	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:		(X3) DATE SURVEY COMPLETED 06/01/2023	
		MHL041-576				
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETI DATE
V 000	INITIAL COMMENTS		V 000			
	on June 1, 2023. The #NC00201701) was u Deficiencies were cite This facility is license	unsubstantiated.				
	Living for Adults with This facility is license	Developmental Disabilities. d for 6 and currently has a /ey sample consisted of				
V 112	27G .0205 (C-D) Assessment/Treatme		V 112			
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyond (d) The plan shall ind (1) client outcome(s achieved by provision projected date of ach (2) strategies; (3) staff responsible (4) a schedule for re- annually in consultation responsible person of (5) basis for evaluate outcome achievement (6) written consent of responsible party, or	TATION OR SERVICE developed based on the partnership with the client or erson or both, within 30 days ts who are expected to ond 30 days. clude:) that are anticipated to be n of the service and a ievement; ; ; view of the plan at least on with the client or legally r both; ion or assessment of				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CC A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-576	B. WING		06/01/202	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE		
ERVIN						
			DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	91	V 112			
	This Rule is not met	-				
	Based on record review, observation and interviews, the facility failed to implement a strategy in a client's (Client #3) treatment plan. The findings are:					
	revealed: -An admission dated -Diagnoses of Mild M Disorder, Dermatitis, Psoriasis, Sleep Apne Barrettes Esophagus which the flat pink lini that connects the more	ental Retardation, Anxiety Seborrheic Dermatitis, ea, Osteopenia and Disease (a condition in ng of the swallowing tube uth to the stomach				
	which causes the linir red) -A treatment plan date were to monitor Clien	s damaged by acid reflux, ng to thicken and become ed 6/7/22 noted that staff t #3 while he ate to ensure crumbs or food off the table				
	-Clients #2, #3 and #4 in the kitchen -Client #3 sat the dini	3 at 11:58 am revealed: 4 gathered their lunch items ng table with Clients #2 and n with no staff present.				

STATE FORM

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-576	B. WING		06/01/2023	
AME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE	•	
		1400 SP	RINGTREE COURT			
RVIN		HIGH PO	DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 112	Continued From page	e 2	V 112			
	-He indicated he had	no issues with food.				
	-Client #3 had Mild M (Gastroesophageal R whatever it is," and d	sive with eating food and				
V 118	27G .0209 (C) Medic	ation Requirements	V 118			
	only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, inclu administered only by unlicensed persons tr pharmacist or other le privileged to prepare (4) A Medication Adm all drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a (C) instructions for ac (D) date and time the (E) name or initials of drug.	istration: n-prescription drugs shall to a client on the written horized by law to prescribe be self-administered by horized in writing by the uding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The e following: and quantity of the drug;				

