STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOMBER.	A. BUILDING:			
		MHL065129	B. WING			C 23/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	ATE, ZIP CODE		
	/E		RNT MILL DRIV TON, NC 284			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 000	INITIAL COMMENTS		V 000			
	A complaint survey was completed on June 23, 2023. The complaint was substantiated (intake #NC00203315). A deficiency was cited.					
	This facility is licensed for the following service category: 10A NCAC 27G .2300 Adult Developmental Vocational Programs for Individuals with Developmental Disabilities.					
		urrent census of 26. The sisted of audits of 1 former				
V 115	27G .0208 Client Se	ervices	V 115			
	 (a) Facilities that prassure that: (1) space and supe the safety and welfa (2) activities are sui and treatment/habil served; and 	208 CLIENT SERVICES ovide activities for clients shall rvision is provided to ensure are of the clients; table for the ages, interests, itation needs of the clients te in planning or determining				
	in these Rules as "2 available 24 hours a unless otherwise sp					
	clients shall ensure (d) When clients whare transported, the with secure adaptiv	erve or prepare meals for that the meals are nutritious. no have a physical handicap e vehicle shall be equipped e equipment. ore preschool children who				
	require special assi in a vehicle are trar	stance with boarding or riding isported in the same vehicle, adult, other than the driver, to				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		C	
		MHL065129	B. WING			23/2023
AME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HE WA	VE		RNT MILL DRI			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	COMPLET DATE
V 115	Continued From pa	ige 1	V 115			
	failed to ensure act interests and treatn	view and interviews the facility ivities were suitable for nent/habilitation needs of the of 1 former client (FC #27)				
	Review on 6/22/23 -36 year old female -Admitted on 2/17/2 -Discharged on 4/1 -Diagnoses of Intel	of FC #27's record revealed: 20. 2/23. lectual Disability, Moderate, Disorder and Obsessive				
	in the car. -Staff #14 took the laundry mat and ca	to the laundry mat and left her hamper full of clothes in the				
	took a shower. -She went to staff #	otel with staff #14 while staff 414's home s boyfriend at his mother's				
	-She worked as a d one to one services	3 staff #14 revealed: lirect care staff and provided s. C #27 on her short range				

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Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL065129		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL065129	B. WING		C 06/23/2023	
NAME OF I	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
HE WA	VE		RNT MILL DRI GTON, NC 284			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLETE DATE
V 115 Continued From pag goals. -She had taken FC # wash mop heads and assisted in the task. car. After she placed machine they left to in place items in the dry -She took FC #27 to she (staff) needed to items. -She took FC #27 to temporarily living to th (staff) had an accide -FC #27 was present went to her boyfriend -During the month of her personnel home caretaker's request. pictures of FC #27 lat Interview on 6/22/23 stated: -Staff #14's responsiting goals and doing com family wanted for FC aquarium, exercises -She found out staff after she had an accide		 #27 to the laundry mat to nd rags. FC #27 had not FC #27 was not left in the ed the items in the washing o run errands then returned to layer. o the grocery store because to pick up some personal o the hotel was she(staff) was o take a quick shower after she ent on her clothes. nt in the car with her when she had's home to drop off an item. of March, she kept FC #27 at e while she was sick at the taying on her couch. 3 the Qualified Professional sibilities included working on mmunity based activities that C #27 such as going to the YMCA. f #14 took FC #27 to the hotel 				
	-Staff #14 was not supposed to do personal errands while working with FC #27. Interview on 6/22/23 and 6/23/23 the					
	staff. -Under appendix K work with clients in -Staff completed gr comments were no	gned as FC #27's one on one flexibility staff were able to the community. id sheet progress notes but				

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Division of Health Service Re STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			С		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:					
	MHL065129					
		ADDRESS, CITY, STATE, ZIP CODE			•	
THE WAVE		IRNT MILL DRI GTON, NC 284				
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLET DATE	
V 115 Continued From pa	age 3	V 115		·		
facility's items.						
ision of Health Service Regulation		U.			1	