Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S	
			A. BUILDING:			
MHL0411124		B. WING		07/2	4/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CHANGING LIVES GROUP HOME II. LLC			HEL CHURCH F SVILLE, NC 27:			
(V4) ID			1	PROVIDER'S PLAN OF CORRECTIO	IN	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETE DATE
V 000	INITIAL COMMENTS		V 000			
	An annual and follow on July 24, 2023. Def	up survey was completed iciencies were cited.				
	-	d for the following service 27G .5600A Supervised Mental Illness.				
This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.						
V 118 27G .0209 (C) Medication Requirements		V 118				
	V 118 27G .0209 (C) Medication Requirements 10A NCAC 27G .0209 MEDICATION REQUIREMENTS (c) Medication administration: (1) Prescription or non-prescription drugs shall only be administered to a client on the written order of a person authorized by law to prescribe drugs. (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;					

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 1	CONSTRUCTION	(X3) DATE SU		
		A. BUILDING: _		J GOIVII LL	.120	
MHL0411124		B. WING		07/24	4/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVES GROUP HOME	II. LLC	HEL CHURCH F			
040.15	STIMMADA ST	ATEMENT OF DEFICIENCIES	SVILLE, NC 27	PROVIDER'S PLAN OF CORRECTIO	N	0/5)
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V 118	Continued From page	e 1	V 118			
	checks shall be recor	r medication changes or ded and kept with the MAR pointment or consultation				
	facility failed to ensur current, and administ documented immedia affecting 3 of 3 clients findings are:	ews and interviews, the e that the MARs was kept ration of medications was stely following administration is (#1, #2 and #3). The				
		phrenia and Cannabis Use				
	orders, dated 7/6/23, -Invega Sustenna Injedisorders), 155 millight days -Trazodone HCL (to the 50 mgs, 1 to 2 by modes needed (PRN) -Benztropine Mesylate	revealed: ection (to treat mental/mood rams (mgs), inject every 28 reat depression or anxiety) uth every evening (1 po qhs) e (to improve muscle control ss), 1 mg, 1.5 po (by mouth)				
	2023 revealed: -Blanks for the 8:00ai	client #1's MAR for July m doses of Benztropine 7/12, 7/13, 7/14, 7/19 and				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SI	
			7. 501251140.			
MHL0411124		B. WING		07/2	4/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AL	ODRESS, CITY, STA	TE, ZIP CODE		
CHANGIN	CHANGING LIVES GROUP HOME II, LLC			ROAD		
	MC L		NSVILLE, NC 27	301		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
V 118	Continued From page	e 2	V 118			
	7/20 -Blanks for the 8:00p	om doses of Benztropine , 7/5, 7/6, 7/11, 7/12, 7/13,				
	-An admission date of -Diagnoses of Schizo Disorder, Moderate, Hypertension, Hepati Disease), Vitamin D	ophrenia, Cannabis Use Chronic Hepatitis, ic Steatosis (Fatty Liver				
	orders, dated 7/6/23, -Docusate Sodium (sqhs -L-Methylfolate (to tremgs, 1 po qd (every e-Olanzapine (to treat disorder) 15 mgs, 2 p-Propranolol (to treat mgs, 1 po bid -B Complex (to help eqd -Senna (to treat cons (every morning) -Senna 8.6 mgs, 2 po	eat anemia or depression) 15 day) schizophrenia and bipolar po qhs high blood pressure) 10 increase energy levels), 1 po stipation) 8.6 mgs, 1 po qam o qhs				
	2023 revealed: -Blanks for the 8:00a 7/12, 7/13, 7/19 and -Blanks for the 8:00a on 7/12, 7/13, 7/19 a -Blanks for the 8:00a mgs on 7/12, 7/13, 7/	am doses of Senna 8.6 mgs and 7/20 am doses of Propranolol 10 /19 and 7/20 am doses of Propranolol 10				

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-Blanks for the 8:00pm doses of Senna 8.6 mgs

