

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 000	INITIAL COMMENTS  A complaint and follow up survey was completed on 10/26/23. The complaint was substantiated (Intake #NC00207209). Deficiencies were cited.  This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability.  This facility is licensed for 6 and currently has a census of 6. The survey sample consisted of audits of 3 current clients.	V 000		
V 289	27G .5601 Supervised Living - Scope  10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;	V 289	To be in compliance with rules, Life, Inc. will employ the following:  <b>DHSR - Mental Health</b>  NOV 27 2023  <b>Lic. &amp; Cert. Section</b>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Belva Spencer BA QP11*

TITLE

*Program Manager*

(X6) DATE

*11/20/2023*

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 289	<p>Continued From page 1</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (j); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by:</p>	V 289		
-------	--	-------	--	--



Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>		
(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 289	Continued From page 3  August 2023  Interview on 10/24/23 staff #2 reported: - Client #6 moved to a Sister Facility in a neighboring city two months ago - Client #6 was "probably" moved because of her "behaviors"  Interviews on 10/24/23 and 10/25/23 the Program Manager reported: - Client #6 was not discharged from the facility and was still counted in the facility's census - Client #6 was "transferred" to a Sister Facility on July 31, 2023 due to her behaviors - There was a vacancy at the Sister Facility, so she "temporarily transferred" client #6 "to give everyone a break from the situation (client #6's behaviors)" - She knew she was supposed to discharge clients when clients moved into another facility - Client #6 was being discharged from Wickham Road Facility in November 2023	V 289		
V 738	27G .0303(d) Pest Control  10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.  This Rule is not met as evidenced by: Based on record review and interview, the facility failed to ensure the building was kept free from pests. The findings are:	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 738	<p>Continued From page 4</p> <p>Review on 10/25/23 of facility records revealed:</p> <ul style="list-style-type: none"> <li>- Work order from the Program Manager to maintenance dated 9/7/23: "Check home to see if there are any entry points for snakes to come into the home including weather stripping on the doors, etc."</li> <li>- Work order response from maintenance dated 9/15/23: "[Pest control company] will be coming out on Monday (9/18/23) and is requesting maintenance to be here as well so they can get up in the attic."</li> </ul> <p>Interview 10/25/23 client #3 reported:</p> <ul style="list-style-type: none"> <li>- Baby snakes were found throughout the facility</li> <li>- Last saw baby snakes in the facility last month (September 2023)</li> <li>- The baby snake was stuck to a "sticky pad"</li> <li>- Wasn't afraid of the baby snakes</li> <li>- Reported the snakes to the House Manager</li> </ul> <p>Interview on 10/25/23 client #4 reported:</p> <ul style="list-style-type: none"> <li>- There were baby snakes in the facility during the summer months</li> <li>- Saw baby snakes stuck on glue traps in the facility and saw a baby snake in the corner of his bedroom</li> <li>- Reported the snakes to the House Manager</li> <li>- Don't like snakes, but wasn't scared of the baby snakes</li> </ul> <p>Interview on 10/25/23 client #5 reported:</p> <ul style="list-style-type: none"> <li>- A few baby snakes were found in client #4's bedroom</li> <li>- Didn't see the baby snakes, but heard others talking about them</li> </ul> <p>Interview on 10/25/23 staff #1 reported:</p> <ul style="list-style-type: none"> <li>- Saw baby snakes in the facility, including client #4's bedroom last month (September 2023)</li> </ul>	V 738		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 738	<p>Continued From page 5</p> <ul style="list-style-type: none"> <li>- "I wonder where the momma snake is"</li> <li>- "Don't like snakes at all"</li> <li>- Didn't like working in the facility with the snakes</li> <li>- Reported the baby snakes to the House Manager</li> <li>- Clients weren't harmed by the baby snakes</li> <li>- Could not recall if the snakes were exterminated</li> </ul> <p>Interview on 10/25/23 staff #2 reported:</p> <ul style="list-style-type: none"> <li>- Seen baby snakes in the facility</li> <li>- "Wont as big as my finger (pointer)"</li> <li>- Wasn't bothered by the baby snakes</li> <li>- Could not recall if the snakes were exterminated</li> </ul> <p>Interview on 10/25/23 the maintenance staff reported:</p> <ul style="list-style-type: none"> <li>- Received a report from the House Manager about snakes inside of the facility "about a month ago"</li> <li>- The facility contacted a local pest control service to exterminate the snakes, but he could not recall when</li> <li>- The pest control company came to the facility and developed a "plan" to exterminate the snakes, but he could not recall when</li> </ul> <p>Interview on 10/25/23 the pest control company's supervisor reported:</p> <ul style="list-style-type: none"> <li>- The facility received routine pest control services monthly which included insects and rodents</li> <li>- A technician went to the facility on 10/16/23 for routine pest control service</li> <li>- There was no request from the facility to exterminate snakes and he did not have any documentation to exterminate snakes at the facility in the company's notes for the past 3</li> </ul>	V 738		





Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 752

Continued From page 8

Interview on 10/25/23 staff #2 reported:

- The water in the kitchen sink "wasn't hot"
- Staff boiled water to have hot water
- Didn't report the water temperature and didn't know if management knew about the hot water not being hot

Interview on 10/25/23 the Qualified Professional (QP) reported:

- He started working as the facility's QP two weeks ago
- The House Manager was responsible for checking the water temperatures, but she was out of work on extended leave
- He was responsible for ensuring the water temperatures were checked monthly, but he was "catching up on his QP duties"
- If the water temperatures were below 100 degrees Fahrenheit, then he would contact maintenance to have the temperature adjusted
- He didn't know why staff #1 was boiling water on the stove, he thought staff #1 was about to cook

Interview on 2/1/23 the Program Manager reported:

- The House Manage was responsible for checking water temperatures and ensuring the temperatures were within range of 100-116 degrees Fahrenheit
- Was unaware of the water temperature in the kitchen
- Was unaware staff were boiling water to wash dishes and mop floors
- She should have been contacted if the water temperatures were below 100 degrees Fahrenheit