STATEMEN	of Health Service Reg T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			SURVEY
		MHL041-576	B. WING	B. WING		/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLET
V 118	Continued From pag	je 3	V 118			
		rded and kept with the MAR opointment or consultation				
	This Rule is not met as evidenced by: Based on observation and interviews, a staff (Staff #1) failed to immediately record a client's medication after administration. The findings are: Observation on 5/30/23 between 12:53-12:54					
	revealed: -At 12:53 pm, Staff # unlocked the medica medication in a white office and administer -Staff #1 returned at paper cup, pulled the	 41 came into the office, ation closet, placed e-colored paper cup, left the red a client his medication 12:54 pm with the white e Medication Administration cation closet and stated, "Let 				
		with Client #4 revealed: n every day before 1:00 pm to nedications				
	-"usually, all the cl outside the staff's off common area. I will at the desk where th medication closet on the other clients not get me distracted. 2	with Staff #1 revealed: lients come into the room fice. They will sit in the have one client come and sit e table is. I sit inside the a chair with wheels. I ask to conversate because it can of the clients can own medications. I will sit in				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C		(X3) DATE SURVEY COMPLETED	
		MHL041-576	B. WING		06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
RVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE
V 118	Continued From page	e 4	V 118			
	a white cup. We have dispose of them ever are kept in the clients swallow their pills and as given. With the top	he medications, put them in a lots of cups and I will y other day or so. The cups ' trays. I will watch them d then I document the meds pical creams, [client #3] has he door for privacy while we				
V 120	27G .0209 (E) Medica	ation Requirements	V 120			
	and 86 degrees Fahr (B) in a refrigerator, if degrees and 46 degre refrigerator is used fo shall be kept in a sep or container; (C) separately for eac (D) separately for eac (E) in a secure mann for a client to self-mee (2) Each facility that r controlled substances registered under the l	ge: all be stored: ed cabinet in a clean, d room between 59 degrees enheit; required, between 36 ees Fahrenheit. If the r food items, medications arate, locked compartment ch client; ernal and internal use; er if approved by a physician dicate. maintains stocks of s shall be currently North Carolina Controlled 90, Article 5, including any				
	This Rule is not met Based on observatior	as evidenced by: ns and interviews, facility				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-576	B. WING		06	6/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
RVIN		1400 SP	RINGTREE COURT			
		HIGH PC	DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN C (EACH CORRECTIVE AC CROSS-REFERENCED TC DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 120	Continued From page	9 5	V 120			
	 staff (Staff #1 and #2) failed to ensure all medications were in a securely locked cabinet. The finding are: Observation on 5/30/23 of Staff #1 between 12:53-12:54 revealed: At 12:53 pm, Staff #1 came into the office, unlocked the medication closet, placed 					
	office with the medica until she returned at 1	-colored paper cup, left the ation closet door unlocked 12:54 pm to record Client nistration on his MAR.				
	medication cabinet w kitchen					
	-She was aware the r kept locked when me administered	with Staff #3 revealed: nedication cabinet was to be dications were not being ed away" to show Surveyor				
		ith Staff #1 revealed: et was to remain locked at e is being administered				
V 131	G.S. 131E-256 (D2) H Verification	HCPR - Prior Employment	V 131			
	REGISTRY (d2) Before hiring hea	LTH CARE PERSONNEL alth care personnel into a service, every employer at a				

STATE FORM

	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL041-576			06	/01/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	F CORRECTION	(X5)
PREFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	THE APPROPRIATE	COMPLETE
V 131	Continued From page	e 6	V 131			
	Personnel Registry a	nall access the Health Care and shall note each incident opriate business files.				
	facility failed to acces Registry (HCPR) pric	as evidenced by: lews and interviews, the ss the Health Care Personnel or to the hire date for 1 of 5 alified Professional (QP)).				
	Review on 5/31/23 o -A hire date of 4/10/2 -A job description of -The HCPR was acc	QP				
	responsible for the H prior to hire	ces Director (HRD) was CPR checks for all staff, for the background checks al offer was made.				
V 133	G.S. 122C-80 Crimin	al History Record Check	V 133			
	CHECK REQUIRED APPLICANTS FOR E (a) Definition As us "provider" applies to	EMPLOYMENT. ed in this section, the term an area authority/county vider of mental health,				