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Division of Health Service Regulation					
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
			B. WING		
		MHL0411124	b. WING		07/24/2023
NAME OF P	ROVIDER OR SUPPLIER	STRE	ET ADDRESS, CITY, STA	TE, ZIP CODE	
		5788	BETHEL CHURCH F	ROAD	
CHANGIN	G LIVES GROUP HOME	II. LLC	EANSVILLE, NC 27		
(X4) ID PREFIX		TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL	(-/
TAG	•	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	I
				DEFICIENCY)	
V 440	0 " 15	0	V/ 440		
V 118	Continued From page	e 3	V 118		
	on 7/11, 7/12, 7/13, 7	7/18 and 7/19			
	-Blanks for the 8:00pr				
	•	7/11, 7/12, 7/13, 7/18 and			
	7/19	, , . , . , . , . , . , . ,			
		m doses of Olanzapine 15			
	mgs on 7/11, 7/12, 7/3				
	•	f client #3's record revealed:			
	-An admission date of				
		paffective Disorder, Bipolar			
	•	isorder, Moderate, Tobacco			
		(Gastroesophageal Reflux			
	Disease), Hypertensic				
		·			
		ry Disease), Hyperlipidemia,			
		tion and Hepatomegaly			
	(Enlargement of the L	Liver)			
	Review on 7/20/23 of	f client #3's physician's			
	orders, dated 1/3/23,				
		Schizophrenia) 100 mgs, 1 po			
	qam	ochizophichia) 100 mgs, 1 po			
	•	symptoms of migraine			
	headaches) 5 mgs, 1				
		at obsessive-compulsive			
	disorder and depress	•			
	-	t sudden uncontrolled			
	•				
	movements) 100 mgs				
	. ,	ood vessels) 10 mgs, 1 po			
	qd	a a d			
	-Aspirin 81 mgs, 1 po				
		nigh blood pressure) 25 mgs,			
	1 po qd	dala lala ad accessor les el			
		igh blood sugar levels			
		diabetes mellitus) 100 mgs, 1			
	po bid	_			
	-Clozapine 100 mgs,				
		stomach ulcers) 40 mgs, 1			
	po qhs				
	-Prazosin (to treat hig	gh blood pressure) HCL 5			

Division of Health Service Regulation

mgs, 2 po qhs

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Division o	of Health Service Regu	lation			FORM	APPROVED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	CONSTRUCTION	(X3) DATE S COMPLI		
MHL0411124			B. WING		07/2	24/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STAT	E, ZIP CODE		
CHANGIN	G LIVES GROUP HOME	II. LLC	THEL CHURCH R NSVILLE, NC 273			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETE DATE
	revealed: -Blanks for the 8:00al mgs on 7/12, 7/13, 7/-Blanks for the 8:00al on 7/12, 7/13, 7/14, 7-Blanks for the 8:00al on 7/12, 7/13, 7/14, 7-Blanks for the 8:00al mgs on 7/12, 7/13, 7/-Blanks for the 8:00al mgs on 7/13, 7/14, 7/-	m doses of Lisinopril 10 mgs /19, and 7/20 m doses of Aspirin 81 mgs /19, and 7/20 m doses of Metoprolol 25 14, 7/15, 7/19 and 7/20 m doses of Amantadine 100 15, 7/19 and 7/20 m doses of Fluvoxamine 50 15, 7/19 and 7/20 m doses of Meloxicam 15 15, 7/16, 7/19 and 7/20				
	mgs on 7/12, 7/13, 7/ -Blanks for the 8:00al mgs on 7/12, 7/13, 7/ -Blanks for the 8:00pl mgs on 7/12, 7/13, 7/ -Blanks for the 8:00pl on 7/12, 7/13, 7/14 ar -Blanks for the 8:00pl mgs on 7/12, 7/13, 7/ Interviews on 7/20/23 revealed: -Staff administered the Had not refused their	m doses of Metformin 1000 14, 7/19 and 7/20 m doses of Famotidine 40 14 and 7/19 m doses of Melatonin 5 mgs nd 7/19 m doses of Prazosin HCL 5 14 and 7/19 with clients #1, #2 and #3 eir medications				

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mornings and the evenings

medications to the clients

Interview on 7/20/23 with staff #1 revealed: -Administered both morning and evening

-Blanks on the MARs? "I had 2 of my clients go out for the holiday (July 4th, 2023). [Client #2] left for 2 weeks to the beach with his parents. He left

