	-Diagnoses: Moderate					- 1	
	Compulsive D/O Anxiety					- 1	
	D/O, Osteoporosis, Hyp	perlipidemia. Scoliosis				1	
	MRSA, Hypothyroidism,					- 1	
	without complications;	, and Typo 2 Diabetes				1	
	minout complications,						

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WING\_ 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 Continued From page 15 V 289 -51-year-old female. Review on 1/31/23 of FC #3's record revealed: -Admission date: 4/13/22; -Discharge date: 1/21/23; -Diagnoses: Maple Syrup Urine Disease, Attention Deficit Hyperactivity Disorder (ADHD), Post Traumatic Stress Disorder (PTSD), and Mild -16-year-old male . Interview on 1/31/23 with the AFL Provider #1 revealed: -The Local Management Entity/Managed Care Organization (LME/MCO) contacted her about taking FC #3; -"Had a pretty good relationship with [LME/MCO]...they like to put people in the home." Interview on 1/31/23 with the AFL Provider #2 -"(LME/MCO) called and asked if we had a bed...we had one...it was a child and we needed to get special permission." Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed: -"Paperwork was done to get him out of [local state psychiatric facility] and into a community environment;" -"[LME/MCO] called and asked if they (AFL Provider #1 and #2) would be willing to take a child...and agreed;" -Was responsible for waivers. Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed: -Regarding whom they wouldn't admit, "typically we stay clear of children...don't take a lot of

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mental health folks;"

PRINTED: 03/21/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WNG MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5)(EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFFIX PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 289 Continued From page 16 V 289 -AFL Provider #1, "talked them (Licensee) into taking [FC#3]"; -Believed that the waiver for FC #3 to reside in the same facility as adults extended to 2023. Interview on 2/6/23 with the Owner/Licensee revealed: -The QP was responsible for admitting clients for the company; -"Was not overly involved in [FC #3]'s admission." Review on 2/8/23 of the plan of protection dated 2/8/23 written by Owner/Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Affected member was removed from the Taylor Home on 1/21/2023 and taken to another licensed facility as the only member. All other members in the home are safe. QP will look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues by the end of business on 2/10/2023. Affected member's treatment plan will be updated by the end of business on 2/10/2023. Treatment plan will better reflect the behavioral and emotional issues that the member has. The treatment plan will also be updated to reflect his medical issue that requires a specific diet and to better clarify the amount of supervision that is required of the member. Qualified Professional will bring in employees of the Taylor Home to ensure they are properly trained on the medical and behavior needs of the current members by 2/15/2023. Qualified Professional will bring in the

as it relates to treatment plans, supervision notes, Division of Health Service Regulation

affected member's new AFL to ensure they are properly trained on his medical and behavior needs by 2/15/2023. CEO will supply a training to all QP's on the proper documentation standards

FORM APPROVED Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING\_ 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 V 289 Continued From page 17 and member contact notes by the end of business on 2/9/2023. Describe your plans to make sure the above happens. Qualified Professional will send CCHC's Compliance Specialist a copy of any updated treatment plans by the close of business on 2/10/2023. Compliance Specialist will complete an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that Qualified Professional is completing proper documentation and updating treatment plans as needed. QP will supply Compliance Specialist with a copy of completed employee training on their member's medical and behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023." Review on 2/9/23 of the amended Plan of Protection dated 2/8/23 written by the Owner/Licensee revealed: "What immediate action will the facility take to ensure the safety of the consumers in your care? Information from original plan of protection remains unchanged with the addition of... This will ensure care coordination for all members that we serve. This will also allow for QPs to understand the importance of updating plans when new issues arise.

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documentation is in place.

All new admissions will have to be approved by referral QP and CEO in accordance with our admissions policy to ensure that all necessary

Any juveniles being admitted to a licensed facility with adults will have an approved waiver in place

PRINTED: 03/21/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED. A. BUILDING: \_ MHL059-069 B. WING 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 289 Continued From page 18 V 289 with the waiver being updated by the 1st of each calendar year. Describe your plans to make sure the above happens. Qualified Professional will send CCHC's Compliance Specialist a copy of any updated treatment plans by the close of business on 2/10/2023 to ensure that they have been updated appropriately. Compliance Specialist will complete an audit of employee supervision notes, client contact notes, incident reports, and behavior reports to ensure that Qualified Professional is completing proper documentation and updating treatment plans as needed. QP will supply Compliance Specialist with a copy of completed employee training on their member's medical and behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023. This will ensure that training on care coordination and proper documentation has taken place. All new admissions will require a signature of approval by the referring QP and the CEO to ensure that all documentation is in place prior to admission. Referring QP and CEO will sign off that a juvenile

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every calendar year."

waiver has been completed when a juvenile is pending movement into a home with adults. CEO will add a certification to our electronic system with an expiration date on juvenile waivers. To ensure that waivers are updated by the 1st of

This facility is licensed in a private residence that currently serves individuals with developmental and intellectual disabilities. Two adult clients have

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_\_ B. WNG\_ 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRFF!X PRFFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 289 V 289 Continued From page 19 resided in the facility that were non-ambulatory requiring full-time care with one of those clients being non-verbal. The Licensee, QP, and AFL Providers agreed to admit FC #3, a minor, from a local state psychiatric facility with diagnoses of Maple Syrup Disease, Mild IDD, ADHD, and Conduct D/O with a history of psychological and sexual abuse. The facility failed to follow their own admission policy to ensure adequate referral information was gathered and processed prior to admittance which showed a need for structure and supervision, specifically online with video games, aggressive and sexualized behaviors. Treatment plans and facility paperwork did not identify client needs, behaviors, or efforts to address them. There were two incidents of sexually inappropriate behavior prior to January 20, 2023; an incident with FC #3 that occurred in the summer 2022 and in October 2022, with another child, yet supervision, care, and oversight remained the same. Counseling services were not put in place to support FC #3's mental health until after 1/9/23. Supervision from the QP was lacking on documentation. On the night on 1/20/23, FC #3 sexually abused AFL Providers #1 and #2's 8-year-old grandson while unsupervised upstairs in the facility. Both staff were under the influence of medication at the time and failed to contact law enforcement, social services, and the licensee until the following day on 1/21/23. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days. An administrative penalty of \$2,000.00 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.

