STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1, ,			(X3) DATE SURVEY COMPLETED	
7.110 1 27.11			A. BUILDING:			
		MHL035-029	B. WING		04/1	₹ 6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EASON (COURT		N COURT VILLE, NC 2	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
V 000	0 INITIAL COMMENTS		V 000			
	on April 16, 2024. D	w up survey was completed Deficiencies were cited.				
		C 27G .5600A Supervised				
		ed for 5 and currently has a urvey sample consisted of clients.				
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour	V 364			

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

(X6) DATE TITLE

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MUI TIPI	E CONSTRUCTION	(X3) DATE	SURVEY	
	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '		COMPLETED	
			A. DOILDING.			_
			B. WING		F	
		MHL035-029	B. WING		04/1	6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		113 EASO	N COURT			
EASON (COURT	YOUNGS	/ILLE, NC 2	7596		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	NC NC	(X5)
PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	PRIATE	DATE
				DEI IOIENCI)		
V 364	Continued From pa	ge 1	V 364			
	the client at the time	e of making the call or made				
	collect to the receiv					
	(2) Receive visitors	between the hours of 8:00				
	a.m. and 9:00 p.m.	for a period of at least six				
	hours daily, two hou	urs of which shall be after 6:00				
		ng shall not take precedence				
	over therapies;					
		and meet under appropriate				
		lividuals of his own choice				
	upon the consent of					
	• •	side the custody of the facility				
	unless:					
		oceedings were initiated as				
		nt's being charged with a ling a crime involving an				
	assault with a dead					
		ind not guilty by reason of				
	insanity or incapable					
		voluntarily admitted or				
		cility while under order of				
		orrectional facility of the				
	Division of Adult Co	rrection of the Department of				
	Public Safety; or					
		ing held to determine capacity				
	to proceed pursuan	,				
		expressly authorize visits				
		by the existence of the				
		ed by this subdivision;				
		daily and have access to				
		ment for physical exercise				
	several times a wee					
		ibited by law, keep and use nd possessions, unless the				
		to determine capacity to				
	proceed pursuant to					
	(7) Participate in re					
		d a reasonable sum of his				
	own money;	a a reaction of the				
		s license, unless otherwise				

Division of Health Service Regulation

DIVISION	of Health Service Re	egulation	-			
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL035-029				6/2024
			l		1 0-7/1	0/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EASON	COURT	113 EASC	N COURT			
LASON	CONT	YOUNGS	VILLE, NC 2	7596		
(X4) ID PREFIX	-	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL		
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
V 364	Continued From pa	ge 2	V 364			
		ter 20 of the General Statutes;				
	and	individual storage space for				
	his private use.	illulviduai storage space ioi				
		e rights enumerated in G.S.				
		.S. 122C-57 and G.S.				
		.S. 122C-61, each minor client				
	_	atment or habilitation in a				
	24-hour facility has	the right to have access to				
		rision and guidance. In				
		ninor's status as a developing				
	individual, the mino					
		able him to mature physically,				
	emotionally, intelled					
		v of the physical, emotional,				
		naturity of the minor, the Il provide appropriate				
	_	on and control consistent with				
		he minor pursuant to this Part.				
		so, where practical, make				
		o ensure that each minor				
		ment apart and separate from				
		the treatment needs of the				
	minor client dictate	otherwise.				
	Each minor client w	ho is receiving treatment or				
		24-hour facility has the right to:				
		and consult with his parents or				
		ency or individual having legal				
	custody of him;					
		nsult with, at his own expense				
		responsible person and at no				
		egal counsel, private mental health, developmental				
		tance abuse professionals, of				
		sponsible person's choice; and				
		nsult with a client advocate, if				
	there is a client adv	· · · · · · · · · · · · · · · · · · ·				
		I in this subsection may not be				
		cility and each minor client				

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Division of Health Service Regulation STATE FORM