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MHL0411124 STREET ADDRESS, CITY, STATE, 2IP CODE 6738 BETHEL CHURCH ROAD MC LEANSVILLE, NC 27301 MC LEANSVILLE, NC 27301 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICENCY MAST BE PRECEDED BY PULL REGULATORY ON LISC DENTIFYING INFORMATION) V18 Continued From page 5 July 1st (2023) to the 11th (2023) and maybe got home on the 12th (2023), He just got back last week it think. His medications go with him. The MAR stays here, (at the facility) He goes and comes back and his parents give him the meds. You are supposed to write an X' or something on the back (of the MAR) when they are not here. I thought we wrote it down. I usually fill them (the MAR), in, but it could be a mistake. It is important to not have blanks. Giving meds is mandatory. I try to write it down as soon as I give the meds." Interview on 7/20/23 with the Qualified Professional revealed: -Regarding the MAR's "I was not aware of the blanks. I do know (client #2) was gone (in July 2023). He went on a vacation with his mother and his medications were signed out and back in by either a staff member or the Legal Guardian. He was gone from the 4th of July (2023) to either the 12th or 13th of July. I guess that is why there are blanks on his MAR. I guess staff forgot to sign on the back of the MAR that he was out of the facility on those days." -Yilloint #3] left the home and went to stay with a friend. He left the afternoon of the 50th of June (2023), so his evening med would have gone with him. He returned on the MAR as given." -No one ever told us there needed to be documentation on the MAR as given." -No one ever told us there needed to be documentation on the MAR was needed to be documentation on the MAR was needed.	STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
MANE OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5788 SETHEL CHURCH ROAD MC LEANSVILLE, NC 27301 [XA) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG TAG V118 Continued From page 5 July 1st (2023) to the 11th (2023) and maybe got home on the 12th (2023), He just got back last week I think. His medications go with him. The MAR stays here, Gat the facility of something on the back (of the MAR) when they are not here. I thought we wrote I down. I busually fill them (the MAR) in, but it could be a mistake. It is important to not have blanks. Giving meds is mandatory. I try to write it down as soon as I give the meds.* Interview on 7/20/23 with the Qualified Professional revealed: -Regarding the MAR's "I was not aware of the blanks. I do know [client #2] was gone (in July 2023), He went on a vacation with his mother and his medications were signed out and back in by either a staff member or the Legal Cuardian. He was gone from the 4th of July (2023) to either the 12th or 13th of July. I guess that is why there are blanks on his MAR. I guess staff forgot to sign on the back of the MAR that he was out of the facility on those days." -"Client #3] left the home and went to stay with a friend. He left the afternoon of the 30th of June (2023), so his evening med would have gone with him. He returned on the afternoon of the 10th of July (2023), so his evening med would not have pene with endients were even to the MAR that he was out of the facility on those days." -"No one ever told us there needed to be documentation on the MAR as given." -"No one here told us there needed to be documentation on the MAR rene ne				A. BUILDING: _		
CHANGING LIVES GROUP HOME II, LLC CAN ID PREEFIX TAG SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG CREAT DEFICIENCY MUST BE PRECEDED BY FULL TAGGET CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGET CORRECTIVE ACTIONS SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAGGET CORRECTIVE ACTIONS SHOULD BE (CROSS-REFERENCE) OF INTERPREPARATE V118 Continued From page 5			MHL0411124	B. WING		07/24/2023
CHANGING LIVES GROUP HOME II, LLC MC LEANSVILLE, NC 27301	NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
CALID DESTRICT SUMMARY STATEMENT OF DEFICIENCISES DEFINITION			5788 BETI	HEL CHURCH F	ROAD	
PREFIX TAG (LEACH DEFICIENCY NUST BE PRECISED BY FULL TAG TAG (CONTINUED FROM LSC IDENTIFYING INFORMATION) V 118 Continued From page 5 July 1st (2023) to the 11th (2023) and maybe got home on the 12th (2023). He just got back last week I think. His medications go with him. The MAR stays here, cat the facility) He goes and comes back and his parents give him the meds. You are supposed to write an "X' or something on the back (of the MAR) when they are not here. I thought we wrote it down. I usually fill them (the MAR) in, but it could be a mistake. It is important to not have blanks. Giving meds is mandatory. I try to write it down as soon as I give the meds." Interview on 7/20/23 with the Qualified Professional revealed: -Regarding the MARs "I was not aware of the blanks. I do know [client #2] was gone (in July 2023). He went on a vacation with his mother and his medications went with him." "I don't have any documentation showing the medications were signed out and back in by either a staff member or the Legal Guardian. He was gone from the 4th of July (2023) to either the 12th or 13th of July. I guess that is why there are blanks on his MAR. I guess staff forgot to sign on the back of the MAR that he was out of the facility on those days." -"[Client #3] left the home and went to stay with a friend. He left the afternoon of the 30th of June (2023), so his evening med would have gone with him. He returned on the afternoon of the 10th of July (2023), so his evening med would have gone with him. He returned on the MAR as given." -"No one ever told us there needed to be documentation on the MAR when the clients were	CHANGIN	G LIVES GROUP HOME	II, LLC MC LEANS	SVILLE, NC 27	301	
July 1st (2023) to the 11th (2023) and maybe got home on the 12th (2023). He just got back last week I think. His medications go with him. The MAR stays here. (at the facility) He goes and comes back and his parents give him the meds. You are supposed to write an 'X' or something on the back (of the MAR) when they are not here. I thought we wrote it down. I usually fill them (the MAR) in, but it could be a mistake. It is important to not have blanks. Giving meds is mandatory. I try to write it down as soon as I give the meds." Interview on 7/20/23 with the Qualified Professional revealed: -Regarding the MARs "I was not aware of the blanks. I do know [client #2] was gone (in July 2023). He went on a vacation with his mother and his medications were signed out and back in by either a staff member or the Legal Guardian. He was gone from the 4th of July (2023) to either the 12th or 13th of July. I guess staff forgot to sign on the back of the MAR that he was out of the facility on those days." -"[Client #3] left the home and went to stay with a friend. He left the afternoon of the 30th of June (2023), so his evening med would have gone with him. He returned on the afternoon of the 10th of July (2023), so his am (morning) meds would not have been written on the MAR as given." -"No one ever told us there needed to be documentation on the MAR when the clients were	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF	BE COMPLETE
July 1st (2023) to the 11th (2023) and maybe got home on the 12th (2023). He just got back last week I think. His medications go with him. The MAR stays here. (at the facility) He goes and comes back and his parents give him the meds. You are supposed to write an 'X' or something on the back (of the MAR) when they are not here. I thought we wrote it down. I usually fill them (the MAR) in, but it could be a mistake. It is important to not have blanks. Giving meds is mandatory. I try to write it down as soon as I give the meds." Interview on 7/20/23 with the Qualified Professional revealed: -Regarding the MARs "I was not aware of the blanks. I do know [client #2] was gone (in July 2023). He went on a vacation with his mother and his medications went with him." -'I don't have any documentation showing the medications were signed out and back in by either a staff member or the Legal Guardian. He was gone from the 4th of July (2023) to either the 12th or 13th of July. I guess that is why there are blanks on his MAR. I guess staff forgot to sign on the back of the MAR that he was out of the facility on those days'[Client #3] left the home and went to stay with a friend. He left the afternoon of the 30th of June (2023), so his evening med would have gone with him. He returned on the afternoon of the 10th of July (2023), so his am (morning) meds would not have been written on the MAR as given." -'No one ever told us there needed to be documentation on the MAR when the clients were	V 118	Continued From page	e 5	V 118		
out of the facilityI will have to go to the facility and look at the back of an MAR to see what the codes are so we can start documenting on the back when a client is on a home visit." -Was not sure why client #1's MAR had blanks on	V 118	July 1st (2023) to the home on the 12th (20 week I think. His med MAR stays here. (at tomes back and his pyou are supposed to the back (of the MAR thought we wrote it do MAR) in, but it could to not have blanks. Getry to write it down as Interview on 7/20/23 professional revealed Regarding the MARs blanks. I do know [clic 2023). He went on a his medications went -"I don't have any domedications were signeither a staff member was gone from the 4t 12th or 13th of July. I blanks on his MAR. I the back of the MAR on those days." -"[Client #3] left the hefriend. He left the after (2023), so his evening him. He returned on the July (2023), so his an have been written on -"No one ever told us documentation on the out of the facilityI wand look at the back of codes are so we can back when a client is	11th (2023) and maybe got 123). He just got back last lications go with him. The he facility) He goes and parents give him the meds. write an 'X 'or something on) when they are not here. I sown. I usually fill them (the be a mistake. It is important living meds is mandatory. I soon as I give the meds." with the Qualified does also as I give the meds." with the Qualified does and with him." cumentation showing the ned out and back in by the or the Legal Guardian. He he of July (2023) to either the guess that is why there are guess staff forgot to sign on that he was out of the facility one and went to stay with a ternoon of the 30th of June gomed would have gone with he afternoon of the 10th of an (morning) meds would not the MAR as given." There needed to be the MAR when the clients were will have to go to the facility of an MAR to see what the start documenting on the on a home visit."	V 118		