This deficiency constitutes a re-cited deficiency

V 752

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL015-004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 10/26/2023</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER  <b>WICKHAM ROAD FACILITY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>258 WICKHAM ROAD SHILOH, NC 27974</b>
--	---

(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 752	Continued From page 9 and must be corrected within 30 days.	V 752		

---

**CONSUMER RIGHTS' POLICY****1201**

Effective: May 2014  
Last Revision Date: May 14, 2020  
Last Reviewed Date: February 20, 2023  
Responsibility: Director of Advocacy

**POLICY:**

It is the policy that the rights of consumers shall be understood, respected, and preserved. The rights of the consumers will be communicated initially and annually for persons served in a program longer than one (1) year. Each employee of LIFE, Inc. will be informed of consumer rights. In general, these rights shall include but shall not be limited to the right of dignity, humane care and treatment, and proper assistance and guidance. All employees of LIFE, Inc. working directly with consumers will receive initial and ongoing training to promote consumer well-being and prevent abuse, neglect, and mistreatment. It's also the policy that all alleged rights violations and crimes be investigated promptly with proper disciplinary and/or corrective measures taken as deemed appropriate.

**REGULATORY REFERENCE:**

LIFE, Inc. Company Policy  
NC Rules Governing Categories A and B Providers  
Section 1150B of the Social Security Act

**Tag Numbers:** W122, W123, W124, W125, W126, W127, W128, W129, W130, W131, W132, W133, W134, W135, W136, W137, W138, W139, W140, W141, W142, W143, W144, W145, W146, W147, W148, W149, W150, W151, W152, W153, W154, W155, W156, W172, W189

**FORMS MANUAL REFERENCE:** 1201(a), 1201(b), 1201(c)

**COMMENT:**

- 1) In recognition of the consumer's status as a developing individual, assistance, training, and treatment shall be provided the consumer relative to the exercise of rights.
- 2) All rights of the consumer shall devolve to the Guardian, next of kin or sponsoring agency if the consumer has been adjudicated incompetent or if it has been documented in the consumer's record the specific impairment(s) that have rendered the consumer incapable of understanding his rights.
- 3) Each consumer of LIFE, Inc. shall have the following rights:
  - a) Exercise his rights as a consumer and citizen;
  - b) Have the right to dignity, privacy, humane care, and freedom from physical punishment, abuse, neglect, and exploitation by all LIFE, Inc. employees;

- 
- c) Be informed of the policies, rules and regulations of LIFE, Inc. at or prior to the time of admission. Be informed upon the adoption or revision of pertinent policies which are applicable;
  - d) Be fully informed of his rights and responsibilities, and the rules and regulations governing conduct and responsibility; any fees will be assessed and explained upon admission, failure to pay any assessed fees may result in termination of services as well as legal action;
  - e) Have the right to live as normally as possible while receiving care and treatment;
  - f) Have the right to receive care, services and treatment based on a plan written especially for the individual consumer. The plan must be implemented within the service definition requirements;
  - g) Participate in the planning of his total care and medical treatment; and given a copy of the treatment/habilitation plan by LIFE, Inc.;
  - h) Be informed of the benefits or risk involved in the services the consumer will receive prior to agreeing to participate in the program;
  - i) Be fully informed in writing of the services available in the facility, and of related changes, including changes in services not covered under the Title XIX Program or by the facility's basic per diem rate, (IID);
  - j) Be fully informed by a physician of his health or medical condition unless it is documented in his record as medically contraindicated by his physician;
  - k) While receiving services, the consumer has the right to be free from unnecessary or excessive medications of any kind and have the right not to have medication used as punishment for discipline or for the convenience of staff. The use of medication will only occur as ordered by a physician in accordance with sound medical advice and following consent by consumer or guardian. Any known side effects or serious risks involved with a specific medication will be shared prior to obtaining consent;

Be free from restrictive interventions involving physical or chemical restraint and use of protective devices unless informed consent is given in conjunction with an approved behavior modification program within 30 days of initiation and when authorized in writing by a licensed, practicing psychologist or physician for use during behavior modification sessions or in an emergency situation in which restrictive intervention is necessary to prevent danger or injury to self or others. Refer to 1202(a) for the use of emergency restrictions.

1. The approved use of restrictive interventions and protective devices is valid only for 6 months. Approval is based upon assessment of the consumer and documentation and justification of the restrictive intervention or protective device proposed. Initiations and continued use of restrictive interventions or protective devices must be based on precise, clear, and recent behavioral data that the intervention or device will or continues to have a positive impact and is warranted. Reasons for the intervention or protective devices must be explained to the treatment team, consumer or guardian

---

and the LIFE, Inc. Human Rights Committee and approval obtained from all prior implementation. The Human Rights Committee must review the plan initially and every 6 months for ongoing plans. Approval, disapproval, or abstention by the Human Rights Committee will be based on a majority vote. If at any time the treatment team, consumer or guardian, or Human Rights Committee does not approve the plan it will not be implemented or if in current use will be discontinued.

2. Upon admission to LIFE, Inc., the consumer's medical history is reviewed, and a health history assessment is completed with the consumer and/or legally responsible person. If there are foreseeable physical consequences to using a restrictive intervention, approval by physician following a medical exam will be obtained and the physician will monitor the plan which will include specific monitoring procedures. If the consumer has a physical disability or medical issue which may cause his/her sensitivity to injury, such condition is to be documented in the consumer's plan with instruction not to utilize any interventions felt by the physician to be potentially harmful. Any alternative techniques that may be used, per physician approval, will be documented in the consumer's plan and all employees in-serviced on the consumer's condition and alternative techniques.
3. LIFE, Inc. supports using the least restrictive, most appropriate, and most effective positive therapeutic treatment modalities. Use of restrictive methods will only be used when clinically or medically indicated for therapeutic treatment and after less restrictive and more positive methods have proven unsuccessful and will be used in a manner that does not inflict harm or pain. The restrictive intervention is to be discontinued immediately when a risk to the consumer's health or safety is noted or as soon as the consumer demonstrates behavioral control.
4. LIFE, Inc. employees will only use the degree of restriction necessary to repel or secure a violent and aggressive consumer with the highest degree of restriction allowed by policy being the use of state approved restrictive intervention techniques.