PRINTED: 03/21/2023 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ MHL059-069 B. WNG 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 20 V 291 V 291 27G .5603 Supervised Living - Operations V 291 V291 10A NCAC 27G .5603 **OPERATIONS** CCHC was never made aware of member's (a) Capacity. A facility shall serve no more than sexual abuse towards others. CCHC would six clients when the clients have mental illness or never put a member with these issues in a developmental disabilities. Any facility licensed home around other members or children. on June 15, 2001, and providing services to more 2/15/2023 QP supplied Facility with training on current than six clients at that time, may continue to members to ensure they are properly trained provide services at no more than the facility's on the member's medical and mental needs. licensed capacity. CEO supplied QPs with training in regards to (b) Service Coordination. Coordination shall be proper documentation standards as it relates to maintained between the facility operator and the treatment plans, contact notes, supervision qualified professionals who are responsible for notes, and care coordination. CEO has updated treatment/habilitation or case management. care coordinaton polices and admission policies (c) Participation of the Family or Legally Compliance specialist will conduct periodic Responsible Person. Each client shall be reviews of treatment plans, supervision, notes, provided the opportunity to maintain an ongoing medical notes etc. to ensure that QPs are relationship with her or his family through such updating treatment plans and goals as needed. means as visits to the facility and visits outside the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices. needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern.

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This Rule is not met as evidenced by:

Based on record review and interviews the facility failed to provide service coordination for 1 of 1 Former Client (FC#3). The findings are:

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 Continued From page 21 V 291 Review on 1/31/23 and 2/6/23 of FC #3's record revealed: -Admission date of 4/13/22; -Discharge date of 1/21/23; -Diagnoses: Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Maple Syrup Urine Disease, History of psychological, sexual abuse and medical neglect; -Age: 16-year-old male; -Further record review revealed a of Psychiatric Evaluation from local state psychiatric facility dated 9/10/21 revealed: -"...history of traumatic life experiences...;" -"...Refrains from alcohol, drugs, and sexual activity: however, there is a notation in the [hospital] records that came with him that says he needs to be carefully monitored when he is online with gaming opportunities as he was noted to be in contact with a man having some inappropriate conversation with him apparently of some sexual nature;" -"...Characterological traits of concern which may be leading him to report pseudo-psychotic symptoms. He does not present as psychotic in my view, but he may ascribing some of his misbehaviors as being due to 'voices' rather than actually experiencing hallucinations;" -"...there is some suggestion in paperwork that came with him that he may have been traumatized sexually and targeted by an adult male online;" -a Member Care Plan from the Local Management Entity (LME/Managed Care Organization) dated 4/13/22 that showed FC #3 had a diagnostic history of Conduct Disorder (D/O), Other specified behavioral and emotional disorders with onset usually occurring in childhood and adolescence, other conduct D/O,

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and Unspecified lack of expected normal

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY	
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	neglect; -"behaviors have incyeardisplayed verba -"[FC #3] loves video g monitored if paying on an incident involving on an incident on an incident on incident on incident on an incident on an incident on an incident on incident on an incident on	ment in childhood, sexual abuse, and medical creased over the last l/physical aggression;" games but should be line (reportedly there was onversations of a sexual ale at one time);" Ill in an environment with possistent equent breaks and s;" arge paperwork from prior psychiatric facility) with equired by the facility intation of referrals for e AFL Provider #1's alled:  E AFL Provider #1 and AFL tions dated 5/5/16 and ill provideservices to a vidual Service Plan) ISP in client's care coordinator P; litties: ment at all times for the l/QP and case manager	V 291				

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WNG 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) V 291 V 291 Continued From page 23 physical or mental condition; -Inform direct supervisor/County Social Services of any abuse, neglect, or exploitation that you may see affecting the client; -Inform direct supervisor if any accidents occur...To be safe: report all accidents/incidents...' -Chain of Supervision: Qualified Professional, Chief Executive Officer (CEO)." Review on 2/9/23 of the Alternative Family Living Services Agreement, signed by AFL Provider #1 and AFL Provider #2 dated 9/23/20 and refresher training dated 11/29/22 revealed: "AFL Responsibilities: -AFL provider will maintain home to ensure compliance with all DHSR (Division of Health Service Regulation) and LME (Local Management Entity) requirements; -AFL provider will provide supervision as required by the client's plan of care; -AFL will consult with [Licensee]in the event of any emergency regarding specific behavioral, emotional, or medical issues;" Review on 2/8/23 of the QP's employee record revealed: -Hire date: 3/10/15. Review on 2/9/23 of the QP's job description dated 7/14/20 revealed: -"Job Description: coordinating and monitoring all aspects of innovations/state funded consumer -Be aware of all consumer support plans and interventions: -Train advise direct care waiver staff of all consumer support plans/goals and interventions;

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-Monitor progress of person-centered plans;

-Supervise direct care staff;