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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 C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
MHL0411124		B. WING		07/24/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE. ZIP CODE	•
		5788 BETH	IEL CHURCH F		
CHANGIN	G LIVES GROUP HOME	II, LLC MC LEANS	SVILLE, NC 27	301	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 118	Continued From page	e 6	V 118		
	-"[The QP] told me the (with the MARs). I go	with the Licensee revealed: ere was some concerns up there (to the facility) booksI will send him h training"			
V 131 G.S. 131E-256 (D2) HCPR - Prior Employment Verification		V 131			
	G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (d2) Before hiring health care personnel into a health care facility or service, every employer at a health care facility shall access the Health Care Personnel Registry and shall note each incident of access in the appropriate business files.				
		ews and interviews, the s the HCPR prior to hire			
	Review on 7/24/21 of -A hire date of 8/10/1: -A job description of F -The HCPR was acce	Paraprofessional			
	-Was responsible for checks on all staff -"I will tell you I know	with the Licensee revealed: accessing the HCPR the process. The HCPR e the hire date. [Staff #1]'s			

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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			
		MHL0411124	B. WING	07/24/2023			
ſ	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						

5788 BETHEL CHURCH ROAD

(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 131	Continued From page 7	V 131		
	check is missing. I am not sure what happened, but I know better"			
V 133	G.S. 122C-80 Criminal History Record Check	V 133		
	G.S. §122C-80 CRIMINAL HISTORY RECORD CHECK REQUIRED FOR CERTAIN APPLICANTS FOR EMPLOYMENT. (a) Definition As used in this section, the term "provider" applies to an area authority/county program and any provider of mental health, developmental disability, and substance abuse services that is licensable under Article 2 of this Chapter. (b) Requirement An offer of employment by a provider licensed under this Chapter to an applicant to fill a position that does not require the applicant to have an occupational license is conditioned on consent to a State and national criminal history record check of the applicant. If the applicant has been a resident of this State for less than five years, then the offer of employment is conditioned on consent to a State and national criminal history record check of the applicant. The national criminal history record check of the State for five years or more, then the offer is conditioned on consent to a State criminal history record check of this State for five years or more, then the offer is conditioned on consent to a State criminal history record check of the applicant. A provider shall not employ an applicant who refuses to consent to a			
	criminal history record check required by this section. Except as otherwise provided in this subsection, within five business days of making the conditional offer of employment, a provider			
	shall submit a request to the Department of Justice under G.S. 114-19.10 to conduct a criminal history record check required by this section or shall submit a request to a private			

