Division of Health Service Regulation

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					С	
		MHL035-055	B. WING		09/2	0/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
INDEPEN	IDENCE HOUSE		EWOOD DR			
			RG, NC 275			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
V 000	INITIAL COMMENT	-s	V 000			
	20, 2023. The comp	was completed on September plaint was substantiated 10). Deficiencies were cited.				
	This facility is licensed for the following service category: 10A NCAC 27G .1200 Psychosocial Rehabilitation Facilities for Individuals with Severe and Persistent Mental Illness.					
		urrent census of 29. The sisted of audits of 1 current				
V 110	27G .0204 Training, Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF (a) There shall be reparaprofessionals. (b) Paraprofessionals associate professional as spesubchapter. (c) Paraprofessional as spesubchapter. (d) Paraprofessional as spesubchapter. (d) At such time as employment system then qualified professionals shall associated as a specific professionals shall associated as a specific professionals shall as a specific professional shall a specific professional shall as a specific professional shall as a specific professional shall as a specific professional shall a specific professional shall as a specific professional shall a specific professional shall as a specific professional shall as a specific professional shall as a specific professional shall a specific professional shall as a specific professional shall as a specific professional shall as a specific professional shall	cified in Rule .0104 of this als shall demonstrate and abilities required by the a competency-based a is established by rulemaking, assionals and associate demonstrate competence. all be demonstrated by a including: edge; ess;				
	(5) interpersonal sk (6) communication	kills;				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	TION SHOULD BE COMI	
			7. BOILDING.			:
		MHL035-055	B. WING		1	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 110	(7) clinical skills. (f) The governing to develop and implent for the initiation of the plan upon hiring ear	pody for each facility shall nent policies and procedures he individualized supervision ch paraprofessional.	V 110			
	This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure 1 of 2 audited paraprofessional staff (#2) demonstrated the knowledge, skills, and abilities required by the population served. The findings are:					
	Review on 9/19/23 of staff #2's record revealed: - Hired 7/8/19 - Signed job description dated 1/24/23: "Promote supportive counseling for consumers as needed to promote personal growth in areas of emotional and social development"					
	- Admitted 1/12/2 - Diagnoses of C Generalized Anxiety Disorder, single epi Developmental Disorder, single epi of coping skills and - Treatment plan - "Client is easily quick to anger." - "[Client #3] will understanding of sy recovery as evidence	conduct Disorder, unspecified, y Disorder, Major Depressive sode, Mild Intellectual ability, Seizure Disorder, Lack has anger management				

