		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING:			
		MHL041658	B. WING			C 28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
WYNMEF	RE PLACE		MOND DRIVE BORO, NC 27			
(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 THE APPROPRIATE	(X5) COMPLE DATE
V 000	INITIAL COMMEN	ſS	V 000			
	One complaint was					
		sed for the following service C 27G .1700 Residential cure for Children or				
	sister facility will be Staff and/or clients	entified in this report. The identified as sister facility A. will be identified using the and a numerical identifier.				
	census of 4. The su	sed for 4 and currently has a urvey sample consisted of client and 1 former client.				
V 115	27G .0208 Client S	ervices	V 115			
	 (a) Facilities that prassure that: (1) space and super the safety and welfative (2) activities are su and treatment/habilities 	208 CLIENT SERVICES ovide activities for clients shall rvision is provided to ensure are of the clients; itable for the ages, interests, itation needs of the clients				
	activities. (h) Facilities or prog	te in planning or determining grams designated or described	1			
	available 24 hours a unless otherwise sp (c) Facilities that se	24-hour" shall make services a day, every day in the year. becified in the rule. erve or prepare meals for that the meals are nutritious.				
		no have a physical handicap				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
		MHL041658	B. WING			C 28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
WYNME	RE PLACE		MOND DRIVE			
(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 AC CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 115	Continued From pa	ge 1	V 115			
	with secure adaptiv (e) When two or mo require special assi in a vehicle are tran	ore preschool children who stance with boarding or riding isported in the same vehicle, adult, other than the driver, to				
	facility failed to ens to ensure safety of	et as evidenced by: views and interviews, the ure supervision was provided the clients affecting 1 of 1 ^C). The findings are:				
	-Date of Admission -Age: 16; -Diagnoses: Oppos Trauma or Stressor	itional Defiant Disorder, Other Related Disorder, and Mild				
	Intellectual Develop -Date of Discharge: -FC #1 was seen a sore ribs and chest	5/30/23; turgent care on 5/21/23 for				
	dated 5/21/23 revea -FC #1 was seen a sore ribs and chest	t urgent care on 5/21/23 for pain;				
	bike for physical ac the bike rolling into problems with his c	al community park, riding a tivity on 5/21/23. FC #1 fell off the bushes and complained of hest and ribs; x-ray and had no visible				

STATE FORM

55S811

If continuation sheet 2 of 7

STATEMEN	of Health Service Re IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
	PLAN OF CORRECTION IDENTIFICATION NUMBER:			COMPLETED	
					С
		MHL041658	B. WING		06/28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE	
WYNME	RE PLACE		IMOND DRIVE BORO, NC 27	406	
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE
V 115	Continued From pa	ige 2	V 115		
	injuries.				
	Attempted interviev #1 revealed:	v on 6/23/23 & 6/28/23 with FC	;		
		t returned on 6/28/23.			
	Attempted interview on 6/23/23 with client #1 revealed:				
	-He had refused to be interviewed without his Social Worker being present.				
	Interview on 6/26/23 with FC #1's legal guardian revealed: -"[FC #1] went to the emergency room for being beaten up by his peers;"				
	-FC #1 was afraid t accident and had a about the bullying;	o tell the staff about the bike ttempted before to tell staff			
	but believed the act to FC #1's schedule	f the exact date of the incident cident was the weekend prior ed home visit on 5/25/23; g bullied by his peers in the			
	group home and fro been an ongoing th	om what I was told this had ing (bullying)."			
	-"Present at the out [Staff A1], and four	3 with Staff #2 revealed: ting (community park) was me clients (FC #1, FC #2, Client rom Wynmere Place. [Staff	,		
	A1] was working at clients with him;"	the [sister facility] and he had			
	clients asked if they -"I and [Staff A1] we	yer for a bicycle library and the y could attend the event; ere sitting on a bench and)		
	vision was obstruct crying and stated, '	iew of the bike path and my ed by the hill. [FC #1] was I fell off my bike, into the			
	bushes, and hit a tr -All clients were out to three minutes.	ee''' t of my eyesight for about two			

Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		A. BOILDING.			с
	MHL041658	B. WING			28/2023
NAME OF PROVIDER OR SUPP	LIER STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WYNMERE PLACE		MOND DRIVE			
()	Y STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
	IENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 115 Continued From	n page 3	V 115			
 -"I was working four clients with the client's namelite relient's namelite relients for two -"[FC #1] went the same direct made a hard ture into a ditch."" Interview on 6/revealed: -"[Client #1] ad bike and punched him and group home kreater the called him and group home kreater the allegations V 296 27G .1704 Rest Staffing 10A NCAC 2700 REQUIREMEN (a) A qualified telephone or pable to reach the times. (b) The minim 	27/23 with Staff A1 revealed: a the [sister facility] and I had n me and he couldn't remember nes (Client A1, A2, A3, and A4);" ill where he could not see the to three minutes; up the hill and came back down tion saying, 'my ribs are hurting. I im, hit a tree, fell off the bike, and 28/23 with the Executive Director mitted to knocking [FC #1] off his hing him. [FC #2] did not participate encouraged the fight." ne bike accident the legal guardiar said, "Two of the clients from the locked him (FC #1) off his bike and time believing FC #1 was huse (FC #1) said he "fell off his and return her call. sidential Tx. Child/Adol - Min.	1			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
			A. BUILDING:			
		MHL041658	B. WING			C 28/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	TATE, ZIP CODE		
WYNME	RE PLACE		MOND DRIVE BORO, NC 27			
(X4) ID		TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	HE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	age 4	V 296			
	 one, two, three or fe (2) three dire for five, six, seven adolescents; and (3) four direction nine, ten, eleven or adolescents. (c) The minimum r during child or adol follows: (1) two direction and one shall be average of the second seco	t care staff shall be present for twelve children or number of direct care staff escent sleep hours is as t care staff shall be present wake for one through four ents; t care staff shall be present wake for five through eight				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL041658				(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		E SURVEY PLETED C 28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE	• • •	
WYNMEI	RE PLACE		MOND DRIVE BORO, NC 27			
(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	FION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 296	Continued From pa	ge 5	V 296			
	interviews, the facil care staff were pres The findings are: Observation on 6/2 am to 11:30 am rev -Staff #1 was alone Review on 6/23/23 -Date of Admission -Age: 14; -Diagnoses: Disrup Disorder, Unspecifi Attention Deficit Hy Traumatic Stress D -Client #1 was trans safety concerns, the multiple physical alt	views, observation, and ity failed to ensure two direct sent for up to four adolescents 3/23 at approximately 10:30 realed: in the facility with four clients. of Client #3's record revealed: : 6/9/23; tive Mood Dysregulation ed Depressive Disorder, peractive Disorder, and Post isorder; sitioned to level III due to reats to shoot up the school, tercations, absent without) 3 times within thirty days,				
	-"Staff present are	3 with Client #3 revealed: usually one and new staff ting staff to train on notes and				
	Review on 6/23/23 -Date of Hire: 5/3/2 -Paraprofessional.	of Staff #2's record revealed: 3;				
		3 with Staff #2 revealed: shift by myself with four				
		3 with Staff A1 revealed: third shift at Wynmere Place				

	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	OF CONNECTION	IDENTIFICATION NOWBER.				
		MHL041658	B. WING			C 28/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
WYNME	RE PLACE		MOND DRIVE BORO, NC 27			
(X4) ID		TEMENT OF DEFICIENCIES	ID	CORRECTION	(X5)	
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 296	Continued From pa	ge 6	V 296			
	with [staff #1] or [E) first week training, a Interview on 6/23/2 revealed: -Surveyor had spok at approximately 10 appointment with m -He was usually in person on duty;	Wynmere Place, I worked kecutive Director] (ED) for the and then I was on my own." 3 and 6/28/23 with the ED ken with the ED over the phone 0:40 am on 6/23/23. "I'm at an by daughter in Durham;" ratio as the second staff staff could be alone with the le facility."				
	ealth Service Regulation					