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MANE OF PROVIDER OR SUPPLIER  TAYLOR HOME  AS EAST CRAWFORD STREET OLD FORT, NC 28762  V 291  Continued From page 24  -Provide opportunity for training to direct care waiver staff. Performance Measurements: -Ensures AFL Homes are safe and meet standards; -Supervises waiver staff according to policy; -Keeps waiver staff up to date in regard to all changes regarding their clients; -Ompletes supervision notes on target in a timely mannerTrains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals in to meet consumers plan of care."  -Chain of Supervision: Vice President (VP) of Operations."  Review on 1/31/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Level I incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud, Grandson was crying so AFL investigated as to what was wrong. As he was going upstains the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson staff that the member removed his underwear and was fondling him; -incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours."  Review on 2/2/23 of the Local Law Enforcement Report revealed:	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	ACCO - MARIA ACCARDOS AND			
MANE OF PROVIDER OR SUPPLIER  TAYLOR HOME  AS EAST CRAWFORD STREET OLD FORT, NC 28762  OLD FORT, NC 28762  AS EAST CRAWFORD STREET OLD FORT, NC 28762  OLD FORT, NC 28762  CROUNDERS PLAN OF CORRECTION REGULATORY OR LSC IDENTIFYING INFORMATION)  V 291  Continued From page 24  -Provide opportunity for training to direct care waiver staff. Performance Measurements: -Ensures AFL Homes are safe and meet standards; -Supervises waiver staff according to policy; -Keeps waiver staff up to date in regard to all changes regarding their clients; -Completes supervision notes on target in a timely mannerTrains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals in to meet consumers plan of care."  -Chain of Supervision: Vice President (VP) of Operations."  Review on 1/31/23 of the North Carolina Incident Response Improvement System (IRIS) revealedLevel II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud. Grandson was crying so AFL investigated as to what was wrong. As he was going upstairs the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson stated in the member removed his underwear and was fondling him; -Incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the wasking hours."  Review on 2/2/23 of the Local Law Enforcement Report revealed:			5				
ASTRECTADDRESS, CITY, STATE. ZIP CODE  TATUOR HOME  AS ASTR CRAWPORD STREET  OLD FORT, NC 28762  REGULATORY OR LSC IDENTIFYING INFORMATION)  PREFIX TAG  COntinued From page 24  -Provide opportunity for training to direct care waiver staff; Performance Measurements: -Ensures AFL Homes are safe and meet standards; -Supervises waiver staff up to date in regard to all changes regarding their clients; -Completes supervision notes on target in a timely manner; -Trains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals in to meet consumers plan of care;" -Chain of Supervision: Vice President (VP) of Operations:  Review on 1/31/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Level II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud, Grandson was crying so AFL investigated as to what was wrong. As he was going upstains the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL saked grandson what happened. Grandson stated that the member removed his underwear and was fonding him; -incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours."		MHL059-069 . B. WING		B. WING	***		2/20/2022
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CROSS-REFERENCE TO THE APPROPRIATE DATE  V 291  -Provide opportunity for training to direct care waiver staff. Performance Measurements: -Ensures AFL Homes are safe and meet standards, -Supervises waiver staff according to policy; -Keeps waiver staff up to date in regard to all changes regarding their clients; -Completes supervision notes on target in a timely manner; -Trains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals into meet consumers plan of care; -Chain of Supervision: Vice President (VP) of Operations."  Review on 1/31/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Level II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud. Grandson was crying so AFL investigated as to what was wrong. As he was going upstairs the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson stated that the member removed his underwear and was fondling him; -Incident Prevention. Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours."  Review on 2/2/23 of the Local Law Enforcement Report revealed:		(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	133525	(EACH CORRECTIVE ACT	ION SHOULD BE	
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Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 Continued From page 25 V 291 from the facility on 1/21/23 at 9:54AM to report sexual assault on a child. Review on 2/7/23 of the QP Home Visit notes from April 2022-January 2023 revealed: -Home visit dated 7/6/22 "... Document any changes to member including but not limited to medication changes, changes in health, need for goals updated, etc;" -...Keeping same goals add counseling into also;" -Form dated 7/6/22 and signed by AFL Provider #1 and QP: -No documentation of behaviors or concerns regarding FC #3 except for 12/5/22 home visit. Interview on 2/8/23 with the Care Manager from Local Management Entity/Managed Care Organization (LME/MCO) revealed: -Referral for therapy "...didn't really happen. There was some difficulty in locating a provider due to [guardian]...difficulty in getting her to sign paperwork;" -The first agency "...had an issue with billing and it didn't happen;" -The second agency was a resource in a nearby city and "...believed this was put in place in July of last year;" -Reported to have "...emailed everything to Community Companion Home Care, LLC.; discharge paperwork, plan and evals (evaluations)...;" -AFL Provider #1 was present at the hospital/previous placement for discharge and received discharge paperwork which included psychiatric evaluation; -The discharge planning meeting happened at the hospital prior to discharge and AFL Provider #1 was present.

Division of Health Service Regulation

Review on 2/6/23 of the local mental health

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIF	PLE CONSTRUCTION	(X3) DA7	E SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:		3:		COMPLETED	
		MHL059-069	B. WING		0	2/28/2023	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
TAYLOR	HOME	43 EAST (	CRAWFORD	STREET			
		OLD FOR	T, NC 28762				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE BE APPROPRIATE	(X5) COMPLETE DATE	
V 291	Continued From page	26	V 291				
. 201			V 291				
	agency #2 referral rev						
	-Purpose of referral wa						
	recommendations to s	ealth and IDD Diagnosis					
	using a trauma informe	ed perspective. "					
	-Signed by the therapi						
	and and anotaph	00011110120.					
	Interview on 1/31/23 a	nd 2/3/23 with the AFL					
	Provider #1 revealed:						
		t FC #3 from the LME/MCO					
		rup disease and he was					
	violent;"						
	-"I didn't find out he (Fo	C #3) had been molested					
	until he had been here						
	-Tried to get FC #3 into happened;"	therapy "it never					
	-Community Companio	on Homo Coro II C					
	(Licensee) was aware	of the request for therapy.					
	-No trainings received	in the last 3 months:					
	-Behavior plan with the	school "never came to					
	fruition;"						
	-Took Trazadone to sle	ep on night of 1/20/23 and				1	
	went to bed at 10:00PN	<b>/</b> 1;					
		grandson were upstairs					
	playing an online video						
		een sick and had taken					
	some Robitussin (later	ciarified as Nyquil); to bed around 11:30PM					
	and he heard 8-year-old	d grandeon scream:					
	-AFL Provider #2 went	unstairs and saw					
f	8-year-old grandson pu	lling up his pants and that					
	"[FC #3] wouldn't let hin	nkept trying to touch him					
	everywhere;"						
	-AFL Provider #2 broug						
100	downstairs to sleepno	rmally when they					
	(grandkids) spend the n	ight they sleep in the					
	living room next to their						
	-9:00 am the next day a	nd "that's when I started					
	making phone callsma	ade [FC #3] call his					
	grandmother, called the	police;"					

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 Continued From page 27 V 291 -"[8-year-old grandson] reported to his mother that [FC #3] went down on him and bit him ...on the penis:" -This incident occurred in the exercise room (upstairs) that had been made into an extra bedroom; -"When I went to bed...they (8-year-old grandson and FC#3) were in there playing;" -"Remember him (AFL Provider #2) saying something to me that evening....was vaguely out of it...didn't realize the severity of it;" -On 1/21/23 FC #3 left the residence; -8-year-old grandson spent the night every other Friday and the opposite Fridays, his 4-year-old sister did, "but she slept with me...she wasn't allowed upstairs;" -When asked if anything had happened prior, "No. I had no clue. The only thing that did come up. My husband's brother and they have 3 kids. There was a situation with one of his kids...They were playing games at school and [FC #3]'s name came up on the [online video game]. [FC #3] was talking dirty...I brought it up to the team (Licensee) about that...maybe in October;" - AFL Provider #1 found this information out through that child's mother and reported the information to the Licensee; -"Brought it up to my team in October (2022)...and filled out a report at the office;" -FC #3 had a cell phone, had access to the internet, "nobody said anything different...nobody ever had a conversation with us about supervision on cell phones/video games;" -Regarding the other clients, FC #3 didn't have much to do with the other two clients in the home, "thought that he was better than them;" -"Tried to get [FC #3] into counseling, the paperwork never got signed by the guardian...