Restrictive intervention may be used in an emergency situation when the intervention is necessary to prevent abuse, injury (to self or others), or property damage that poses imminent risk. In an emergency situation, a certified staff may use emergency intervention for up to 3 minutes without additional approval from a QP. Emergency restrictive intervention lasting longer than 3 minutes must be authorized by a QP trained and privileged to authorize the intervention. The QP can write a continuation authorization after the initiation of the intervention. A verbal authorization can be given for up to 3 hours and then the written authorization must be in place. When an order is renewed, up to 24 hours, the order is to be signed by the designated staff. Written orders are valid only for 4 hours for adults, 2 hours for children ages 9 to 17 years of age, and 1 hour for children under 9 years of age. The original order is renewable only within these limits or to a total of 24 hours. Restrictive intervention is discontinued immediately once a consumer regains control or at the first indication of imminent danger to health or safety of the consumer.

Use of emergency restrictive intervention will become planned when the intervention is utilized more than 4 times or 40 hours in a calendar month, used in a single episode up to a total of 24 hours, and/or used to therapeutically decrease dangerous, aggressive, self-

---

injurious, or undesirable behaviors to a level which will allow use of a less restrictive treatment procedure.

The use of restrictive intervention will be used only as a last resort and implemented only by trained staff. LIFE, Inc. supports and teaches The MANDT System. All employees who provide direct care services to consumers shall be certified in The MANDT System Rational (R) and Technical (T) interventions. A written and physical test must be passed by the employee initially and annually in order to access competency and be certified in the use of MANDT. The LIFE, Inc. Human Rights Committee is informed of the use of any restrictive intervention and approval obtained prior to use except in emergency situations. Restrictive intervention will not be used as punishment, coercion, retaliation by staff, or for staff convenience. It should be noted that LIFE, Inc. does not use seclusion, time out isolation, or use of restrictive intervention in excess of 24 hours;

- m) Be free of treatment involving electro-convulsive shock, corporal punishment, aversive conditioning, experimental drugs or procedures and non-emergency surgery unless informed, voluntary consent of the consumer or guardian is given and the use of such is clinically and medically indicated;
- n) Have the right to agree to or refuse any specific treatment. The only time treatment can occur without consent is:
  - in an emergency situation;
  - if treatment has been ordered by the court;
  - when more than one professional agrees that the specific treatment is needed in order to improve or to prevent harm; or
  - if under 18 years old, the parents/legal custodian can give permission if the consumer objects;
- o) The fact the consumer is receiving services or any other information about the consumer's care is CONFIDENTIAL. The information in the consumer record is available to the consumer, unless more than one professional determines that it would be harmful to the consumer;
- p) In general, under state and federal law, no one can share information with another about the services provided. These same laws, however, require LIFE, Inc. to share information with others under the following conditions:
  - 1) The next of kin may be informed, it is in the consumer's best interest; and if under 18, the parents may be informed about the consumer's care when it is in the consumer's best interest and not considered harmful;
  - 2) With consumer permission, the next of kin, or a family member with a legitimate role in the consumer's service, or another person named by the consumer may be given other information about the consumer;
  - 3) With any other person if the consumer gives specific permission;
  - 4) If the consumer has or if LIFE, Inc. assigns a consumer advocate, to work on behalf of the consumer, the advocate may review the consumer record;

- 
- 5) If LIFE, Inc. is ordered by a court to release the consumer record;
  - 6) Review of the consumer record by a LIFE, Inc. attorney because of a lawsuit, a commitment proceeding, or guardianship proceeding;
  - 7) Transfer of care to another public agency;
  - 8) If committee and there is a need to share information about the consumer in order to manage the consumer's care;
  - 9) If imprisoned, LIFE, Inc. may share the consumer's record with prison officials;
  - 10) If there is an emergency, information may be shared with another professional who is treating the consumer;
  - 11) With a physician or other professional who referred the consumer to our facility;
  - 12) If LIFE, Inc. believes that the consumer is a danger to themselves or others, if LIFE, Inc. believes the consumer is likely to commit a crime; LIFE, Inc. may share information with law enforcement;
  - 13) Allegations or suspicions of abuse, neglect, sexual victimization or exploitation will be reported to the proper local authorities.
- q) Have access to all living areas, recreational areas and habilitative supplies and equipment of LIFE, Inc.;
  - r) Be paid for work performed that is not part of his Habilitation plan;
  - s) Goods or services will not be sold or purchased from a consumer unless approval has been obtained from the consumer or consumer's legally responsible entity (if applicable) and the President of LIFE, Inc.;
  - t) Be free from unreasonable or excessive compensation for damage resulting from his behavior;
  - u) Exercise all civil rights including disposing of property, making of purchases, entering into contracts, registering and voting, marrying and advancing;
  - v) Manage his personal financial affairs unless written authorization for assistance is given by the consumer and the extent of assistance is provided with Title XIX Program rules;
  - w) Be treated with consideration, respect and full recognition of his dignity and individuality, including privacy in treatment and in care for his personal needs;
  - x) Communicate and meet with persons of his choice upon mutual consent and under appropriate supervision;
  - y) Communicate and consult with the individual or agency having legal custody;