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
			A. BUILDING:		F	₹
		MHL035-029	B. WING		04/1	6/2024
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
EASON	COURT	113 EASO	N COURT			
LASON	COOKI	YOUNGS	/ILLE, NC 2	7596		
(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 364	Continued From pa	ge 3	V 364			
	may exercise these (d) Except as provious of this section, each treatment or habilitathe right to: (1) Make and received distance calls shall time of making the receiving party; (2) Send and receive writing materials, powhen necessary; (3) Under approprivisitors between the p.m. for a period of hours of which shall visiting shall not take therapies; (4) Receive special training in accordance (5) Be out of doors recreation, and phy basis in accordance (6) Except as prohipersonal clothing and appropriate superviheld to determine conductions. 15A-1002; (7) Participate in received access to the safekeeping of (9) Have access to of his own money; and (10) Retain a driver prohibited by Chapte (e) No right enume of this section may by the qualified profile.	rights at all reasonable times. Ided in subsections (e) and (h) in minor client who is receiving ation in a 24-hour facility has all long be paid for by the client at the call or made collect to the the call o				

Division of Health Service Regulation STATE FORM

PRINTED: 04/30/2024 FORM APPROVED

Division of Health Service Regulation

DIVISION	of Health Service Re	egulation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
					F	,
		MHL035-029	B. WING			6/2024
		WITTE033-023			04/1	0/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		113 EASC	N COURT			
EASON (COURT	YOUNGS	VILLE, NC 2	7596		
(V4) ID	SHMMARV STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION)N	(VE)
(X4) ID PREFIX		MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO	PRIATE	DATE
				DEFICIENCY)		
V 364	Continued From pa	ge 4	V 364			
	plan. A written state	ement shall be placed in the				
		ndicates the detailed reason				
		The restriction shall be				
		ated to the client's treatment or				
		A restriction is effective for a				
		d 30 days. An evaluation of				
		Ill be conducted by the				
		al at least every seven days,				
		estriction may be removed.				
		a restriction shall be				
	documented in the	client's record. Restrictions on				
	rights may be renev	ved only by a written				
	statement entered l	by the qualified professional in				
		nat states the reason for the				
	renewal of the restr	iction. In the case of an adult				
	client who has not b	peen adjudicated incompetent,				
	in each instance of	an initial restriction or renewal				
		ghts, an individual designated				
		ipon the consent of the client,				
		striction and of the reason for				
		ninor client or an incompetent				
		ally responsible person shall				
		instance of an initial restriction				
		riction of rights and of the				
		ation of the designated				
		responsible person shall be				
	documented in writi	ng in the client's record.				
	This Dule is not	ot an avidanced by				
	This Rule is not me					
		on, record review and				
		y failed to ensure clients' rights				
		ersonal belongings were not				
		ed in G.S. 122C-62(b) for 3 of 1. #2 & #4). The findings are:				

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Division	of Health Service Re	egulation				
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		MHL035-029	B. WING		04/1	? 6/2024
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
		113 EASO				
EASON (COURT	YOUNGS	/ILLE, NC 2	7596		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 5	V 364			
V 364	Observation on 4/10- 3 clear contains belonged to clients laundry room - Staff #1 unlocks Review on 4/10/24 Admitted 10/1/2 Diagnoses of S Bipolar Type, Obes Hypothyroidism, Ga Disease (GERD), Hernia Repair, & Cl Attempted interview unsuccessful becaudue to meeting with Review on 4/10/24 Admitted 8/10/2 Diagnoses of S Disorder, Hypothyro GERD, & Diabetes Interview on 4/10/24 Purchased sna Knew staff kept container locked in - Didn't have an ilocked - Staff would get requested them	0/24 at 12:05pm revealed: ers with various snacks that #1, #2, & #3 on a shelf in the ed the laundry room with a key of client #1's record revealed: 21 chizoaffective Disorder, ity, Vitamin D Deficiency, astroesophageal Reflux lypertension, Fluid Retention, nronic Neutropenia on 4/10/24 with client #1 was use client #1 was unavailable a her guardian representative. of client #2's record revealed: 16 chizophrenia, Bipolar bid, Dyslipidemia, Asthma, 4 client#2 reported: cks while on outings ther snacks in the plastic	V 364			
	Review on 4/10/24 - Admitted 12/7/ - Diagnoses of S Intellectual Function	of client #4's record revealed:				

