STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:			CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:		R	
		MHL092-862	B. WING			R 14/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	ATE, ZIP CODE		
IEAVEN	LY PLACE 2		CKLAND DRIV H, NC 27610	E		
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE THE APPROPRIATE	(X5) COMPLET DATE
V 000	INITIAL COMMEN	TS	V 000			
	An annual and follo on 3/14/24. Deficier	w up survey was completed ncies were cited.				
		sed for the following service C 27G .5600A Supervised th Mental Illness.				
		sed for 6 and currently has a urvey sample consisted of clients.				
V 114	27G .0207 Emergency Plans and Supplies		V 114			
	AND SUPPLIES (a) A written fire pla area-wide disaster shall be approved b authority. (b) The plan shall b and evacuation pro posted in the facility (c) Fire and disaster shall be held at lease repeated for each s under conditions th	er drills in a 24-hour facility st quarterly and shall be shift. Drills shall be conducted at simulate fire emergencies. all have basic first aid supplies				
	failed to ensure fire	et as evidenced by: eview and interview the facility and disaster drills were y and on each shift. The				

TATEME	of Health Service Re NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING			E SURVEY PLETED
		MHL092-862				R 14/2024
IAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE	·	
IEAVEN	ILY PLACE 2		CKLAND DRIV H, NC 27610	E		
(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) COMPLE DATE
V 114	Continued From pa	ge 1	V 114			
	<ul> <li>drill log revealed:</li> <li>no drills prior to</li> <li>the fire and torr</li> <li>same day at the sa</li> <li>During interview on</li> <li>been at the fac</li> <li>for fire drills the</li> <li>tornado drills the</li> <li>she got in the of</li> <li>During interview on</li> <li>came to the fac</li> <li>had not practice</li> <li>she been at the fac</li> <li>if it was a fire s</li> <li>the ground and got</li> <li>"we need to pratifie two of</li> <li>she knew what</li> <li>get in a place in</li> <li>windows</li> <li>During interview on</li> <li>been at facility</li> <li>had not practice</li> <li>she would leave</li> <li>if it was a torna</li> <li>floor away from wind</li> <li>During interview on</li> <li>been at the fac</li> <li>and not practice</li> <li>she would leave</li> <li>if it was a torna</li> <li>floor away from wind</li> <li>During interview on</li> <li>been at the fac</li> <li>the clients met</li> <li>the clients met</li> <li>drill</li> <li>During interview on</li> </ul>	ado drills were done on the me time 3/13/24 client #2 reported: ility for 2 years ey went outside ley had practiced 1 time closet for the tornado drill 3/13/24 client #3 reported: cility in November 23 ed a fire or tornado drill since ility he would "stop, drop & roll" on to the nearest exit actice" so we know what to do to do if it was a tornado nside the facility with no 3/13/24 client #4 reported: since August 2023 ed fire and tornado drills e out the door if it was a fire do she would "ball up" on the dows 3/13/24 staff #1 reported:				

	of Health Service Re	guiation (X1) Provider/Supplier/Clia	(X2) MI II TIPI F	CONSTRUCTION	(X3) DATE	E SURVEY
AND PLAN OF CORRECTION				A. BUILDING:		PLETED
		MHL092-862	B. WING			R 03/14/2024
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE		
HEAVEN	LY PLACE 2		KLAND DRIV , NC 27610	Έ		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)
PRÉFIX TAG		' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)		COMPLETE DATE
V 114	Continued From pa	ge 2	V 114			
		not done at the facility o drills were done on the same				
V 542	27F .0105(a-c) Clie Funds	nt Rights - Client's Personal	V 542			
	typically provides reclients for more that (b) Each competent above the age of 16 encouraged to main personal fund account This shall include, built investment of funds (c) If funds are man employee, managed in accordance with (1) assure to and withdraw mone (2) regulate the funds in a personal (3) provide for by friends, relatives (4) provide for financial records on funds on deposit in (5) assure that be kept separate from facility; (6) provide for personal fund account habilitation services or legally responsib to admission of the	es to any 24-hour facility which sidential services to individual n 30 days. It adult client and each minor shall be assisted and ttain or invest his money in a unt other than at the facility. but need not be limited to, in interest-bearing accounts. haged for a client by a facility ment of the funds shall occur policy and procedures that: the client the right to deposit y; ne receipt and distribution of fund account; r the receipt of deposits made or others; r the keeping of adequate all transactions affecting personal fund account; at a client's personal funds will om any operating funds of the r the deduction from a unt payment for treatment or when authorized by the client le person upon or subsequent				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED R	
		MHL092-862	B. WING		03/	14/2024
NAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
HEAVEN	LY PLACE 2		CKLAND DRIV H, NC 27610	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 542	Continued From pa	ige 3	V 542			
	(8) provide th	or withdrawing funds; and ne client with a quarterly ersonal fund account.				
	failed to keep adeq transactions affection personal fund acco	view and interview the facility uate financial records on all ng 1 of 3 audited client (#3) unt. The findings are:				
	- admitted 8/1/23	of client #3's record revealed: 3 lajor Depressive Disorder and				
	sheet for client #3 r - dates missing v	of the facility's resident fund evealed: when money was withdrawn sonal fund account				
	<ul> <li>she had not rec month of March 202</li> <li>she asked the 0</li> <li>he informed her he</li> </ul>	Qualified Professional (QP) &				
	<ul> <li>the facility's offi</li> <li>he needed to distrik</li> <li>was not sure w</li> <li>her March 2024 fur</li> <li>office</li> </ul>	hy client #3 had not received nds but would reach out to the				
		e interview, he contacted the formed client #3 funds had to				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-862		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL092-862	B. WING			R 03/14/2024
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IEAVEN	LY PLACE 2		CKLAND DRIV H, NC 27610	Έ		
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V 542	Continued From pa	ge 4	V 542			
	request the funds fr - he did not hand clients but only dist - client #3 did no receive her monthly - he would have - would ensure s documentation syst withdrawn from clie During interview on reported: - clients received the 10th of each mo - office staff infor receive her monthly pharmacy did not s - the pharmacy r informed the office pharmacy bill - client #3 was gi (3/13/24) - the QP should	Ile the financial part for the ributed the funds t inform him she did not v allowance looked further into the issue taff had a better tem when funds were nts' personal funds 3/14/24 the Licensee				
V 752		t Water Temperatures	V 752			
	EQUIPMENT (b) Safety: Each fa constructed and eq ensures the physica visitors. (4) In areas of exposed to hot wate	304 FACILITY DESIGN AND cility shall be designed, uipped in a manner that al safety of clients, staff and of the facility where clients are er, the temperature of the tained between 100-116 t.				

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IEAVEN	LY PLACE 2		CKLAND DRIV H, NC 27610	E		
(X4) ID		ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	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 752	Continued From pa	age 5	V 752			
	Based on observat failed to maintain h	et as evidenced by: ion and interview the facility ot water temperatures degress Fahrenheit (F). The				
	facility's water temp - the kitchen's si degress F	nk water temperature was 120 oom bathroom's water				
	following:	3/24 at 3:12pm revealed the rofessional removed a tube f the refrigerator				
	- the clients som bedroom bathroom	a 3/13/24 staff #1 reported: netimes used the empty heck water temperatures at				
	- staff checked t with the tube therm	a 3/13/24 the QP reported: he facility's water temperature cometer from the refrigerator e a thermometer to check the peratures				