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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
		MHL0411124	B. WING	07/24/2023
NAME OF PROVIDER OR SUPPLIER		STREET ADDR	RESS, CITY, STATE, ZIP CODE	
CHANGING LIVES GROUP HOME II. LLC		II. LLC	EL CHURCH ROAD	

CHANGING LIVES GROUP HOME II. LLC		SVILLE, NC 27		
(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 133	Continued From page 8	V 133		
	entity to conduct a State criminal history record check required by this section. Notwithstanding G.S. 114-19.10, the Department of Justice shall return the results of national criminal history record checks for employment positions not covered by Public Law 105-277 to the Department of Health and Human Services, Criminal Records Check Unit. Within five business days of receipt of the national criminal history of the person, the Department of Health and Human Services, Criminal Records Check Unit, shall notify the provider as to whether the information received may affect the employability of the applicant. In no case shall the results of the national criminal history record check be shared with the provider. Providers shall make available upon request verification that a criminal history check has been completed on any staff covered by this section. A county that has adopted an appropriate local ordinance and has access to the Division of Criminal Information data bank may conduct on behalf of a provider a State criminal history record check required by this section without the provider having to submit a request to the Department of Justice. In such a case, the county shall commence with the State criminal history record check required by this section within five business days of the conditional offer of employment by the provider. All criminal history information received by the provider is confidential and may not be disclosed, except to the applicant as provided in subsection (c) of this section. For purposes of this subsection, the term "private entity" means a business regularly engaged in conducting criminal history record checks utilizing public records obtained from a State agency. (c) Action If an applicant's criminal history record check reveals one or more convictions of			

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLI	ETED
MHL0411124		B. WING		07/2	4/2023	
	MILEVTITET				1 0112	4/2023
NAME OF PI	NAME OF PROVIDER OR SUPPLIER STREET			TE, ZIP CODE		
CHANGIN	CHANGING LIVES GROUP HOME II, LLC			ROAD		
OHAITOIT	O EIVEO OITOOI HOME	MC LEANS	VILLE, NC 27	301		
(X4) ID	(X4) ID SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
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				22.10.2.10.1		
V 133	Continued From page	9	V 133			
	a ralayant affansa th	e provider shall consider all				
		s in determining whether to				
	hire the applicant:	s in determining whether to				
		auanasa of the arima				
	(1) The level and seri					
	(2) The date of the cr					
		rson at the time of the				
	conviction.					
	(4) The circumstance					
	commission of the cri					
	` '	en the criminal conduct of				
	•	b duties of the position to be				
	filled.					
	(6) The prison, jail, pr					
		ployment records of the				
	•	the crime was committed.				
	a relevant offense.	ommission by the person of				
		of a relevant offense clane				
		of a relevant offense alone				
		employment; however, the				
		considered by the provider.				
		lifies an applicant after elevant factors, then the				
		e information contained in				
		cord check that is relevant , but may not provide a copy				
	of the criminal history	record check to the				
	applicant.	A provider and an afficer				
		- A provider and an officer				
		vider that, in good faith,				
		ction shall be immune from				
	civil liability for:	provider to employ ex				
	(1) The failure of the					
		s of information provided in				
		cord check of the individual.				
	` '	n employee's history of				
		e employee's criminal				
	_	s requested and received in				
	compliance with this					
	(e) Relevant Offense.	As used in this section,				

Division of Health Service Regulation

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Division of Health Service Regulation

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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				
	MHL0411124	B. WING	07/24/2023				
NAME OF PROVIDER OR SUPPLIER	DR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						