- 
- z) Communicate and consult with legal counsel, doctor or intellectual and developmental disabilities' specialist of his choice or his guardian's choice at his expense;
  - aa) Privacy for visits by his spouse if married, or to share a room with his spouse if both are consumers of the facility, however, unless married no consumers of the opposite sex will share a room unless under the age of six years. Children or adolescents and adults do not share bedrooms. The facility will not serve more consumers than legally licensed to serve;
  - bb) Obtain and or retain a driver's license, unless otherwise prohibited;
  - cc) Send and receive unopened mail, have access to writing materials, postage and assistance, and have access to a schedule of collecting and distributing mail;
  - dd) Live and work in an unlocked environment during working hours;
  - ee) Make and receive confidential phone calls at his expense;
  - ff) Be transferred, discharged, suspended or expelled from services, only for medical reasons, his welfare, the welfare of other consumers, or nonpayment of charges except as prohibited by the Title XIX Program or lack of authorization by area authority. Suspension of services will occur for a time period no greater than 4 weeks. At that time, if the consumer is not able to resume services, expulsion or discharge will occur. Expulsion will occur when it is determined the consumer's needs cannot be met for the foreseeable future due to medical reasons, his welfare, welfare of other consumers, or nonpayment of charges. Consumers will be free from the threat or fear of unwanted transfer, discharge, suspension, or expulsion from services. If transferred, discharged, suspended, or expelled from services, the reasons will be documented in the consumer record along with the anticipated time frame to resume services (if applicable). Documentation will include referral for alternative services including type of service and efforts made by LIFE, Inc. to help the consumer secure the service. All information regarding a necessary transfer, discharge, suspension, or expulsion will be relayed to the consumer, the consumer's legally responsible person, and persons of consumer choice via telephone or face to face conversation and followed up by written correspondence. If not satisfied with the transfer, suspension, expulsion, or discharge, the grievance policy is to be followed.
  - gg) Receive or refuse visitors at any reasonable time;
  - hh) Make scheduled trips in the community unless being held here because of judicial criminal proceedings;
  - ii) Be out of doors daily, have access to facility's equipment for physical exercise several times a week and participate in recreational/social activities;
  - jj) Have access to individual lockable storage space for his private use; and,
  - kk) Participate in religious worship of his choice;
  - ll) Wear, keep and use his clothing, personal hygiene items and personal possessions; and be free from unwarranted search and seizure;

- 
1. LIFE, Inc. recognizes the need to reserve the right to inspect living areas in situations when personal property of other consumers is missing, a consumer is suspected of having illegal drugs, or a consumer is suspected of having a weapon;
  2. LIFE, Inc. will conduct the inspection of a consumer's living area with the approval and in the presence of the consumer;
  3. Suspicion of illegal drugs or weapon will constitute a warranted search and seizure. The Human Rights Committee and the family/guardian will be notified. Personal property of others, illegal drugs, or weapons will be seized. Law enforcement will be contacted to determine appropriate disposal of illegal drugs or weapons. Personal property of others will be returned to the owner(s).
  4. Every search and seizure in a facility shall be documented in the consumer's chart, reviewed with the Human Rights Committee, and reported as warranted by completion of the NC IRIS and the DHHS Quarterly Provider Incident Report;
  5. Documentation shall include, but not limited to:
    - the scope of the search;
    - the reason for the search;
    - procedures followed in the search;
    - description of the item seized, and
    - an accounting of the disposition of seized property.
- mm) Be free from the loss of any meal or a portion of a meal as a disciplinary action;
- nn) Keep and spend a reasonable sum of personal money;
- oo) If under 18 years old, contact and consult with parents or legal guardian;
- pp) Be involved in research only if informed, voluntary consent is given;
- qq) Receive written notice and rationale, if transferable with LIFE, Inc. or to another facility;
- rr) Voice grievances and recommend changes in policies and services through facility staff (assigned QP) and/or through outside representatives, and to do so without restraint, interference, coercion, discrimination or reprisal; to ensure consumer self-governance, consumer involvement will occur in the LIFE, Inc. Human Rights Committee and opportunities provided for involvement in self-advocacy groups
1. LIFE, Inc. defines grievance as a complaint, misunderstanding, disagreement, conflict, dispute or circumstance regarding services or interventions offered by LIFE, Inc. which cannot be resolved through discussion between the consumer, guardian, QP I and QP II, and/or Corporate Clinicians.
  2. If a consumer or individual acting on behalf of the consumer determines it is necessary to file a formal grievance, LIFE, Inc. will follow these procedures below;

- 
- LIFE, Inc. will provide appropriate names, addresses, and telephone numbers specific to the situation;
  - A written grievance will be required with information including specific details or concerns regarding the situation at hand. As warranted, a consumer will be assisted by staff and/or an individual of choice in compiling a written grievance;
  - Once completed, the grievance must be forwarded to the QP who will acknowledge receipt of the grievance in writing;
  - All information concerning the grievance is to be reviewed in detail with the QP and appropriate team members. A decision is to be made and the QP is to respond in writing within a time period not to exceed 5 days;
  - If a grievance cannot be resolved through the aforementioned procedures or the response/decision is not acceptable, appropriate information will be submitted to the appropriate Director (Director of ICF/IDD Services or Director of Contract Services) who will review it in detail and respond in writing to the consumer or individual acting on the consumer's behalf within 10 days of initial receipt.
  - In the event the response/decision made by the appropriate Director is not acceptable, the grievance will be referred to the area LIFE, Inc. Human Rights Committee. The decision of the Human Rights Committee will be final.
- ss) LIFE, Inc. can only restrict rights of a consumer or utilize restrictive interventions following consent from the consumer and/or guardian and approval by the LIFE, Inc. Human Rights Committee unless it is an emergency situation in which restrictive intervention is necessary to prevent danger or injury to self or others. Refer to 1204:3 (I) #4 for emergency usage of restrictive interventions. The possible use of restrictive intervention in an emergency situation or as planned intervention is explained to the consumer and family/guardian at admission during the review of the Consumer Rights policy 1204 and Consumer Incident Policy 1205 by the QP or Director of Social Work. If the consumer and/or guardian refuses the proposed rights restriction or restrictive intervention, LIFE, Inc. will not implement the restriction or restrictive procedure. The refusal will be treated as a grievance and handled as outlined in the grievance procedures above in (rr). The QP is responsible for explaining to the consumer and/or guardian and the Human Rights Committee the reason for the restriction of the right and/or the restrictive procedures proposed. If and when such occurs, the consumer has a right to have an advocate or someone the consumer designates, informed of the restriction as soon as possible but within 24 hours of the next working day. The QP is responsible for ensuring notification when the restrictive intervention is utilized. The QP is required to notify as soon as possible, but within 24 hours, the consumer's treatment team, the governing body designee which is the LIFE, Inc. Corporate Program Specialist, the legally responsible person, and persons identified by the consumer. LIFE, Inc. must keep a written report of any restriction in the consumer's record. Refer to Restrictive Intervention Documentation in Policy 1205 #3.
- tt) Upon becoming age 18 and upon request, the consumer may have any court records related to his care and treatment destroyed;

