Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		J COMIT EL TEB	
		MHL059-072	B. WING		10/10/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
CI FAR SI	KY GROUP HOME	55 RAILRO	DAD STREET			
		MARION, I	NC 28752			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COM	(5) PLETE ATE
V 000	INITIAL COMMENTS	:	V 000			
	on October 10, 2023. unsubstantiated (NC#NC#00207601). A de This facility is license category NCAC 27G Staff Secure for Child This facility is license census of 4. The sar	d for the following service .1700 Residential Treatment lren and Adolescents.  d for 8 and currently has a nple consisted of audits of 3				
V 108	current clients and 1 27G .0202 (F-I) Perso		V 108			
	(g) Employee training provided and, at a minor following: (1) general organizate (2) training on client delineated in 10A NC 10A NCAC 26B; (3) training to meet to client as specified in the plan; and (4) training in infection bloodborne pathogen (h) Except as permitted. 5602(b) of this Subcommember shall be avaitimes when a client is member shall be trainincluding seizure man to provide cardiopulm trained in the Heimlice.	tion shall be documented. g programs shall be nimum, shall consist of the  ational orientation; rights and confidentiality as EAC 27C, 27D, 27E, 27F and the mh/dd/sa needs of the the treatment/habilitation ous diseases and as. ed under 10a NCAC 27G hapter, at least one staff illable in the facility at all s present. That staff				

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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	(X2) MULTIPLE	(X3) DATE SURVEY	
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL059-072	B. WING		10/10/2023
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
01 545 01	0/ 000UD UOME	55 RAILRO	AD STREET		
CLEAR SI	(Y GROUP HOME	MARION, N	IC 28752		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 108	Continued From page	÷1	V 108		
	the American Heart A equivalence for reliev (i) The governing bod implement policies ar reporting, investigatin	ssociation or their ing airway obstruction.			
	failed to ensure 3 of 3 Professional #1 (AP# #2 (QP#2)), and Direct (DSP#3)) were trained needs of the clients. Review on 9/15/23 of -Admission Date: 8/8/4-Diagnoses: Disruptive	ew and interview, the facility is staff (Associate 1)), Qualified Professional ct Support Professional #3 do to meet the mh/dd/sa The findings are:  Client #1's record revealed: 23 e Mood Dysregulation and with the finding and conduct Disorder (D/O), and			
	-Admission Date: 7/3 -Diagnoses: Attention (ADHD), Unspecified Related D/O, Opposit Autism, Reactive Atta and SchizophreniaEndocrinology consu	Client #2's record revealed: 1/23 Deficit Hyperactivity D/O Trauma and Stressor ional Defiant D/O, Rule Out: chment D/O, DMDD, PICA, Ilt for Hashimoto's Disease. ate sexualized behavior and			

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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	
		MHL059-072	B. WING		10/	10/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, STAT	TE, ZIP CODE	, ,		
CLEAR SI	KY GROUP HOME		NC 28752				
(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 AC' CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE	
V 108	-Admission Date: 8/1 -Diagnoses: ADHD, S Intellectual Developm Autism Spectrum D/C -Age: 14  Review on 9/18/23 of revealed: -Hire date: 8/11/22 -A "Population Exam 8/11/22No evidence that the individualized mh/dd/ and #3.  Review on 9/18/23 of revealed: -Hire date: 9/12/23 -"Population Training Developmental Disab Disabilities dated 9/12 -No evidence that QF individualized mh/dd/ and #3.  Review on 9/18/23 of revealed: -Hire date: 6/29/23 -"Population Training Developmental Disab Disabilities dated 6/29/23 -"Population Training Developmental Disab Disabilities dated 6/29/23 -"Population Training Developmental Disab Disabilities dated 6/29 -No evidence that DS	Client #3's record revealed: 7/23 Seizure D/O, and Moderate rental Disability, Rule Out: 0.  AP #1's personnel record  (mental health)" completed  AP #1 was trained on the sa needs of clients #1, #2,  QP #2's personnel record  for Mental Health, illities, and Intellectual 2/23."  #2 was trained on the sa needs of clients #1, #2,  DSP #3's personnel record  for Mental Health, illities and Intellectual	V 108				
	Interview on 9/18/23 -Client #2 had behaviforensic interview at a due to concerns of all	ors that warranted a a local child advocacy center					

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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	
MHL		MHL059-072	B. WING		10/10/2023	
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
01 545 01	AV ODOUD HOME	55 RAILR	OAD STREET			
CLEAR SI	KY GROUP HOME	MARION,	NC 28752			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT 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 APPROP DEFICIENCY)	BE COMPLET	
V 108	08 Continued From page 3		V 108			
	underweight and had -Client #2 displayed i towards other clients -had not been in trair behaviors.	nappropriate behavior and staff re-directed him. ned in problematic sexualized				
	Interview on 9/18/23 with QP #1 revealed: -hired as an assistant clinician and QP for the facilitywould be working in-ratio during the week at the					
	facilitywas still learning about the clients and working on completing required training.					
	-hired as a DSP and for the facility.	with DSP #3 revealed: then became the lead DSP uired training for the facility.				
	Director revealed: -the Administrator/Lic training with staff.	with Behavioral Health censee did the population ed client specific training for				
	-directed staff to call	clinical on-call if there was g going on at the facility.				
	past seven years tha diagnoses in a Level Traumatic Stress Dis and Oppositional Def	ee revealed: population training for the t covered the most common III facility, i.e. (Post order, Conduct Disorder, fiant Disorder). client treatment plans in the tem.				

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