CHANGING LIVES GROUP HOME II, LLC 5788 BETHEL CHURCH ROAD MC LEANSVILLE, NC 27301					
(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 133	Continued From page 10	V 133			
	"relevant offense" means a county, state, or federal criminal history of conviction or pending indictment of a crime, whether a misdemeanor or felony, that bears upon an individual's fitness to have responsibility for the safety and well-being of persons needing mental health, developmental disabilities, or substance abuse services. These crimes include the criminal offenses set forth in any of the following Articles of Chapter 14 of the General Statutes: Article 5, Counterfeiting and Issuing Monetary Substitutes; Article 5A, Endangering Executive and Legislative Officers; Article 6, Homicide; Article 7A, Rape and Other Sex Offenses; Article 8, Assaults; Article 10, Kidnapping and Abduction; Article 13, Malicious Injury or Damage by Use of Explosive or Incendiary Device or Material; Article 14, Burglary and Other Housebreakings; Article 15, Arson and Other Burnings; Article 16, Larceny; Article 17, Robbery; Article 18, Embezzlement; Article 19, False Pretenses and Cheats; Article 19A, Obtaining Property or Services by False or Fraudulent Use of Credit Device or Other Means; Article 19B, Financial Transaction Card Crime Act; Article 20, Frauds; Article 21, Forgery; Article 26, Offenses Against Public Morality and Decency; Article 26A, Adult Establishments; Article 27, Prostitution; Article 28, Perjury; Article 29, Bribery; Article 31, Misconduct in Public Office; Article 36A, Riots and Civil Disorders; Article 39, Protection of Minors; Article 40, Protection of the Family; Article 59, Public Intoxication; and Article 60, Computer-Related Crime. These crimes also include possession or sale of drugs in violation of the North Carolina Controlled Substances Act, Article 5 of Chapter 90 of the General Statutes, and alcohol-related offenses such as sale to underage persons in				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL0411124 B. WING			07/2	4/2023
CHANGING LIVES GROUP HOME II. LLC 5788 BET			DRESS, CITY, STA HEL CHURCH F SVILLE, NC 27	ROAD		
(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 CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
V 133	G.S. 20-138.5. (f) Penalty for Furnish applicant for employn supplies, or otherwise an employment applic criminal history record shall be guilty of a Cla (g) Conditional Employemploy an applicant cobtaining the results of check regarding the afollowing requirement (1) The provider shall prior to obtaining the criminal history record subsection (b) of this fingerprint cards as re (2) The provider shall criminal history record business days after the conditional employme 2001-155, s. 1; 2004-	302 or driving while of G.S. 20-138.1 through sing False Information Any ment who willfully furnishes, a gives false information on cation that is the basis for a dicheck under this section ass A1 misdemeanor. Syment A provider may conditionally prior to of a criminal history record applicant if both of the as are met: not employ an applicant applicant's consent for dicheck as required in section or the completed equired in G.S. 114-19.10. submit the request for a dicheck not later than five the individual begins	V 133			
	This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to check the criminal history for 1 of 3 staff (#1) within 5 days of making the conditional offer of hire. The findings are: Review on 7/24/21 of staff #1's record revealed: -A hire date of 8/10/13					

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-A job description of Paraprofessional

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A BUILDING:				
	A. BOILBING.					
MHL0411124	B. WING		07	/24/2023		
STREET A	ADDRESS, CITY, STATE	, ZIP CODE				
5788 BE	THEL CHURCH RO	AD				
II, LLC MC LEA	NSVILLE, NC 2730	1				
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE
ne 12	V 133					
or the background checks. taff #1]'s check is missing. I						
ed Living - Staff	V 290					
V 290 27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is capable of remaining in the home or community without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time. (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with						
	MHL0411124 STREET A 5788 BE MC LEA STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) Ge 12 eck was completed on S with the Licensee revealed: or the background checks. staff #1]'s check is missing. I appened, but I know better" ed Living - Staff 02 STAFF s above the minimum n Paragraphs (b), (c) and (d) determined by the facility to and to individualized client the staff member shall be when any adult client is on the menthe client's treatment or uments that the client is g in the home or community The plan shall be reviewed the ess than annually to ensure to be capable of remaining in nity without supervision for time. The staff is a facility in the ratios when more than one client is present: The adolescents with substance all be served with a minimum for every five or fewer minor wever, only one staff need be bing hours if specified by the procedures determined by or	MHL0411124 STREET ADDRESS, CITY, STATE 5788 BETHEL CHURCH RO MC LEANSVILLE, NC 2730 TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION) B with the Licensee revealed: Or the background checks. Staff #1]'s check is missing. I appened, but I know better" ed Living - Staff O2 STAFF s above the minimum on Paragraphs (b), (c) and (d) determined by the facility to bond to individualized client The estaff member shall be when any adult client is on the enen the client's treatment or uments that the client is g in the home or community The plan shall be reviewed ess than annually to ensure to be capable of remaining in nity without supervision for time. Sevent in a facility in the ratios when more than one client is present: The adolescents with substance all be served with a minimum for every five or fewer minor wever, only one staff need be only one of the procedures determined by or adolescents with bilities shall be served with	STREET ADDRESS, CITY, STATE, ZIP CODE 5788 BETHEL CHURCH ROAD MC LEANSVILLE, NC 27301 TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY PULL LISC IDENTIFYING INFORMATION) BY WITH THE Licensee revealed: Or the background checks. Staff #1]'s check is missing. I appened, but I know better" ed Living - Staff D2 STAFF s above the minimum n Paragraphs (b), (c) and (d) determined by the facility to ond to individualized client ne staff member shall be when any adult client is on the nen the client's treatment or uments that the client's treatment or uments that the client is gi in the home or community The plan shall be reviewed ses than annually to ensure to be capable of remaining in nity without supervision for time. Seent in a facility in the ratios when more than one client is present: and obscents with substance all be served with a minimum for every five or fewer minor wever, only one staff need be bring hours if specified by the procedures determined by or adolescents with billities shall be served with	MHL0411124 B. WING		