- 
- uu) LIFE, Inc. is required to develop a discharge plan for consumers and provide a copy upon request before leaving the facility;

SPECIAL NOTE: If the consumer's primary need is related to the fact that he has intellectual and developmental disabilities and is receiving residential care, there is an additional right. If LIFE, Inc. determines the need to discharge the consumer and if the consumer still requires residential care, LIFE, Inc. will provide as much assistance as possible in locating another appropriate placement. This right exists unless the consumer broke the rules he agreed to follow of if LIFE, Inc. located another appropriate placement and the consumer refused that offer;

- vv) If a consumer leaves without permission, LIFE, Inc. may notify law enforcement officers to pick up the consumer and return him to the facility;
- xx) The fact a consumer is receiving services does not take away from the consumer's basic civil rights. Only after being declared incompetent by a court, can these rights be limited;
- yy) Assistance regarding consumer rights can be obtained from:

Disability Rights North Carolina 1-877-235-4210  
 The NC Mental Health Consumer's Organization, Inc. 1-877-235-4210  
 The NC Care line 1-800-662-7030  
 Division of Health Service Regulations Public Complaint Line 1-800-624-3004  
 These toll-free numbers are open Monday through Friday between 8:00 am and 5:00 pm

#### 4) **Human Rights Committee Meeting**

- a) A Human Rights Committee for LIFE, Inc. shall be developed in each region. Members of the committee are to include professionals of associated disciplines (i.e., Social Work, Education, Psychology, Medicine and other Allied Health Professions), family members, consumer representatives, and concerned lay persons from the community. At least one adult consumer representative will participate as a member to ensure all applicable disabilities served by LIFE, Inc. are represented. LIFE, Inc. only serves individuals with intellectual disabilities. Members for the committee will be recommended to the LIFE, Inc. area QP II and approved by the Committee via a majority vote. LIFE, Inc. employees who will attend the meetings include the QP's and other staff when deemed appropriate (i.e. psychologist). At least one member or trained consultant of the Committee that is not directly involved with the consumer will be certified in the utilization of the restrictive intervention utilized by LIFE, Inc. The Committee will be comprised of a majority of non-board members. Board members and staff members will not be allowed to vote. Confidential consumer information is only shared with the Committee or Board members following consent by the legally responsible entity. Human Rights Committee Members will sign a confidentiality agreement. At least 5 members are recommended who are not involved directly with the consumer. Training for Committee members will be provided by the QP II. The members will be provided with the LIFE, Inc. Human Rights Committee By-Laws, LIFE, Inc. Consumer Rights and Consumer Incident Policies, and copies of restrictive programs and alternatives. These will be reviewed with the members with emphasis on governmental statutes and rules by the QP II.

- 
- b) By-laws shall govern the committee's operation. The purpose of the committee is to review program services, review exercise and restriction of the consumer's rights including use of restrictive interventions, review any individual cases of abuse/neglect, provide advice/guidance to the LIFE, Inc. professional staff, ensure consumer rights protections, and review unresolved consumer grievances for final decision including all consumer rights protections outlined in NC GS 122, ASPM 30-1, and ASPM 95-2. All actual or alleged consumer rights violations are reported to the area authority within 24 hours through use of the NC IRIS. LIFE, Inc. is responsible for completion of the NC IRIS and is required to inform the Committee that such notification has been completed. The committee also has the authority to provide active intervention to ensure the consumers of LIFE, Inc. receive all benefits, services, and rights to which they are entitled to.
- c) The committee must meet on at least a quarterly basis. Consumers will not be identified by name in the minutes, oral discussion, or written reports. The QP's must ensure all planned restrictive plans and use of behavior medications and use of protective interventions receive approval by the committee prior to implementation or use. In addition, the QP must ensure that all potential consumer abuse, neglect or right violations are reviewed by the committee as well as any unresolved grievances. Approval for restriction of rights, final decisions on grievances, and any other issues requiring decisions by the Committee will require a majority vote by voting members. The process will consist of presentation of the rights restriction, restrictive intervention, abuse/neglect incident, and/or consumer grievance to the Committee by the QP. Discussion by members will occur along with any questions to LIFE, Inc. or request for additional information. Once the members feel they have sufficient information, a vote will occur. Comparison of progress will be reviewed quarterly with the Human Rights Committee regarding use of restrictive interventions and rights restrictions in order to determine effectiveness and need for continuance. It is the responsibility of the area QP to schedule meetings and inform the members of the meeting time, date, as well as location. Minutes of all Human Rights Committee Meetings will be maintained by the QP along with a copy of the by-laws, list and addresses of the members, as well as confidentiality forms signed by each member. Minutes of Human Rights Committee meetings will be provided to the Quality Assurance and Improvement Committee following each meeting. An annual report will be provided to the Area Authority as contractually required.
- d) For reference, a copy of the LIFE, Inc. Human Rights Committee Bylaws are maintained in Section 9 of the QP Manual.
- 5) **Rights Assessment of ICF/IID Consumers**
- a) Within one year of ICF/IID admission for adult consumer, the QP shall conduct a consumer rights assessment and document findings on the LIFE, Inc. Rights Assessment form. A copy of the Rights Assessment Form is available in the ICF/IID QP Manual.
- b) A Rights Assessment is not required for minors under the age of 18. Upon reaching 18, the QP must complete the Rights Assessment.
- c) The Rights Assessment shall be filed in the consumer's active medical record in the Legal Section. It should also be discussed at the Interdisciplinary Team Meeting and referenced in the Life Plan on an annual basis to ensure it remains accurate.