Division of Health Service Regulation STATE FORM

6899

If continuation sheet 7 of 18

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-576	B. WING		06	/01/2023
NAME OF P	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE			
ERVIN			RINGTREE COURT DINT, NC 27265	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OI (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page	e 7	V 133			
	Chapter. (b) Requirement Ar provider licensed und applicant to fill a posi applicant to have an conditioned on conse criminal history recor- the applicant has bee less than five years, to is conditioned on com- criminal history recor- national criminal history recor- national criminal history recor- national criminal history the applicant has bee five years or more, th on consent to a State check of the applicant employ an applicant criminal history recor- section. Except as ot subsection, within five the conditional offer of shall submit a reques Justice under G.S. 11 criminal history recor- section or shall subm- entity to conduct a St check required by this G.S. 114-19.10, the D return the results of m record checks for em covered by Public La Department of Health Criminal Records Che business days of recor- history of the person, and Human Services	tion that does not require the occupational license is and to a State and national d check of the applicant. If an a resident of this State for then the offer of employment sent to a State and national d check of the applicant. The ory record check shall e applicant's fingerprints. If an a resident of this State for then the offer is conditioned e criminal history record t. A provider shall not who refuses to consent to a d check required by this herwise provided in this e business days of making of employment, a provider at to the Department of 14-19.10 to conduct a d check required by this it a request to a private ate criminal history record s section. Notwithstanding Department of Justice shall national criminal history ployment positions not w 105-277 to the a and Human Services,				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:			E SURVEY PLETED	
		MUI 044 576	MHL041-576 B. WING			00/04/0000	
	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE,		00	5/01/2023	
	NOWDER OR SOLT EIER						
ERVIN			DINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE	(X5) COMPLETI DATE	
V 133	Continued From page 8		V 133				
	of the applicant. In non- national criminal history with the provider. Pro- upon request verifical check has been com- by this section. A cou- appropriate local ordinant the Division of Crimin may conduct on beha- criminal history recor- section without the pro- request to the Depart case, the county shall criminal history recor- section within five bu- conditional offer of er- All criminal history ind provider is confidentia- except to the applican- (c) of this section. Fo- subsection, the term- business regularly er- criminal history recor- records obtained from- (c) Action If an app- record check reveals a relevant offense, the of the following factor hire the applicant: (1) The level and seri- (2) The date of the pre- conviction. (4) The circumstance commission of the cri- (5) The nexus between	nployment by the provider. formation received by the al and may not be disclosed, int as provided in subsection r purposes of this "private entity" means a ngaged in conducting d checks utilizing public in a State agency. licant's criminal history one or more convictions of e provider shall consider all rs in determining whether to tousness of the crime. time. rson at the time of the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED	
		MUI 041 576	B. WING		00	00/04/00000	
		MHL041-576			06	6/01/2023	
AME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
RVIN			DINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
1/ 122		- 0	1/ 122	DEFICIEN			
V 133	Continued From page	e 9	V 133				
	(6) The prison, jail, probation, parole,						
	rehabilitation, and en	nployment records of the					
	person since the date	e the crime was committed.					
	(7) The subsequent of	commission by the person of					
	a relevant offense.						
	The fact of conviction of a relevant offense alone						
		employment; however, the					
		considered by the provider.					
		lifies an applicant after					
		elevant factors, then the					
		e information contained in					
	-	ecord check that is relevant					
	•	, but may not provide a copy					
	of the criminal history	/ record check to the					
	applicant.	A manufal and an affin an					
		- A provider and an officer					
		vider that, in good faith,					
		ction shall be immune from					
	civil liability for:	provider to employ an					
	. ,	is of information provided in					
		ecord check of the individual.					
		an employee's history of					
	. ,	ne employee's criminal					
		is requested and received in					
	compliance with this	-					
	-	As used in this section,					
	. ,	eans a county, state, or					
		ry of conviction or pending					
		, whether a misdemeanor or					
		on an individual's fitness to					
		or the safety and well-being of					
		ntal health, developmental					
		nce abuse services. These					
	crimes include the cr	iminal offenses set forth in					
	any of the following A	Articles of Chapter 14 of the					
		ticle 5, Counterfeiting and					
	Issuing Monetary Su	bstitutes; Article 5A,					
	Endangering Executi					1	

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C			E SURVEY PLETED
			A. BUILDING:			
		MHL041-576	B. WING		06	6/01/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE	, ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 133	Continued From page 10		V 133			
	Injury or Damage by Incendiary Device or and Other Housebre Other Burnings; Artic Robbery; Article 18, False Pretenses and Obtaining Property o Fraudulent Use of Cr Article 19B, Financia Act; Article 20, Frauc 26, Offenses Against Decency; Article 26A Article 27, Prostitutio 29, Bribery; Article 35 Office; Article 35, Off Peace; Article 36A, F Article 39, Protection Protection of the Fan Intoxication; and Artic Crime. These crimes sale of drugs in viola Controlled Substance 90 of the General Sta	Material; Article 14, Burglary akings; Article 15, Arson and de 16, Larceny; Article 17, Embezzlement; Article 19, Cheats; Article 19A, r Services by False or redit Device or Other Means; I Transaction Card Crime ds; Article 21, Forgery; Article Public Morality and A, Adult Establishments; n; Article 28, Perjury; Article 1, Misconduct in Public renses Against the Public Riots and Civil Disorders; of Minors; Article 40, nily; Article 59, Public cle 60, Computer-Related also include possession or tion of the North Carolina es Act, Article 5 of Chapter atutes, and alcohol-related e to underage persons in				
	G.S. 20-138.5. (f) Penalty for Furnis applicant for employ supplies, or otherwis an employment appli criminal history recor shall be guilty of a Cl	of G.S. 20-138.1 through hing False Information Any ment who willfully furnishes, e gives false information on cation that is the basis for a rd check under this section ass A1 misdemeanor. oyment A provider may				
	employ an applicant obtaining the results	conditionally prior to of a criminal history record				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		SURVEY PLETED
			/			
		MHL041-576	B. WING		06/01/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	, ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIEI	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL IR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 133	Continued From pa	ige 11	V 133			
	following requirement (1) The provider shippior to obtaining the criminal history recu- subsection (b) of the fingerprint cards as (2) The provider shipping criminal history recu- business days after conditional employer 2001-155, s. 1; 200	e applicant if both of the ents are met: all not employ an applicant he applicant's consent for ord check as required in his section or the completed required in G.S. 114-19.10. all submit the request for a ord check not later than five r the individual begins ment. (2000-154, s. 4; 04-124, ss. 10.19D(c), (h); 4, 5(a); 2007-444, s. 3.)				
	Based on record re facility failed to request background check conditional offer of staff (the Qualified findings are: Review on 5/31/23	et as evidenced by: eviews and interviews, the uest a criminal history within 5 days of making the employment for 1 of 5 audited Professional (QP)). The of the QP's record revealed:				
	-A hire date of 4/10 -A job description o -A criminal history t completed on 5/31/	f QP background check was				
	-The Human Resources responsible for all t	with the QP revealed: urces Director (HRD) was he background checks on staff nal offer was made.				