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[Licensee] knew he needed counseling...had treatment team meetings and nothing got done;"

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIF	LE CONSTRUCTION	(X3) DATE	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	St		COMPLETED	
		MHL059-069	B. WING		02	/28/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
TAYLOR I	HOME	43 EAST	CRAWFORD S	STREET			
		OLD FOR	T, NC 28762				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE	
V 291	Continued From page	28	V 291				
	-Denied knowing that of 2022 when FC #3 b room with the 8-year-c nature.	the incident in the summer arricaded himself in the old grandson was sexual in	V 291				
	August 2022 to preser -No documentation reg	garding FC #3 being online with another child as					
	go upstairs and play;" -AFL Provider #1 had t was asleep; -"It was close to bedtim to tell them to go to bed twicehadn't had REM sleep in 4 days;" -"They were playing [or didn't want a bunch of r -Heard a big thud arour 8-year-old grandson wa upstairs; -"[FC #3] was running of the door and is perky, [8-year-old grandson] tr up;" -8-year-old grandson re #3] tried to pull his (8-ye underwear down and ru -Took 8-year-old grands and told AFL Provider # (AFL Provider #1) fell on	#3's history; ad "been sick as a dog d 8-year-old grandson) to aken some medicine and he and I was getting ready dtook some Nyquil, I (rapid eye movement) hiline video game]we hoise;" hd 11-11:30 pm and has crying and went but of the room and shut goes into room and sees hying to pull his underwear heported to him that "[FC hear-old grandson's) his on him;" son downstairs with him high, "I'm getting dizzy, she					

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **43 EAST CRAWFORD STREET TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 Continued From page 29 V 291 -They made phone calls the next morning and FC #3 told his grandmother he touched him (8-year-old grandson); -"Had never been in this situation before;" -Denied knowledge of FC #3's history or prior incidents of inappropriate sexualized behavior. -"Didn't know he had been abused until after the fact of the situation (of the incident on 1/20/23);" -"His (FC #3) plan didn't have anything about 24 awake supervision." Interview on 2/8/23 with the guardian of the 8-year-old grandson revealed: -End of last summer (2022) was when FC #3 barricaded himself in the room at the AFL home with the 8-year-old; -Had a conversation in summer of 2022 with AFL Provider #1 and AFL Provider #2 that the 8-year-old would not be allowed in the room with FC #3: -AFL Providers #1 and #2 failed to tell the guardian that the incident in the summer of 2022 included an allegation of sexualized behaviors from FC #3 toward the 8-year-old grandson. Interview on 1/31/23 and 2/6/23 with the Qualified Professional (QP) revealed: -Completed FC #3's admission paperwork; -Denied knowing any knowledge of sexualized history with FC #3; -Tried to get FC #3 into services, "the AFL was having a hard time getting someone to respond to her ...it had been a while since his birthday (August 2022) that we were trying to get him in;" -The therapist within Community Companion Home Care, LLC just saw him after the incident on 1/20/23: -"The biggest thing was his disease (Maple Syrup Urine Disease) and making sure that was taken

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care of ...;"

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ B. WING MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 30 V 291 -Was not aware of any restrictions or recommendations regarding being monitored/observed when playing online video games; -"That was not a conversation we (AFL Providers #1, #2 and QP) had about his video games. I would assume so after that event (with neighborhood boy in October 2022 where FC #3 had been chatting sexually inappropriate via an online video game) ...But I don't know. I never discussed it during my home visits:" -"[AFL Provider #1] may have had a conversation with him (FC #3). Generally, in an AFL setting, you redirect the person back to appropriate behavior;" -"The only information we got was from [State Hospital] and it didn't speak of anything. If it had, we would have not thought it was a good fit;" -Regarding a behavior log/report regarding incident in October 2022 with the nephew and an online video game,...I remember her telling me about that...I'd have to go look...I don't remember what she said..." -Denied that there were issues with FC #3 and the grandkids or other clients in the home; -Regarding the home visit on 12/5/22, FC #3 got into a lot of trouble at school ...he got suspended so much where they couldn't suspend him anymore because of his inappropriateness with other kids: Interview on 1/27/23 with the local Department of Social Services revealed: -The AFL Providers #1 and #2 were aware prior to 1/20/23 of an incident last summer 2022 where FC #3 had barricaded himself in a room in the AFL home with the 8-year-old and was allegedly "humping him" and AFL Provider #2 was told about it: -AFL Provider #2 told the 8-year-old grandson

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 291 V 291 Continued From page 31 "...don't go in [FC #3]'s room anymore." Interview and record review on 2/2/23 with the 2/10/2023 local law enforcement officer revealed: -Incident with FC #3 being inappropriate online with another child (AFL providers nephew) via online video game occurred in October 2022 and was reported in November 2022; -The AFL Providers #1 and #2 were aware of this incident: -There was a separate prior incident in the summer of 2022 with FC #3 within the last year in which he barricaded himself in a room with the AFL Provider #1's 8-year-old grandson; -Parents of the victim were not made aware by AFL Providers #1 and #2 that anything sexual had happened at that time and rules were put in place that the 8-year-old could not go up to FC #3's room upstairs; -FC #3 is going to be charged with two felonies, 1st degree statutory sex offense and second-degree forcible sex offense; -Expressed concern that the AFL Provider #2 waited until the following morning on 1/21/23 to call authorities. Interview on 2/8/23 with the Chief Executive Officer (CEO) revealed: -Supervised the QP for the home and agency; -The QP did the referrals; -Provided the yearly AFL refresher training in November 2022 and AFL Providers #1 and #2 were present: -The QP is responsible for the client specific training for AFLs and waivers; -"[QP] supervises that home (Taylor Home). She is in contact with [AFL Provider #1] multiple times -QP doesn't have to have supervision...that's not

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in rule and "we go above and beyond;"

PRINTED: 03/21/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL059-069 B. WING 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 291 Continued From page 32 V 291 -No one followed up behind the QP, "she had been in the field for so long and knew so much ...she is always telling me and updating me;" -"I make sure they are going on visits and submitting paperwork...I don't review every client:" -Regarding FC #3, "I knew he was a child...had a special diet...but other than that didn't know the ins and outs of him." Interview on 2/6/23 with the Owner/Licensee revealed: -The QP was a part of the admission process; -"We do not take people because of sexual -"If I had known [FC #3]'s behaviors, I wouldn't have put him in a home with clients that can't verbalize." This deficiency is cross referenced into 10A NCAC 27G .5601 Scope (V289) for a Type A1 rule violation and must be corrected within 23 days. V 512 27D .0304 Client Rights - Harm, Abuse, Neglect V 512 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

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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