- 
- d) The Rights Assessment shall be reviewed by the QP during the annual team meeting. The review of the rights assessment by the Interdisciplinary Team should be documented in the Independent Living subsection of the Life Plan. In addition, Objectives and Service Goals shall be established as needed in the Life Plan to promote the exercise of rights to the fullest extent possible.
- 6) **Promotion of Consumer Well Being and Abuse Prevention**
- a) All employees of LIFE, Inc. will receive initial training for the “Promotion of Consumer Well Being and Abuse Prevention.” Training will be provided annually to all employees providing direct services and care to consumers to ensure the provision of quality care and prevention of abuse, neglect and mistreatment.
- b) The Promotion of Consumer Well Being and Abuse Prevention training module developed by LIFE, Inc. consists of seven key components identified by the Centers for Medicaid and Medicare Services.
- c) The training module is included on (Page 218).
- 7) **Consumer Rights Violations:**
- a) All employees are expected to immediately report any alleged or witnessed incidents of rights’ violations and suspected abuse, neglect, or exploitation of persons served. Failure to report is a class 3 misdemeanor punishable by a fine. Reports of this nature should be directed to someone in a supervisory capacity role (i.e., QP, Habilitation Coordinator, Corporate Team Members) in order to ensure that immediate action is taken. Any employee making a report in good faith is immune from civil liability. LIFE, Inc. will not retaliate against an individual who lawfully reports a reasonable suspicion of a crime under Section 1150B of the Social Security Act. LIFE, Inc. will not discharge, demote, suspend, threaten, harass, or deny a promotion or employment-related benefit to an employee, or in any manner discriminate against an employee, or file a complaint or a report against a nurse or other employee with the appropriate state professional disciplinary agency because of lawful acts done by the nurse or employee. The identity of the individual who makes a report will not be disclosed without consent with exception to authorized persons of LIFE, Inc., state and/or federal agencies conducting an investigation, or when disclosure is legally compelled. For the purpose of clarity, the following descriptions/definitions should be referred to:
- 1) Crime:  
Crime is defined by law of the applicable political subdivision where a long-term care facility is located. LIFE, Inc. will coordinate with law enforcement entities to determine what actions are considered crimes within their political subdivision.
- 2) Physical Abuse:  
Physical abuse is any physical action that results in or could potentially result in physical injury to a consumer. Examples include but are not limited to: hitting, beating, pinching, kicking, harmful restraint, and use of a weapon or other instrument to inflict bodily harm.

- 
- 3) Sexual Abuse:  
Sexual abuse is any sexual behavior imposed on a juvenile or non-consenting adult. This involves a range of activities, including but not limited to: the fondling of the genital area, oral sex, vaginal or anal penetration, exhibitionism, pornography, and suggestive behaviors or comments.
  - 4) Emotional Abuse:  
Emotional abuse is expressing attitudes or behaviors toward a consumer that creates or can create psychological damage. Examples include but are not limited to: verbal threats, demeaning comments, profanity, and harsh/loud negative tones of voice.
  - 5) Neglect:  
Neglect is defined as serious disregard for a consumer's supervision, care, or treatment. It is any action by an employee that results in harm/injury or could potentially result in harm/injury to a consumer.
    - The failure of a caregiver to provide the goods or services necessary to maintain the health or safety of a consumer.
    - The failure to provide goods and services necessary to avoid physical harm, mental anguish, or mental illness.
  - 6) Exploitation:  
Exploitation is the fraudulent or otherwise illegal, unauthorized, or improper act or process of an individual, including caregiver or fiduciary, that uses the resources of a consumer for monetary or personal benefit, profit, or gain, or that results in depriving a consumer of rightful access to, or use of, benefits, resources, belongings, or assets.
  - 7) Self-Neglect:  
Self-Neglect is an adult's inability, due to physical or mental impairment or diminished capacity, to perform essential self-care tasks including obtaining food, clothing, shelter, and medical care; obtaining goods and services necessary to maintain physical health, mental health, or general safety; or managing one's own financial affairs.
- b) It is unlawful for any person in the facility to:
- assist, advise or solicit a consumer to leave the facility without authorization by the facility or legally responsible person
  - transport or encourage a minor consumer or incompetent consumer of the facility into any place, structure, building, or area for the purpose of engaging or soliciting to engage in any act that would constitute a sexual offense
  - hide an individual who has left the facility without authorization to engage in or offer to engage in any act with a consumer of the facility that would constitute a sexual offense.
- c) All alleged incidents of rights' violations and crimes will be investigated and documented with appropriate corrective actions taken based on findings. Any employee who intentionally abuses a consumer or exploits a consumer's property is guilty of a Class 1 misdemeanor.