AND DUAN OF CODDECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL035-029 B. WING		04/1	≷ 6/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
EASON (COURT	113 EASO	N COURT			
<u> </u>		YOUNGS	VILLE, NC 2	7596		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 6	V 364			
	- Didn't respond that were locked in Interview on 4/10/24	•				
	plastic containers the room	nat were stored in the laundry				
	 The laundry room door had been locked "since I got here" 2 years ago The laundry room was kept locked at all times due to the chemicals that were inside Snacks were purchased by the clients or their 					
	guardians Interview on 4/10/24	4 staff #3 reported:				
	- Was a Residen	tial Counselor for 2 years om door had been locked				
	- The laundry roo of chemicals"	om door was locked "because s" contained items the clients				
	purchased with thei donated"	r own money or their "family ne clients plastic bins couldn't				
	be locked without c					
	reported:	4 the Qualified Professional				
	containers to preve - The laundry roo	ncks were stored in the plastic nt bugs om door was locked due to				
	chemicals - Was unaware to be locked without controls.	he clients snack bins couldn't onsent				
		4 the Director reported:				

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wanted it to be stored

DIVISION	of Health Service Re	guiation				
AND DUAN OF CORRECTION IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		MHL035-029	B. WING		F 04/1	₹ 6/2024
					04/1	0/2024
NAME OF F	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
EASON (COURT	113 EASO YOUNGSV	N COURT /ILLE, NC 2	7596		
(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 364	Continued From pa	ge 7	V 364			
V 513	were locked in the I - "It (personal ite room) was like that - Some clients st - "Nothing is off I they could have the - She's "already removed the bins fr	ms being locked in the laundry for so many years" cole other client's food imits to them (clients)" and ir items when requested resolved" the issue and om the laundry room	V 513			
	27E .0101 Client Rights - Least Restrictive Alternative 10A NCAC 27E .0101 LEAST RESTRICTIVE ALTERNATIVE (a) Each facility shall provide services/supports that promote a safe and respectful environment. These include: (1) using the least restrictive and most appropriate settings and methods; (2) promoting coping and engagement skills that are alternatives to injurious behavior to self or others; (3) providing choices of activities meaningful to the clients served/supported; and (4) sharing of control over decisions with the client/legally responsible person and staff. (b) The use of a restrictive intervention procedure designed to reduce a behavior shall always be accompanied by actions designed to insure dignity and respect during and after the intervention. These include: (1) using the intervention as a last resort; and (2) employing the intervention by people trained in its use.					

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DIVISION	of Health Service Re	guiation				
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
, , , , , , , , , , , , , , , , , , , ,	01 0011112011011	BERTHIOMERINGER	A. BUILDING:	A. BUILDING:		
		MHL035-029	B. WING		04/1	8 6/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
FACON	COURT		N COURT			
EASON (COURT	YOUNGS	VILLE, NC 2	7596		
(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 SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
V 513	Continued From pa	ge 8	V 513			
	failed to use the lead appropriate method. Observation at 12:0 - A locked pantry office - The pantry constructs Interview on 4/10/20 - It was a "house locked - The pantry doo used to keep the kr	on and interview, the facility ast restrictive and most in the findings are: 25pm on 4/10/24 revealed: 2 door located in the facility's itained various can goods and its staff #1 reported: 2 rule" to keep the pantry door in was locked because they				
	here" 2 years ago - "No reason why	4 staff #3 reported: r had been locked "since I got v its (pantry door) locked" ask staff and get things if they				
	reported: - Was aware the - The pantry doo	4 the Qualified Professional pantry door was kept locked r was "always kept locked" ly kept knives in there"				
	Was aware theThe facility had"Nothing is off I	4 the Director reported: pantry door was kept locked clients that would steal food imits to them (clients)" volved" the issues and				

Division of Health Service Regulation

unlocked the pantry doors

STATE FORM 6899 VX9Q11 If continuation sheet 9 of 10

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE COMF	(X3) DATE SURVEY COMPLETED	
		MHL035-029	B. WING	B. WING		R 16/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A		STATE, ZIP CODE	, , , , , , , , , , , , , , , , , , ,	
EASON	COURT		ON COURT SVILLE, NC 2	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE

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