	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL041-576	B. WING		06	/01/2023
NAME OF P	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE			
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ((EACH CORRECTIVE ACTI CROSS-REFERENCED TO TH DEFICIENC'	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 290	Continued From page	e 12	V 290			
V 290	27G .5602 Supervise	d Living - Staff	V 290			
	of this Rule shall be of enable staff to respon- needs. (b) A minimum of one present at all times we premises, except whe habilitation plan docu capable of remaining without supervision. as needed but not less the client continues to the home or commun specified periods of ti (c) Staff shall be pre- following client-staff r child or adolescent cl (1) children or abuse disorders shall of one staff present for clients present. How present during sleepi emergency back-up p the governing body; c (2) children or developmental disabi one staff present for present and two staff more clients present. need be present durin specified by the ement determined by the go (d) In facilities which diagnosis is substance	above the minimum Paragraphs (b), (c) and (d) determined by the facility to not to individualized client e staff member shall be then any adult client is on the en the client's treatment or ments that the client is in the home or community The plan shall be reviewed as than annually to ensure to be capable of remaining in ity without supervision for me. sent in a facility in the atios when more than one ient is present: adolescents with substance I be served with a minimum or every five or fewer minor vever, only one staff need be ng hours if specified by the procedures determined by or adolescents with lities shall be served with every one to three clients present for every four or However, only one staff ng sleeping hours if rgency back-up procedures				

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURVEY COMPLETED	
MHL041-576			A. BUILDING:			
		B. WING		06	6/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE	, ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A) CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE D THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page	e 13	V 290			
	withdrawal symptoms secondary complicati drug addiction; and	ons to alcohol and other s of a certified substance Il be available on an				
	interviews, the facility (Clients #2, #3, #4 ar	ews, observations and failed to ensure clients ad #6) were capable of the facility for specified				
	-An admission date o -Diagnoses of Mild In Complete hearing los history of bowel infec 2019-March 2019, he times with stomach p diarrhea) -He was last assesse Professional/Residen unsupervised time in hygiene and food are	tellectual Disability, ss in right ear, Asthma, and a tions (from January e was hospitalized several ain, vomiting, nausea, and ed on 8/11/20 by a Qualified				
	unsupervised time in community. Review on of Client -An admission date of	nd in his treatment plan for the home and/or #3's record revealed:				