- 
- d) Upon receipt of reported allegations, it is the responsibility of designated staff (i.e., QP or Habilitation Coordinator) to visit the location of the alleged violation in order to initiate a preliminary investigation, ensure completion of an Accident/Incident Report {Refer to Consumer Incident Policy #1205}, and to conduct a “physical check” of the consumer as deemed appropriate. The safety of the consumer is paramount, and all efforts are to be made to ensure the consumer is not in immediate harm or danger of possible abuse/neglect. Suspension of the accused staff may be necessary pending the outcome of the investigation. The designated staff initiating the preliminary investigation is responsible for notifying the Director of ICF/IID or Director of Contract Services of the allegation and initial results. The QP will then contact the Director of Social Work to discuss the specific information regarding the allegation/situation. It will be the responsibility of the Director of Social Work to share pertinent details of the report with appropriate Corporate Team Members.
- e) If a preliminary investigation reveals sufficient information to suggest that an alleged rights’ violation may have occurred, a Formal Investigation/Inquiry will be initiated by the assigned QP. The QP is responsible for notifying the local Department of Social Services, local law enforcement, the consumer’s guardian/family, the Human Rights Committee, and submitting an initial NC IRIS Report online at <https://iris.dhhs.state.nc.us/> which will serve as the 24 Hour Health Care Personnel Registry Report. If the incident has resulted in serious bodily injury to the consumer, a report must be made within a 2-hour time frame and all local agencies notified as indicated above. NC IRIS is a web based electronic incident reporting system required for all Level II, Level III, and deaths involving consumers of MH/DD/SAS. The local Department of Social Services and local law enforcement will determine if their involvement is warranted as they will determine what actions are considered crimes in their political subdivision.
- f) The QP, Habilitation Coordinator, and/or other individuals as appointed will comprise the Investigative Team and shall have the authority to interview appropriate staff. In addition, team members will have the right to request written statements from staff using the Confidential Investigative Statement (Forms Manual 1201(a)). The team should also interview consumers in order to gather information pertinent to the investigation.
- g) Failure of an employee to cooperate during an investigation may be grounds for disciplinary action, up to and including termination from LIFE, Inc.
- h) Upon completion of the formal investigative process, it will be the responsibility of the QP to complete a written report utilizing the LIFE, Inc. Formal Inquiry Form in the Forms Manual (1201(b)). The QP is responsible for forwarding the completed form to the Director of Social Work who will ensure review and acknowledgement by the President of LIFE, Inc. or designee. The form will then be returned to the QP for filing with the other completed forms.
- i) A copy of the final written report will be shared with the Human Rights Committee by the QP at the next scheduled meeting. In addition, verbal information will be shared with Members of this committee in efforts to obtain their input and/or recommendations regarding rights’ issues involved in any particular case.

- 
- j) The responsible QP will edit and resubmit online the NC IRIS within 4 days of the initial submission with the details of the completed investigation, prevention recommendations, and action taken. This will serve as the required 5 Working Day Report for the NC Health Care Personnel Registry.
  - k) Based on findings during the alleged rights' violation investigation, appropriate disciplinary action will be taken, including possible termination, as specified in other policies approved and/or adapted by LIFE, Inc.
  - l) The Department of Social Services and/or the NC Health Care Personnel Registry may elect to conduct an outside investigation. It is expected that all LIFE, Inc. staff will fully cooperate with these agencies. Failure to do so will be grounds for disciplinary action, up to and including termination from LIFE, Inc.

LIFE, Inc. DISCHARGE/TRANSFER SUMMARY

**Client Name:**

**Record Number:**

**Medicaid Number:**

**Date of Birth:**

**Date of Admission:**

**Date of Discharge/Transfer:**

**Date of Last Contact:**

**Services Received:**

**Diagnosis at Discharge/Transfer:**

Axis I

Axis II

Axis III

Axis IV

Axis V

**Presenting Problem(s):**

**Description of Services Provided:** (brief summary of what you worked on, compliance with therapy or medications, etc.)

**Summary of Progress Towards Goals and Objectives:**

**Reason for Discharge/Transfer:**

**Recommendations Upon Discharge/Transfer:** (List contact information for persons or agencies the consumer is referred to for continued services or if they have a crisis after discharge)

**Status At Last Contact:** (mental status, behaviors, insight, functionality)

\_\_\_\_\_  
**Qualified Professional Signature**

\_\_\_\_\_  
**Date**



CLEGG'S TERMITE & PEST CONTROL **Service Inspection Report**  
 LLC  
 PO BOX 758  
 GREENVILLE, NC 27835  
 252-752-5175

**INVOICE #: 4900978**

WORK DATE: 9/18/2023

**BILL-TO**                      **241250**

**LOCATION**                      **73872320**

**Time In:**                      9/18/2023 10:30:00 AM

**Time Out:**                     9/18/2023 11:15:00 AM

THE ARC OF NC  
 5509-A W FRIENDLY AVE '101  
 GREENSBORO, NC 27410-4248

CAMDEN CO GRP HM  
 258 WICKHAM DR  
 SHILOH, NC 27974

**Customer Signature**

Phone:                      336-273-4404  
 Mobile:                     910-875-3141

Phone:                      252-455-7031

**Technician Signature**



Purchase Order	Terms	Service Description	Quantity	Amount
None	NET 10	CALLBACK SERVICE	1.00	
<b>Subtotal</b>				80.00
<b>Tax</b>				0.00
<b>Total Due:</b>				<b>80.00</b>

**GENERAL COMMENTS / INSTRUCTIONS**

INSPECTOR ON SITE 9/18/23, MOUSE DROPPINGS FOUND AT TIME OF INSPECTION, PLACED 4 RODENT DEVICES AROUND THE EXTERIOR ON THIS VISIT. INSPECTOR RECOMMENDS MONTHLY SERVICE FOR THE NEXT 3-6 MONTHS TO GET THE RODENT PROBLEM UNDER CONTROL. HOME IS ALSO HAVING INCREASED ACTIVITY WITH GENERAL PESTS INCLUDING ROACHES, MAINTENANCE PERSONNEL FOR THE HOME COVERED ENTRY POINT FROM THE INSIDE TO PREVENT ANY FURTHER SNAKES FROM ENTERING THE HOME. CLEGG'S INSPECTOR INSPECTED THE INTERIOR OF THE HOME AND THE ATTIC SPACE AND NO SNAKES WERE FOUND INSIDE THE HOME 9/18/23.

THIS HOME IS NEXT TO A WOOD LINE OF TREES MEANING POTENTIAL FOR ADDITIONAL PEST ACTIVITY IS ALWAYS PRESENT. THE HOME PUT OUR THEIR OWN PRODUCT TO HELP CONTROL THE SNAKE ACTIVITY.