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
,			A. BUILDING: _			
	MHL0411124		B. WING		07/2	24/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHANGIN	G LIVES GROUP HOME	II. LLC	HEL CHURCH F			
		MC LEAN	SVILLE, NC 27	301		
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 290	present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.		V 290			
	This Rule is not met as evidenced by: Based on observations, record reviews and interviews, the facility failed to ensure a minimum of one staff was present at all times when a client was on the premises, except when the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 3 of 3 clients (#1, #2, and #3). The findings are: Observations of the facility on 7/20/23 from 8:53am to 10:36am revealed: -All 6 clients were present -There was no staff at the facility -At 9:05am, the van from the day program arrived to pick up clients #2, #3, #4, #5 and #6 -Client #1 remained at the facility with no staff present -At 10:36am, a staff from the sister facility arrived -At 10:40am, staff #1 arrived at the facility					

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STATEMENT	COF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X3) DATE SURVEY			
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED		
		MHL0411124	B. WING		07/24/2023		
		111120411124			1 0772472023		
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE			
CHANGIN	G LIVES GROUP HOME	5788 BE	THEL CHURCH F	ROAD			
OHANOIN	O EIVEO GIROOF HOME	MC LEA	NSVILLE, NC 27	301			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES			ID	PROVIDER'S PLAN OF CORRECTION	N (X5)		
PREFIX	,	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD			
TAG	REGULATORY OR I	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	RIAIE		
V 290	Continued From page	e 14	V 290				
	Review on 7/20/23 of	client #1's record revealed:					
	-An admission date of						
		phrenia and Cannabis Use					
	Disorder						
	-An admission assess	sment dated 6/16/23 noted					
	"has no children and	was residing with his					
		dential placements, his					
	mother and extended	family have always been					
	supportive of him, des	sires to be more					
	independent, has a hi	story of audio					
	hallucinations, has no	t always been compliant					
		dications and this has led to					
	hospitalizations, histo	- · ·					
	I	ry of substance use and					
		denies suicidal or homicidal					
		psychosis started after he					
	_	K2 (a synthetic cannabinoid					
		n's mental state) when he					
	_	3, engages in smoking					
		onally uses marijuana,					
	_	Rehabilitation Services to					
	skills, managing med	his independent living					
	needs individual thera	d activities of daily living,					
		ges and goals in a safe and					
		ent, peer support would be					
		nim with the opportunity to					
	connect with individua						
		eelings of isolation and					
	promote a sense of b	•					
	[· · · ·	to transition him back into a					
	group home that can						
		nt that supports his mental					

Division of Health Service Regulation

health needs."

-A treatment plan dated 6/20/23 noted "will demonstrate the ability to maintain compliance with treatment recommendations by maintaining a consistent schedule of attending the Psycho

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STATEMENT	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND FLAN C)F CORRECTION	IDENTIFICATION NOWIBER.	A. BUILDING: _		COWII ELTED	
		MHL0411124	B. WING		07/2	4/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
		5788 BETH	HEL CHURCH F	ROAD		
CHANGIN	G LIVES GROUP HOME	II, LLC MC LEANS	SVILLE, NC 27	301		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	Continued From page	÷ 15	V 290			
	recovery skills daily, a management session prescribed and attend strategies in order to mental health symptodeveloping a set daily include medication reroutines and self-reporting schedule for 3 corincrease his ability to expectations by attenwith no more than 1 wmore about himself a diagnosis by engagin workshops related to and developing a log symptoms, barriers a strategies on a weekl months."	y schedule for himself to egimen, healthy bedtime orting daily compliance with insecutive months, will follow rules and inded scheduled workshops verbal prompt, will learn ind his mental health g in research and his mental health diagnosis too of self-reported ind potential coping				
	Review on 7/21/23 of client #2's record revealed: -An admission date of 6/28/21 -Diagnoses of Schizophrenia, Cannabis Use Disorder, Moderate, Chronic Hep C, Hypertension, Hepatic Steatosis, Vitamin D Deficiency, and Mild Splenomegaly (Enlargement of the Spleen) -An assessment dated 6/28/21 noted "was recently discharged from [a state psychiatric hospital], was being treated for Schizophrenia, has a guardian, was doing drugs over a period of time, was homeless and went to [a local city] for mental health, a legal history of possession of a scheduled VI and possession of drug paraphernalia charges, last date of marijuana use was 11/13/19, no suicidal or homicidal ideation and his father is supportive."					