Division of Health Service Regu STATE FORM

6899

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041-576		(X2) MULTIPLE CO			(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		B. WING		06	/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE
V 290	Continued From pag	e 14	V 290			
	Continued From page 14 Disorder, Dermatitis, Seborrheic Dermatitis, Psoriasis, Sleep Apnea, Osteopenia and Barrettes Esophagus Disease. -No assessment he was capable for unsupervised time in the home and/or community -No findings were found in his treatment plan dated 6/7/22 for unsupervised time in the home and/or community. Review on 5/31/23 of Client #4's record revealed: -An admission date of 2/1/23 -Diagnoses of Mild Intellectual Developmental Disability, Anxiety, and Adjustment Disorder with depressed mood -No assessment he was capable for unsupervised time in the home and/or community -No findings were found in his treatment plan dated 2/1/23 for unsupervised time in the home and/or community.					
	-An admission date of -Diagnoses of Seven Autistic Disorder, Hy Hyperlipidemia, and -No assessment he unsupervised time in -An updated treatme findings he was capa time in the home and	e Range Mental Retardation, pertension, GERD, a history of Colon Polyps was capable for the home and/or community nt plan dated 5/31/23 with no able to have unsupervised d/or community.				
	at 9:06 am of the fac -Four clients (#2, #3, the facility -No staff were presen -A client (later identif opened the back doo the door. -Approximately 1 mir	#4 and #6) were present at				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CO		E SURVEY PLETED	
			A. BUILDING.	A. BUILDING:		
MHL041-576		B. WING		06	6/01/2023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STATE,	ZIP CODE		
ERVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page	e 15	V 290			
	back door.					
		23 at 12:00 noon revealed: r arrived at the facility.				
	Observations on 5/31/23 from 9:03 am to 9:05 am revealed: -Staff #1 was in her car at top of the driveway at 9:03 am, she drove her car down the driveway and drove around the cul-de-sac, parked her car at the end of the facility driveway for approximately 1 minute and left the facility.					
	Interviews on 5/30/23 with Client #2 and Client #4 between 11:30-11:38 am revealed:					
		imself to surveyor #1 and here and staff would return at				
	himself and stated th	ute later, Client #4 identified ey (the clients) were not				
		Staff #1]'s phone number and nornings and returned back 30 (pm)				
	· • · ·	urveyors with the House				
	Interviews on 5/30/23	3 with Clients #2, #3 and #4				
	-Staff left the home a	round 9:00 am in the #1 left the home for work				
	and staff returned arc	home for his day program bund 12:30 in the afternoons				
	least 3-4 hours during	eft unsupervised by staff at g the weekdays aff (Staff #1, Staff #3, and				
	the House Manager)	to keep the doors locked loors when they were alone				
	at the home -Client #4 was unable phone number and w	e to remember the facility's				

Division of Health Service Regu STATE FORM

6899

If continuation sheet 16 of 18

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
			B. WING				
		MHL041-576			06	5/01/2023	
NAME OF PF	ROVIDER OR SUPPLIER		ADDRESS, CITY, STATE				
ERVIN			RINGTREE COURT DINT, NC 27265				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETI DATE	
V 290	Continued From page	e 16	V 290				
		stated, "It takes me a little Give me a couple of you."					
	Interview on 5/30/23 with Staff #1 revealed: -She was live-in staff and worked 7 days on and 7 days off						
	-She clocked into work at 5:30 am as one of the clients (Client #3) had a 6:00 am pill to be taken before he ate breakfast -She clocked out of work around 8:30 am and went home for a few hours -She clocked back into work around 12:30 as Client #4 had his Gabapentin pill to be taken						
	before 1:00 pm -All the clients except unsupervised time at	t for Client #5 were allowed the home					
	Interview on 5/31/23 with Staff # 3 revealed: -She was live-in staff and worked 7 days on and 7 days off						
	and clocked back in a	ith Staff #1 vork at 9:30 am or 10:00 am around 12:30 or 1:00 pm t for Client #5 were allowed					
	unsupervised time at						
	Interview on 6/1/23 w Professional (QP) rev -She had been in the	vealed:					
	•	th for the clients came from the Care Coordinators, their					
	Coordinators assess	b Home Managers. The Care the clients and depending ioning and what they can					
	and cannot do. I notion had quite a few client	ced when I started this facility ts with unsupervised time. I 2 clients with unsupervised					
		ith staff, and we will be					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			A. BUILDING.			
		MHL041-576	B. WING		06	/01/2023
iame of Pf	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STATE,	ZIP CODE		
RVIN			RINGTREE COURT DINT, NC 27265			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE A CROSS-REFERENCED T(DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLET DATE
V 290	Continued From page	e 17	V 290			
	day with activities. I w to have more activitie -"I am in the process sitting down and see not have unsupervise We took Client #4's u	of going over to the facility, why they should or should ed time by assessing them. unsupervised time away derstand how some of the				