Division of Health Service Regulation (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 33 aggressive client and which is permitted by V512 governing body policy. The degree of force that Affected member was removed from the Taylor home on is necessary depends upon the individual 1/21/2023 and taken to another licensed facility as the only member. All other members in the home were safe. QP will characteristics of the client (such as age, size 2/10/2023 look over the treatment plans for the current members in the home and update with any needed medical or behavioral issues and physical and mental health) and the degree of aggressiveness displayed by the client. Use of Affected member's treatment plan did not need updated as intervention procedures shall be compliance with he moved Subchapter 10A NCAC 27E of this Chapter. Qualifed Prfofessional brought in employees of the Taylor Home to ensure they were properly trained on the medical and behavioral needs of the current members. (e) Any violation by an employee of Paragraphs 2/15/2023 (a) through (d) of this Rule shall be grounds for CEO supplied a training to all QPs on the proper dismissal of the employee. documentation standards as they relate to treatment plans 2/9/2023 supervision notes, and member contact notes. CEO supplied the compliance specialist with a copy of completed training QP sent the compliance specialist a copy of updated treatment plans. QP supplied compliance specialist with a copy of completed employee training on their member's medical and 2/10/2023 This Rule is not met as evidenced by: behavioral needs Based on observations, record reviews and CCHC updated the admissions policy to reflect that all new admissions will have to be approved by referral QP and CEO interviews, 2 of 2 Alternative Family Living (AFL) 2/15/2023 Providers (AFL Provider #1 and #2) and the to ensure that all necessary documentation is in place. Any juveniles admitted to a licensed facility will have an approved waiver in place with the waiver updated by the 1st of each Qualified Professional (QP) neglected 1 of 1 Former Client (FC #3). The findings are: calendar year CEO has added a certification to our electronic system with an expiration date on juvenile waivers. This will ensure that waivers are updated by the 1st of every calendar Review on 2/3/23 of the AFL Provider #1's personnel record revealed: -Hire date of 6/1/16: A plan for improvement was conducted on the employees A pian for improvement was conducted on the employees of the Taylor Home regarding their decision making and lack of supervision. A plan of improvement was conducted on the QP regarding oversight of the AFL. These plans of improvement have documented areas of supervision and 2/15/2023 -Job description of AFL; -Client Specific Training of FC #3 dated 4/25/22. timelines for improvement. Review on 2/3/23 of the AFL Provider #2's personnel record revealed: -Hire date of 8/8/16: -Job description of AFL; -Client Specific Training of FC #3 dated 4/26/22. Review on 2/8/23 of the AFL Provider #1 and AFL Provider #2 job descriptions dated 5/5/16 and 8/8/16 revealed: -"Direct Care Worker will provide ... services to a client...per client's (Individual Service Plan) ISP and as directed by each client's care coordinator

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and direct supervisor/QP;

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: \_ MHL059-069 B. WING 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) **PREFIX** (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) Continued From page 34 V 512 V 512 -Duties and Responsibilities: -Provide a safe environment at all times for the client you are serving; -Keep direct supervisor/QP and case manager aware of any changes, updates in the client's physical or mental condition; -Inform direct supervisor/County Social Services of any abuse, neglect, or exploitation that you may see affecting the client; -Inform direct supervisor if any accidents occur...To be safe: report all accidents/incidents..." -Chain of Supervision: Qualified Professional. Chief Executive Officer (CEO)." Review on 2/9/23 of the Alternative Family Living Services Agreement, signed by AFL Provider #1 and AFL Provider #2 dated 9/23/20 and refresher training dated 11/29/22 revealed: "AFL Responsibilities: -AFL provider will maintain home to ensure compliance with all DHSR (Division of Health Service Regulation) and LME (Local Management Entity) requirements; -AFL provider will provide supervision as required by the client's plan of care; -AFL will consult with [Licensee]in the event of any emergency regarding specific behavioral, emotional, or medical issues." Review on 2/8/23 of the QP's personnel record revealed: -Hire date of 3/10/15; -Per job description, "Chain of supervision: VP (Vice President) of Operations;" -Job description signed by QP and CEO on 7-14-20. Review on 2/9/23 of the QP's job description dated 7/14/20 revealed:

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED **IDENTIFICATION NUMBER:** AND PLAN OF CORRECTION A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE COMPLETE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 35 V 512 -"Job Description: coordinating and monitoring all aspects of innovations/state funded consumer case: -Be aware of all consumer support plans and interventions: -Train advise direct care waiver staff of all consumer support plans/goals and interventions; -Monitor progress of person-centered plans; -Supervise direct care staff; -Provide opportunity for training to direct care waiver staff: Performance Measurements: -Ensures AFL Homes are safe and meet standards: -Supervises waiver staff according to policy; -Keeps waiver staff up to date in regard to all changes regarding their clients; -Completes supervision notes on target in a timely manner: -Trains all waiver staff under their supervision regarding Client Specific Issues; -Inputs plans and goals in...to meet consumers plan of care;" -Chain of Supervision: Vice President (VP) of Operations." Observation on 1/31/23 at 10:23 AM of the facility revealed: -Client #1, #2 who are non-ambulatory have bedrooms downstairs in the facility adjacent to the kitchen and AFL Provider #1, #2 have their bedroom to the right of the staircase downstairs; -FC #3 had a bedroom upstairs to the right, next to the bathroom: -There is an additional room on the left at the top of the stairs that was formerly an exercise room that had two beds in it. Review on 1/31/23 and 2/6/23 of FC #3's record

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revealed:

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-"Policy: Community Companion Home Care,

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WNG 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX PREFIX** CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 37 V 512 LLC shall have a written policy for client admission criteria:" -"Purpose: The purpose of this policy is to assure that all necessary information is available to determine what services the agency needs to provide for the client;" -"Process: 1. Criteria for admission on all members: No member may live in a licensed facility without having the above information in place ... Members must have an internal admission complete before moving from one CCHC facility to another ..." -"Prior to the delivery of services, a Qualified Professional and/or the Day Program Director will coordinate with the MCO Care Coordinator. This coordination shall include exchanging information on the following: presenting problems, needs and strengths, admitting diagnosis, social, medical, and family history and any additional information necessary for delivery of services..." Review on 2/7/23 of Admission Assessment for FC#3 dated 4/5/22 revealed: -"Does the participant have any unusual behaviors (sexual, behavioral, physiological)? Yes If yes, please explain: Intense behaviors;" -Medication list unknown. Review on 2/8/23 of the Referral Form for FC#3 dated 2/24/22 revealed: -"Strict dietary needs/protein restrictive diet plus supplements due to Maple Syrup Urine Disease;" -No additional information provided about diagnoses or behaviors. Review on 2/7/23 of the facility client specific competencies for FC #3 revealed: -Signed by AFL Provider #1 on 4/25/22; -Signed by AFL Provider #2 on 4/26/22;

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-Behavioral concerns including physical

