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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED			
			B. WING		С			
MHL0411234		B. WING		05/20	6/2023			
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DARTFOR	D DRIVE		FORD DRIVE					
			ORO, NC 2740					
(X4) ID PREFIX TAG	(EACH DEFICIENC	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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE		
V 000	INITIAL COMMENTS		V 000					
	A complaint survey was completed on 5/26/23. The complaint was substantiated (intake #NC00201035). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disabilities.  This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 1 current client.							
V 291	V 291 27G .5603 Supervised Living - Operations		V 291					
	10A NCAC 27G .5603 OPERATIONS  (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity.  (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management.  (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such 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,							

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

TITLE (X6) DATE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			7 56.25(6. <u>—</u>			0
		MHL0411234	B. WING		0.6	C 5/26/2023
		MITEGATIZOA			1 00	0/20/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
DARTEO	RD DRIVE	3603 DA	RTFORD DRIVE			
DAIRTIO	ND DINIVE	GREENS	BORO, NC 27407			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETE DATE
V 291	V 291 Continued From page 1		V 291			
	needs and the treatm Activities shall be des inclusion. Choices m	nent/habilitation plan. signed to foster community nay be limited when the court olved or when health or				
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to maintain coordination of services with the Behavior Support Specialist, the Local Management Entity/Managed Care Organization (LME/MCO) and the school for 1 of 1 audited current client (#1). The findings are:					
	-Admission date of 7/ -Age of 16; -Diagnoses of Autism Generalized Anxiety I Hyperactivity Disorde Obsessive-Compulsiv-Treatment Plan date [client #1] physically and left bruises on he jumped out of his mo across a parking lot, awanted to kill himself destroying property in broken out windows a [Client #1's] mom has off lizards and terroriz [Client #1] has a histe and last year was sus fighting" and included	a Spectrum Disorder, Disorder, Attention-Deficit er and ve Disorder; ed 7/1/22 included, "Once, attached one of his mothers er arms. [Client #1] has also ther's running car, ran and expressed that he . He also has a history of including his mother's car, and property in the home is seen him tearing the tails zing the neighborhood cars. ory of being bullied at school ispended 4-5 times due to it a goal of"controls his				
temper to reduce disruptive and aggressive behaviors at home and in the community;" -No Individualized Educational Plan (IEP) or						

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NUMBER.	A. BUILDING: _	COMPLETED		
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		MHL0411234			05/26/2023	
NAME OF P	ROVIDER OR SUPPLIER		RESS, CITY, STA	TE, ZIP CODE		
DARTFOR	RD DRIVE		FORD DRIVE ORO, NC 2740	17		
(VA) ID	SLIMMARY ST.	ATEMENT OF DEFICIENCIES	· ·	PROVIDER'S PLAN OF CORRECTIO	N (VE)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 291	Continued From page	e 2	V 291			
	Behavior Support Pla	n (BSP).				
	Interview on 5/22/23 with client #1's guardian revealed:  -Concerned no one from the facility had attended the last 2 BSP meetings (April and May 2023) via Zoom and when the Director had attended prior to that, he was distracted and didn't pay attention to the meeting; -Informed by the Behavior Support Specialist that since the facility had not submitted any documentation regarding client #1's behaviors, the service was going to be terminated; -Client #1 had been in the 9th grade for 3 years and according to his teacher, he was failing again; -Informed by client #1's teacher that the school had attempted to contact the Director more than once (number unknown) and received no response.					
	personnel revealed: -No one from the facil meeting in January 20 -Two teachers had at Director approximatel school year and had i -Client #1 was require at an alternate school	tempted to call the facility ly 5 times during the current received no response; ed to attend summer school I in order to pass 9th grade; e facility had been received				
	Interviews on 5/23/23 and 5/26/23 with client #1's Behavior Support Specialist revealed: -BSP meetings are scheduled monthly; -A parent and a representative from the facility were requested to participate in all meetings; -There had been no facility participation in the BSP meetings during the months of April 2023					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
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V 291	Continued From page 3		V 291				
	and May 2023; -"None of the interver data shows he's (clie) behaviors at all."	ntions are being met. My nt #1) not having any					
	Interview on 5/23/23 with client #1's Case Manager from the LME/MCO revealed: -Concerned that facility staff had not attended BSP or IEP meetings; -"I've never received any Behavior Data Sheets. I request those every 3 months (since October 2022) from [the QP and the facility Director]These are his behaviors. These are the things staff are doing. I've never seen that."  Interviews on 5/22/23 and 5/23/23 with the facility Director revealed: -There were copies of client #1's IEP and BSP in his record at the office; -Not aware of any IEP meetings at the school that he had not attended;						
	due to sickness in his May 2023 meeting hat a "He (client #1) doesn behaviors;" -Not aware that data behavior was require. Behavior Support Sput LME/MCO"I don't sinformation from me. Interviews on 5/23/23 Qualified Professional -Never received a conschool; -The facility Director a	regarding client #1's d to be submitted to the ecialist and to the show that they requested that " B and 5/26/23 with the al (QP) revealed: py of client #1's IEP from the attended the BSP meetings; previous placement dated					

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-Requested a copy of the current BSP from the

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NAME OF PROVI	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
DARTFORD D	DARTFORD DRIVE 3603 DARTFORD DRIVE GREENSBORO, NC 27407							
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Be rec -"I  Ad rev cui Sp  Re 10 -Si the Sp -"F in I ma tass -"C of Da list rec inte Da su	decived it yet; don't think he (client ditional interview or vealed he had just re rrent BSP from the lecialist.  eview on 5/26/23 of lecialist.  eview on 5/2	cialist yesterday but hadn't  at #1) needs a BSP."  a 5/26/23 with the QP eccived a copy of client #1's Behavior Support  client #1's BSP dated  /1/22 by client #1's mom, anselor and the Behavioral school, [client #1] engages	V 291	DEFICIENCY				

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