**PRODUCTS APPLICATION SUMMARY**

Material	Lot #	EPA #	A.I. %	A.I. Conc.	Active Ingredient	Finished Qty
FINAL BLOX		12455-89	0.0050%	n/a	BRODIFACOUIM (CAS# 56073-10-0)	8.0000 BLOCK

**Target Pests:** RATS AND MICE -

PLACED 2 BAIT BLOCKS IN EACH STATION

Material	Lot #	EPA #	A.I. %	A.I. Conc.	Active Ingredient	Finished Qty
PROTECTA BAIT STATION		n/a	0.0000%	n/a	n/a	4.0000 Each

**Target Pests:** RATS AND MICE -

CLEGG'S TERMITE & PEST CONTROL **Service Inspection Report**  
 LLC  
 PO BOX 758  
 GREENVILLE, NC 27835  
 252-752-5175

**INVOICE #: A412841**

WORK DATE: 10/16/2023

**BILL-TO 241250**

**LOCATION 73872320**

Time In: 10/16/2023 10:47:00 AM

Time Out: 10/16/2023 11:10:15 AM

THE ARC OF NC  
 5509-A W FRIENDLY AVE '101  
 GREENSBORO, NC 27410-4248

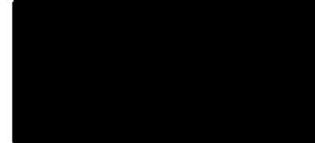
CAMDEN CO GRP HM  
 258 WICKHAM DR  
 SHILOH, NC 27974

Customer Signature

Phone: 336-273-4404  
 Mobile: 910-875-3141

Phone: 252-455-7031

Customer Unavailable to Sign  
 Technician Signature



Purchase Order	Terms	Service Description	Quantity	Amount
None	NET 10	QUARTERLY INSIDE SERVICE	1.00	
				<i>Subtotal</i> 0.00
				<i>Tax</i> 0.00
<b>Total Due:</b>				<b>0.00</b>

**GENERAL COMMENTS / INSTRUCTIONS**

CONTACT: JESSICA: 252-312-5391  
 KEISHA: OFFICE 252-338-3622, CELL# 252-333-7584

Treated the exterior only with granules bait for General pest control. Also inspected, maintain, and refilled exterior bait stations. Today's treatment was for prevention /preventative. Thank you for choosing Cleggs pest control!

**PRODUCTS APPLICATION SUMMARY**

Material	Lot #	EPA #	A.I. %	A.I. Conc.	Active Ingredient	Finished Qty
FINAL BLOX		12455-89	0.0050%	n/a	BRODIFACOUM (CAS# 56073-10-0)	8.0000 BLOCK

**Target Pests:** RATS AND MICE -  
 REPLACE 2 BAIT BLOCKS PER STATION

Material	Lot #	EPA #	A.I. %	A.I. Conc.	Active Ingredient	Finished Qty
INTICE COARSE GRAN BAIT		73079-2	5.0000%	n/a	ORTHOBORIC ACID	0.2000 POUND

**Target Pests:** GENERAL PEST CONTROL

**Debra Provencher**

---

**From:** Please Do Not Reply To This Email <NoReply@eWorkOrders.com>  
**Sent:** Friday, October 27, 2023 12:52 PM  
**To:** [REDACTED]  
**Subject:** WO#35015 - Adjust hot water temperature (DDA)

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged



<b>Facilities</b>	*35015*
Adjust hot water temperature	*35015*
Work Order Request - Routine	35015



Wickham  
-General  
DDA

**Reported** 27 Oct 2023  
**Emailed:** 27 Oct 2023 12:51:36pm

Budget #:MHL-015-044

**Priority:** DDA      **Estimated:** 0      **Reviewed:** No      **Status:** 0-Open

**Classification:** Appliances

**PROCEDURE OR REQUEST DETAILS**

State Survey revealed hot water temperature at kitchen sink is below required temperature

**WORKER FEEDBACK NOTES**

User [REDACTED] emailed this work order to [REDACTED] on 10/27/2023 12:51:36 PM.  
User [REDACTED] emailed this work order to [REDACTED] on 10/27/2023 12:51:36 PM.

*To respond to this email, click [here](#).*

*To respond to this email, click [here](#).*



**Details for Order #112-1533433-0469001**

Print this page for your records.

**Order Placed:** November 7, 2023

**Amazon.com order number:** 112-1533433-0469001

**Order Total:** \$141.48

**Not Yet Shipped**

**Items Ordered**

**Price**

9 of: *Thermco BM2012ABLS Glass Accu-Safe Open Face Blue Spirit Filled Pocket Thermometer, -30 to 120°F Range, 2°F Division, TOTAL Immersion* \$14.69

Sold by: Amazon.com Services LLC

Supplied by: Other

Condition: New

**Shipping Address:**

Life, Inc. [Redacted]

**Shipping Speed:**

Standard Shipping

**Payment information**

**Payment Method:**

Visa ending in [Redacted]

**Billing address**

Life, Inc. [Redacted]

Item(s) Subtotal: \$132.21

Shipping & Handling: \$0.00

-----

Total before tax: \$132.21

Estimated tax to be collected: \$9.27

-----

**Grand Total: \$141.48**

To view the status of your order, return to [Order Summary](#).

Life, Inc.  
Residential Homes Water Temperature

Group Home: \_\_\_\_\_  
 Temperature Should Range Between 100-110 Degrees

\*\*\*If temperatures are below 100 or above 110 notify supervisor immediately and complete plan of correction on next page\*\*\*

Date	Temperature	Tested By:
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 1: _____	
	1) Kitchen: _____ 2) Staff Bathroom: _____ 3) Consumer Bathroom 2: _____	





Re: Complaint & Follow-up Survey completed 10/26/2023  
Wickham Road Facility, 258 Wickham Road, Shiloh, NC 27974  
MHL# 015-004

Dear [REDACTED]

Attached is the plan of correction for the survey completed on October 26, 2023. Please advise if you need additional information.

Sincerely,

A handwritten signature in black ink, appearing to read "Debra J. Provencher" followed by a stylized flourish.

Debra J. Provencher, BA, QPII  
Program Manager