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PRINTED: 03/21/2023 **FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 | Continued From page 38 V 512 aggression, kicking, hitting, biting, pushing, making threats, property destruction; -Needs supervision at all times: -No documented trainings provided for the following areas: children with histories of physical and sexual abuse, medical neglect, mental health and trauma informed care for children. Review on 2/7/23 and 2/8/23 of Client Behavioral Notes for FC #3 revealed: -Notes dated 10/11/22, 11/3/22, 12/7/22 and 12/13/22 all indicated aggressive behaviors at school; -Notes dated 10/25/22 and 10/27/22 indicated aggressive behaviors at home: -No documentation regarding any incidents/concerns with supervision or inappropriate/sexual behaviors with FC #3 and another child as mentioned by AFL Provider #1. Review on 2/6/23 of Member Care Plan from the LME/MCO dated 4/13/22 revealed: -"...behaviors have increased over the last year...he has displayed aggression...such as biting, hitting, kicking, impulsivity, agitation, verbal aggression/threats...' -"...[FC #3] loves video games but should be monitored if playing online (reportedly, there was an incident involving conversations of a sexual nature with an adult male at one time.)..." Review on 2/3/23 of Psychiatric Evaluation from the local state psychiatric facility for FC#3 dated

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9/10/21 revealed:

-"...history of traumatic life experiences..." -"...Refrains from alcohol, drugs, and sexual activity: however, there is a notation in the [hospital] records that came with him that says he needs to be carefully monitored when he is online with gaming opportunities as he was noted to be

Division of Health Service Regulation (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: \_\_\_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 39 in contact with a man having some inappropriate conversation with him apparently of some sexual nature:" -"...Characterological traits of concern which may be leading him to report pseudo-psychotic symptoms. He does not present as psychotic in my view, but he may ascribing some of his misbehaviors as being due to 'voices' rather than actually experiencing hallucinations;" -"...there is some suggestion in paperwork that came with him that he may have been traumatized sexually and targeted by an adult male online." Review on 1/27/23 and of 2/6/23 of the Division of Health Service Regulation Waiver Request paperwork revealed: -Waiver was approved for FC #3 to move into the AFL home in April 2022; -Waiver approval letter revealed "...the request for waiver be approved for licensure year 2022...cannot exceed the expiration date of the 2022 licensee...therefore shall be subject to renewal consideration upon the request of the licensee;" -No current waiver for licensure year 2023 allowing a minor to reside within the licensed facility. Review on 2/7/23 and 2/8/23 of the QP notes/supervision notes from April 2022-January 2023 revealed: -No discussion documented between QP and AFL Provider #1 or #2 regarding supervision of FC #3 when online; -No discussion documented regarding any inappropriate/sexual behaviors of FC #3; -No documentation of behaviors or concerns

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regarding FC #3 except for 12/5/22 home visit.

Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET TAYLOR HOME** OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) V 512 | Continued From page 40 V 512 Review on 2/2/23 of the Local Law Enforcement Report revealed: -Call to the local police department was made from the facility on 1/21/23 at 9:54AM to report sexual assault on a child. Review on 1/31/23 and 2/2/23 of the North Carolina Incident Response Improvement System (IRIS) revealed: -Level II incident on 1/20/23 "Late last night AFL (AFL Provider #2) was watching television (TV), heard a big thud. Grandson was crying so AFL investigated as to what was wrong. As he was going upstairs the member ran out of the game room where he was playing video games. AFL asked what was wrong. Member stated nothing was wrong and ran to his room. AFL saw grandson crying and he was struggling to get his underwear back on. AFL asked grandson what happened. Grandson stated that the member removed his underwear and was fondling him; -Incident Prevention: Incident may have been prevented with constant supervision of the member. Staff will be retrained to ensure moving forward the supervision remains constant through the waking hours;" -No level II incidents involving FC #3 other than the sexual assault on 1/20/23. Interview on 2/8/23 with the guardian of the 8-year-old grandson revealed: -Was aware at the end of last summer (2022) when FC #3 barricaded himself in the room at the AFL home with the 8-year-old (not in November as relayed by the local county DSS); -Had a conversation in summer of 2022 with AFL Provider #1 and AFL Provider #2 that set rules for the 8-year-old grandson visiting that included not to be allowed in FC #3's room;

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-The AFL Providers #1 and #2 failed to tell the

Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_ B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (FACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PRFFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 41 quardian that the incident in the summer of 2022 included an allegation of sexualized behaviors from FC #3 toward the 8-year-old grandson. Interview on 1/27/23 and 2/2/23 with the local County Department of Social Services (DSS) worker revealed: -AFL Providers #1 and #2 were aware of an incident in November 2022; -"[FC #3] last year barricaded himself in the room with the 8-year-old...divulged that he (FC #3) was dry humping him and he told [AFL Provider #2] about it. [AFL Provider #2] said don't go in [FC #3]'s room anymore;" -AFL Provider #1 and #2 never told the parents of the 8-year-old grandson of the specifics of that incident from November 2022. Interview on 2/8/23 with the Care Manager from Local Management Entity/Managed Care Organization (LME/MCO) revealed: -AFL Provider #1 was present at the hospital/previous placement for discharge and and received discharge paperwork which included psychiatric evaluation; -Reported to have "...emailed everything to Community Companion Home Care, LLC.; discharge paperwork, plan and evals (evaluations)...;" -The discharge planning meeting happened at the hospital prior to discharge and AFL Provider #1 was present. Interview on 2/2/23 with a local law enforcement (LE) officer revealed: -The 8-year-old grandson's parents were not informed of earlier alleged sexually inappropriate behavior with FC #3; -AFL Provider #2 told LE an incident had happened prior in the summer of 2022 where FC

	IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
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	MHL059-069	B. WING		02/	28/2023	
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YLOR HOME	43 EAST	CRAWFORD S	STREET			
	OLD FOR	RT, NC 28762				
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not go up to FC #3's rocIncident with FC #3 bei online with another child via online video game of and was reported in Nov Providers #1 and #2 wei -FC #3 is going to be ch 1st degree statutory sex second-degree forcible si -Expressed concern that waited until the following call authorities.  Interviews on 1/31/23 an Provider #1 revealed: -Acknowledged who the well as that she came to "but I see her more that	B-year-old in his room, his pants down, and old grandson were not oviders #1 and #2 that ppened at that time and that the 8-year-old could om upstairs; ing sexually inappropriate of (AFL providers nephew) occurred in October 2022 ovember 2022. The AFL are aware of this incident; that are discovered in October 2022 ovember 2022. The AFL are aware of this incident; that are discovered in October 2022 of the AFL are aware of this incident; that are discovered in October 2022 of the AFL are aware of the folial incident; that are discovered in the AFL are aware of the sex offense; the AFL provider #2 of morning on 1/21/23 to and 2/3/23 with the AFL  QP for the home was as the home once a month an that;"  FC #3 from the LME/MCO are disease and he was as the home once a month and that;"  The last 3 months; which are the last 3 months; which are the content of the residence; was blindsided and fing;"  To occurred in the exercise been made into an extra	V 512				