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Division of	<u>of Health Service Regu</u>	lation				
STATEMENT	Γ OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	A. BUILDING:		
			_			
			D WING			
		MHL0411124	B. WING		07/24/2023	
NAME OF D	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE ZIR CODE		
INAME OF T	NOVIDEN ON SOLT LIEN					
CHANGIN	G LIVES GROUP HOME	II. LLC	ETHEL CHURCH I			
		MC LEA	ANSVILLE, NC 27	'301		
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON (X5)	
PREFIX	`	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULI	O BE COMPLETE	
TAG	REGULATORY OR I	LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROF	PRIATE DATE	
				DEFICIENCY)		
V 290	Continued From page	16	V 290			
. 200	Continued From page	3 10				
	-A treatment plan date	ed 7/7/23 noted "will improve				
	independent living sk	ills in order to be able to				
	take care of himself of	one day by saving at least \$5				
	per month when prov					
		consecutive months, will				
		daily, attend psychiatric				
	medication managem					
	_	ribed, attend therapy, will				
	prepare himself for in					
		owledge about himself by				
	learning and verbalizi	-				
		his medications, will learn				
		gimen, known reasoning for				
		ossible side effects, will				
	_	improve his socialization				
		aging in workshops daily and				
	_	uring workshops daily with				
		ll prompt, will increase the				
		gages with others to avoid				
		tural supports by actively				
		activity other than pacing				
		vith his peers for at least 10				
	minutes daily."					
	-No documentation of	f the client's ability to have				
	unsupervised time in	the home or community				
	Review on 7/21/23 of	client #3's record revealed:				
	-An admission date o	f 12/1/22				
	-Diagnoses of Schizo	affective Disorder, Bipolar				
	Type, Alcohol Use Di	sorder, Moderate, Tobacco				
		, Hypertension, COPD,				
		hageal Obstruction and				
	Hepatomegaly (Fatty	_				
		d 12/1/22 noted "previously				
		e, was in need of mental				
		ently attends a day program				
		tinue, needs medication				
		mental health symptoms,				
		coaffective Disorder-Bipolar				
	ıype, nas a history of	f alcohol abuse but has been				

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DIVISION	n nealth Service Negu	ialion				
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
			_			
		MHL0411124	B. WING		07/2	4/2023
NAME OF D	DOVIDED OD CURRUED	CTDEET ADE	DECC CITY CTA	TE 710 000E		
NAME OF PI	ROVIDER OR SUPPLIER		RESS, CITY, STA			
CHANGIN	G LIVES GROUP HOME	II. LLC	IEL CHURCH F			
		MC LEANS	SVILLE, NC 27	301		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	١	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	RIATE	DATE
			1	DEFICIENCY)		
V 290	Continued From page	e 17	V 290			
	_	out relapse, has difficulty				
	concentrating, irritabil	ity and poor self-esteem,				
	has auditory hallucina	ations, poor judgement,				
	needs outpatient there	apy, medication				
		nitoring, continue to develop				
	_	ational skills and meet his				
	•	side of the group home and				
	peer support services					
		ed 6/9/23 noted "will learn				
		es and be able to control his				
		fying triggers and behavioral				
		or reviewing and utilizing at				
	least one new coping	•				
	_	veness of those skills, will				
		tional skills by completing				
		s per week, one mock				
	_	n, discussing personal				
		d job skills to decide on				
	good job possibilities,	problem solve barriers to				
	employment and com	e up with solutions, will use				
	learned recovery skills	s, attend psychiatric				
	medication managem	ent sessions, take				
		ribed, attend therapy, will				
		depression by improving				
		egative things he says and				
		, challenging those thoughts				
	and replacing them w					
		improving self-esteem and				
	l •	f guilt and hopelessness				
		e things 15 minutes every				
	day, will increase his					
	_	g a structured schedule for				
	himself that includes i					
		schedule, chores or routine				
		eport his ability to maintain				
		he following 6 months and				
	make revisions as ne					
		f the client's ability to have				
	unsupervised time in	the home or community				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0411124	B. WING		07/	24/2023
NAME OF F	PROVIDER OR SUPPLIER		DRESS, CITY, STA			
CHANGIN	IG LIVES GROUP HOME	II. LLC	HEL CHURCH F SVILLE, NC 27			
(X4) ID PREFIX TAG	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
V 290	Interview on 7/20/23 -"[Staff #1] just left. H -"Usually, we have a the Day Program." -"I have a doctor's ap 11am. [Staff #1] will b me." -Client #1 called the o to let her know the su -"She (the QP) said s to see where he is." Interview on 7/20/23 -Was not sure where the facility -All the clients had ur and the community -The clients' treatmer of specified hours the the home and the cor Interview on 7/24/23 -"Normally we wait th allow it (unsupervised have to get to know the	with client #1 revealed: e went to put air in his tire." staff with us until we go to pointment today (7/20/23) at he back before then to take Qualified Professional (QP) hrveyor was on site he is trying to call [staff #1] with the QP revealed: staff #1 went when he left asupervised time in the home ht plans had documentation clients could be left alone in munity with the Licensee revealed: e first 30 days before we d time). I tell the clients we hem. We talk to the parents de discuss it. Several have	V 290			

Division of Health Service Regulation

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