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	of Health Service Re	egulation	ı		1	
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING:		(X3) DATE SURVEY COMPLETED	
		A. BUILDING:		C		
		MHL035-055	B. WING			20/2023
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INDEPER	NDENCE HOUSE	LOUISBU	RG, NC 275	49		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC 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 110	Continued From pa	ge 2	V 110			
	learned to increase	daily functioning"				
	- She was in staft - Her relationship and "not good at all - "Sometimes [st - Staff #2 began months ago" and th nowhere" - Staff #2 "told m - Staff #2 yelled a and she "keep getti - She overheard that "she don't know could not recall who - Staff #2 "took a her behaviors towa - She had not be 2023 and staff #2 to on any outings "for - Staff #2 told clie	o with staff #2 was "pretty bad" "aff #2] won't hardly talk to me" yelling at client #3 "a couple of the yelling "started out of e (client #3) to shut up" at her about "different stuff" ng in trouble" staff #2 telling another staff to how to act in public", but she to that staff was the way" her outings because of trds staff en on an outing since May old her that she could not go the rest of this year" ent #3 "every time you do				
	something I'll take a	away your outing" e" about not being able to go				
	on outings with her					
	- Staff #2 yelled a recall what staff #2	ell at client #3 "all the time"				
	- Client #3 "acts - Staff #2 would when "she (client # - "[Staff #2] don't - Staff #2 "fussed	9/19/23 client #10 reported: up" and "misbehaves" say "something" to client #3 3) was in the wrong" fuss at her (client #3) a lot" d" at client #3 "because she				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	2) MULTIPLE CONSTRUCTION (X		(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
INDEPEN	NDENCE HOUSE		.EWOOD DR RG, NC 275				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
V 110	During interview on Client #3 "alway Staff #2 "yells a Client #3 was n outings and that ma During interview on reported: There were "se #3 told her that staf right" and client #3 (GH) from the day p She spoke with confirmed that client program upset beca Client #3 comp them (staff) picking During interview on Client #3 came "the one person [cli [staff #2]" Client #3 told he about anything" Client #3 told he about anything" Client #3 did no GH except for she Client #3 did no GH except for she Client #3 reside Client #3 reside Client #3 reside Client #3 attend Client #3 reside Client #3 reside Client #3 attend	9/19/23 client #23 reported: ys argues with staff" it her (client #3)" lon't get yourself in trouble" ot allowed to go on any ade client #3 "mad" 9/19/23 client #3's sister veral occasions" when client if #2 was not "treating her returned to the group home orogram upset the GH staff, and she it #3 returned from the day ause of staff #2. lained of "verbal attacks and on her all day" 9/20/23 the GH staff reported: "home (GH)" with issues and ent #3] keeps referring to is er that staff #2 "fusses at her etimes" came "home (GH) of have "behavior issues" in the divill lie about things" of argue with staff or peers in 1 9/19/23 and 9/20/23 the GH of at the GH	V 110	DEFICIENCY)			
	unless she had an appointment or if the day program planned an outing - Client #3 wasn't going to the day program tomorrow (9/21/23) because the clients at the day						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	86 TANGL	DRESS, CITY, S EWOOD DR RG, NC 2754			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
V 110	program were going Client #3 "did s and now she can't g Client #3 had n months" Client #3 stated able to go on outing program During interviews oreported: Client #3 was in Client #3 was in Client #3 was in Client #3 would peers and staff)" Client #3 would conversations and speaking with her (ready to speak with address you (client Sometimes clie redirection and som "argumentative" She did not go when she became client #3 liked for st her Client #3 had n staff #2 began work "I have taken a disrespectful" "If you can't foll you can't follow the you going to follow community" "You can't have can't follow the rule She could not re	g on an outing omething at the day program go on the outing" of been on an outing "in a few if that she didn't like not being gs with her peers at the day in 9/19/23 on 9/20/23 staff #2 in her "group" get "in an uproar (yelling at argumentative" and ards her peers and staff is "butt in" her peers' she told client #3 "no one is client #3). If they (peers) were you (client #3) then they will #3)" on the standards was receptive to netimes client #3 was "back and forth" with client #3 "argumentative" because aff to go "back and forth" with ot been on an outing since sing in the facility in April 2023 way outings because she was ow rules in here that means rules on the outside. How are the rules out in the	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA	` ,	E CONSTRUCTION	SURVEY PLETED	
		A. BUILDING:			
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INDEPENDENCE HOUSE		EWOOD DR RG, NC 275			
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an outing for the rest During interview on 9 Program Director rep - Client #3 was in - Client #3 was "d "argumentative" with - She was unaward staff #2) having prob - She was not award #3 because the class and she never witned - Client #3 complat her" - She believed clie "when they (client #3 forth, [staff #2] didn't [client #3] would thin her" - Staff #2 did not he tell client #3 to "calm - She never heard know how to act" - The day program a restaurant once and - Clients could lost negative behavior the "consequence", and "consequences" acc - Staff #2 came to could do about client felt that imposing the outing would work w - Staff #1 and #2 ' clients - Client #3's last o	nt #3 that she could not go on to five year 9/19/23 and 9/20/23 the ported: staff #2's group isruptive" and is staff re of "them (client #3 and olems" are of staff #2 yelling at client is was held in another room is sed staff #2 yell at client #3 ained that staff #2 "didn't like ent #3 complained because is and staff #2) go back and is say anything back, and is that she (staff #2) didn't like thave a "loud tone" and would in down" if staff #2 say client #3 "don't in took clients on an outing to month is ean outing for every at occurred as a sometimes those sumulated of her and asked what she it #3's behaviors and staff #2 is "consequence" of losing an	V 110			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
INDEPE	NDENCE HOUSE		.EWOOD DR RG, NC 275			
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V 110	documentation to k an outing or of whic "consequence"	eep track of when a client lost ch staff imposed the resume her outings in	V 110			

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