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_\_ 02/28/2023 B. WING MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION (X5)SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 Continued From page 43 V 512 and FC#3) were in there playing;" -Took Trazadone to sleep on night of 1/20/23 and went to bed at 10:00PM; -"That night they (FC #3 and 8-year-old grandson) hadn't gone to bed yet, they were playing video games. [AFL Provider #2] had taken some Robitussin and then he heard it (noise from upstairs where FC #3 and 8-year-old grandson were playing unsupervised);" -"They (FC #3 and 8-year-old grandson) were just playing [online video game];" -AFL Provider #2 had been sick and had taken some Robitussin (later clarified as Nyquil); -AFL Provider #2 went to bed around 11:30PM and he heard 8-year-old grandson scream; -AFL Provider #2 went upstairs and saw 8-year-old grandson pulling up his pants and that "[FC #3] wouldn't let him...kept trying to touch him everywhere:" -AFL Provider #2 brought 8-year-old grandson downstairs to sleep"...normally when they (grandkids) spend the night they sleep in the living room next to their bedroom;" -9:00 am the next day and "that's when I started making phone calls...made [FC #3] call his grandmother, called the police;" -"I remember him (AFL Provider #2) telling me about it (FC #3 sexually assaulting the 8-year-old grandson), but I didn't realize how severe it was;" -"The next morning, he (8-year-old grandson) told his mom that [FC #3] went down on him and bit him ...on the penis;" -"I called [the Owner ]. I call 911. [AFL Provider #2] made him (FC #3) call his grandmother;" -"I vaguely remember him (AFL Provider #2) saying something that night, but I was too out of it...I didn't realize the severity of it;" -When asked if FC#3 had any prior issues with sexually related behavior, "No. I had no clue. The

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only thing that did come up. My husband's brother

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_\_ MHL059-069 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762

	OEDTO	K1, NC 20/62		
(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
	Continued From page 44 and they have 3 kids. There was a situation with one of his kidsThey were playing games at school and [FC #3]'s name came up on the [online video game]. [FC #3] was talking dirtyI brought it up to the team about thatmaybe in October;"  -AFL Provider #1 found this information out through that child's mother and reported the information to the Licensee; -"Brought it up to my team in October (2022)and filled out a report at the office (Licensee);" -8-year-old grandson spent the night every other Friday and the opposite Fridays, his 4-year-old sister did, "but she slept with meshe wasn't allowed upstairs;" -Denied having had trainings related to working with children with abuse history; -FC #3 had a cell phone, had access to the internet, "nobody said anything differentnobody ever had a conversation with us about supervision on cell phones/video games;" -Regarding the other clients, FC #3 didn't have much to do with the other two clients in the home, "thought that he was better than them;" -"Tried to get [FC #3] into counseling, the paperwork never got signed by the guardian [Licensee] knew he needed counselinghad treatment team meetings and nothing got done;" -Denied knowing that the incident in the summer of 2022 when FC #3 barricaded himself in the room with the 8-year-old grandson was sexual in nature.  Interview on 1/31/23 with AFL Provider #2 revealed: -Was not aware of FC #3's history; -"Didn't know he had been (sexually) abused until after the fact of the situation (referring to the 1/20/23 incident);"	V 512		

FORM APPROVED Division of Health Service Regulation (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING: B. WNG 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 45 -"His (FC #3) plan didn't have anything about 24 hour awake supervision;" -"...But then that night, I had been sick as a dog and up for 4 days puking my guts out. Tried to take some sleeping medicine. She (AFL Provider #1) took medicine and was asleep. I told them (FC #3 and 8-year-old grandson) to go upstairs and play. They were playing [online video game] ...It was close to my bedtime, and I was getting ready to tell them to go to bed. It was Nyquil. I took it twice. I hadn't had REM (rapid eye movement) sleep in 4 days..." -AFL Provider #1 had taken some medicine and was asleep; -"They were playing [online video game]...we didn't want a bunch of noise;" -Heard a big thud upstairs around 11-11:30 pm " ...and [8-year-old grandson] is bawling his eyes out. I go upstairs. [FC #3] comes running out the door and shuts the door...I go in there and see [8-year-old grandson] trying to pull his underwear up. He says [FC #3] tried to pull his underwear down and rub on him;" -8-year-old grandson reported to him that "[FC #3] tried to pull his (8-year-old grandson's) underwear down and rub on him;" -Took 8-year-old grandson downstairs with him and told AFL Provider #1, "... I'm getting dizzy, she (AFL Provider #1) fell out of bed. I'm tired. She (AFL Provider #1) says 'let's go to bed and figure it out when we feel better;" -They made phone calls the next morning and FC #3 told his grandmother he touched him (8-year-old grandson);

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-"We've never dealt with kids...never dealt with abused kids...don't know how to act, react..." -"Had never been in this situation before;" -Denied knowledge of FC #3's history or prior incidents of inappropriate sexualized behavior.

**FORM APPROVED** Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ COMPLETED MHL059-069 B WING 02/28/2023 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **43 EAST CRAWFORD STREET** TAYLOR HOME OLD FORT, NC 28762 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE **PREFIX** TAG REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 512 Continued From page 46 V 512 Interview on 1/31/23 and 2/6/23 with the QP -Completed FC #3's admission paperwork; -Denied having any knowledge of sexualized history with FC #3; -"The biggest thing was his disease (Maple Syrup Urine Disease) and making sure that was taken care of ... " -Was not aware of any restrictions or recommendations regarding being monitored/observed when playing online video games; -"The only information we got was from [State Hospital] and it didn't speak of anything. If it had, we would have not thought it was a good fit:" -"That was not a conversation we (AFL Providers #1, #2 and QP) had about his video games. I would assume so after that event (with neighborhood boy in October 2022 where FC #3 had been chatting sexually inappropriate via an online video game). But I don't know. I never discussed it during my home visits:" -"No, as an agency we didn't have that conversation (regarding supervision on the internet). It was more what she enforced in her house. [AFL Provider #1] did that, how long he can use the internet and phone;" -"[AFL Provider #1] may have had a conversation with him (FC #3). Generally, in an AFL setting, you redirect the person back to appropriate behavior;" -Regarding a behavior log/report regarding the incident in October 2022 related to FC#3 chatting sexually inappropriate towards another child via an online video game,...I remember her telling me about that...I'd have to go look...I don't remember what she said..." -Denied that there were issues with FC #3 and the grandkids or other clients in the home;

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-Regarding the home visit on 12/5/22, FC #3 got

Division o	f Health Service Regu	lation	_		(X3) DATE SU	
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C	(X2) MULTIPLE CONSTRUCTION		
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			RT, NC 28762			
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V 512	Continued From page	e. 47	V 512			
		t school "he got suspended				
	so much where they					
		his inappropriateness with				
	other kids;"	nto services, "the AFL was				
	having a hard time of	etting someone to respond to				
		hile since his birthday				
		ve were trying to get him in;"				
	-Therapist that is contracted with the licensee, saw FC #3 in January 2023, after the incident on					
	1/20/23.					
		and 2/9/23 with the Chief				
	Executive Officer (C					21
		for the home and agency;				
	-The QP did the refe					
		she (QP) goes over stuff to we could possibly serve. She				
		on them and then we find who				
	they would best fit w					
		was a childhad a special				
		nat I didn't know the ins and				
1	outs of him;"					
		ble for the client specific				
	training for AFLs and					
	-Provided the yearly	AFL refresher training in				
		AFL Providers #1 and #2				
	were present;	any hohavioral incidents				
	-vvas not aware of a involving FC #3;	ny behavioral incidents				
		140 plus clients "I don't read				
		the clients. I don't have time;"				
		are going on visits and				
		rk. I don't review every client;"				
		checking behind the QP. "She				
1	has been in the field	so long and she knows so				
	much. But she is alv	ways telling me and updating				
	me;"					
	-" Lonly supervise	the office and make sure				

people are coming into work. I don't go out with

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	:	COMPLETED		
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NAME OF PROVIDER OR SUPPLIER STREET ADD		RESS, CITY, S	TATE, ZIP CODE			
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V 512 Continued From page	e 48	V 512				
them on their home v -We can't create "so paper for 140 clients don't have the resourd		V 0.12				
Owner/Licensee reverThe CEO supervises -"[QP] supervises that is in contact with [Stat week;" -The QP did individual trainings for the home -The QP was responst waivers; -QP doesn't have to he in rule and "we go about the people of the p	the QPs; home (Taylor Home). She if #1] multiple times a  I trainings and client specific ible for completing the ave supervisionthat's not ive and beyond;" the admission process; le because of sexual  B]'s behaviors, I wouldn't e with clients that can't  ttand her (AFL Provider #1) tted me that something to call the policeI told her int;" der #1's health, "Is she think she needs a break? t weeks with [AFL Provider and she is beating herself  go rogue." e Plan of Protection written					

		1.1			FORM	APPROVED	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		OLD FOR	RT, NC 28762				
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V 512	Continued From pag	ge 49	V 512				
		the consumers in your care?					
		as removed from the Taylor					
		and taken to another ne only member. All other					
		ne are safe. QP will look over					
		for the current members in					
		e with any needed medical or					
		the end of business on					
	2/10/2023. Affected member's treatment plan will be updated by the end of business on 2/10/2023.						
	Treatment plan will better reflect the behavioral						
	and emotional issue	s that the member has. The					
		llso be updated to reflect his					
		equires a specific diet and to					
		ount of supervision that is ber. Qualified Professional					
		ees of the Taylor Home to					
		perly trained on the medical					
	and behavior needs	of the current members by					
		d Professional will bring in the					
		new AFL to ensure they are					
		his medical and behavior  3. CEO will supply a training to					
		per documentation standards					
		ment plans, supervision notes,					
		ct notes by the end of					
	business on 2/9/202	23.					
	The state of the s	s to make sure the above					
	happens.						
		nal will send CCHC's					
		list a copy of any updated the close of business on					
		ance Specialist will complete					
		ee supervision notes, client					
		lent reports, and behavior					
1		nat Qualified Professional is					

completing proper documentation and updating treatment plans as needed. QP will supply

Compliance Specialist with a copy of completed employee training on their member's medical and

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENT		IDENTIFICATION NUMBER:	A. BUILDING	:	COMPLETED		
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(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N		
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V 512	Continued From page	50	V 512				
	behavior needs by the end of business on 2/15/2023. CEO will supply Compliance Specialist with a copy of completed QP training by the end of business on 2/9/2023."						

Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING: B. WING 02/28/2023 MHL059-069 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 43 EAST CRAWFORD STREET **TAYLOR HOME** OLD FORT, NC 28762 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 512 V 512 Continued From page 51 Referring QP and CEO will sign off that a juvenile waiver has been completed when a juvenile is pending movement into a home with adults. CEO will add a certification to our electronic system with an expiration date on juvenile waivers. To ensure that waivers are updated by the 1st of every calendar year. QP and CEO will conduct a plan of improvement meeting with the employees of the Taylor Home to address areas of concern regarding their decision making and lack of supervision by 2/15/2023. Plan of improvement will have documented areas of supervision and timelines for improvement. CEO will conduct a plan of improvement meeting with supervising QP to address the areas regarding QP's oversight of the AFL by 2/15/2023. Plan of improvement will have documented areas of supervision and timelines for improvement." This facility is licensed to provide supervised living services for Alternative Family Living. FC #3's diagnoses included Mild Intellectual Developmental Disability, Attention Deficit Hyperactivity Disorder, Post Traumatic Stress Disorder, Maple Syrup Urine Disease, History of psychological, sexual abuse and medical neglect. The AFL Providers #1 and #2 allowed FC #3 to have unsupervised access to online video gaming when there had been knowledge of previous incidents of sexually inappropriate behaviors during online gaming. FC #3 and the 8-year-old grandchild of the AFL Providers were allowed to be upstairs in the home unsupervised while playing online video games, even after a previous incident of inappropriate sexual behavior. The AFL Providers admitted to taking medications that made them sleepy on the night of 1/20/23. FC #3 sexually perpetrated against the 8-year-old grandchild and was discovered by AFL Provider

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL059-069	B. WING		02/	28/2023
NAME OF PROVIDER OR SUPPLIER STREET ADD		RESS, CITY, ST	ATE, ZIP CODE			
TAYLOR	HOME		RAWFORD S	TREET		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 512	#2 that evening. The 8 FC #3 were only sepa 1/20/23 but remained the next day. AFL Pro the QP, Licensee, or I this incident until 1/21. Provider #2, and the Chistory of FC #3 as we concern (summer of 2 during his stay in the A were made to supervis FC #3 around other munsupervised access the deficiency constitutes serious neglect and m days. An administrativ imposed. If the violatic days, an additional ad \$500.00 per day will be	B-year-old grandchild and larated on the evening of in the same AFL home until vider #1 and #2 did not call Law Enforcement to report //23. AFL Provider #1, AFL QP had knowledge of the lell as previous incidents of 022 and October 2022) AFL home. No changes sion, training, or allowing inor children or to online gaming. This a Type A1 rule violation for lust be corrected within 23 e penalty of \$2,000.00 is on is not corrected within 23	V 512			