PRINTED: 05/07/2024 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
74101 1244	or contraction	A. BUILDING:			
		MHL0601060	B. WING		R <b>04/26/2024</b>
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS		V 000		
	A follow up survey was Deficiencies were cite	as completed on 4/26/24. ed.			
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disability.			
		d for 4 and currently has a vey sample consisted of ents.			
V 109	27G .0203 Privileging	/Training Professionals	V 109		
	V 109  27G .0203 Privileging/Training Professionals  10A NCAC 27G .0203 COMPETENCIES OF QUALIFIED PROFESSIONALS AND ASSOCIATE PROFESSIONALS  (a) There shall be no privileging requirements for qualified professionals or associate professionals.  (b) Qualified professionals and associate professionals shall demonstrate knowledge, skills and abilities required by the population served.  (c) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.  (d) Competence shall be demonstrated by exhibiting core skills including:  (1) technical knowledge;  (2) cultural awareness;  (3) analytical skills;  (4) decision-making;  (5) interpersonal skills;  (6) communication skills; and  (7) clinical skills.  (e) Qualified professionals as specified in 10 A NCAC 27G .0104 (18)(a) are deemed to have met the requirements of the competency-based				

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

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE C A. BUILDING:			E SURVEY PLETED	
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ONE STE	P FORWARD OUTREACE	CHARLO	OTTE, NC 28273			
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V 109	develop and impleme for the initiation of an plan upon hiring each (g) The associate pro supervised by a quali	dy for each facility shall ent policies and procedures individualized supervision associate professional. ofessional shall be fied professional with the the period of time as	V 109			
	interviews, 1 of 1 Qua (Owner/QP) failed to skills, and abilities red served. The findings Cross-Reference: 10. Assessment and Trea Service Plan (V112). interviews, the facility implement goals and	ns, record reviews and alified Professional demonstrate the knowledge, quired by the population are:  A NCAC 27G .0205 atment/Habilitation or Based on record review and failed to develop and strategies in the plan to address the client's				
	Cross-Reference: 10. Supervised Living for Illness-Staff (V290). observations, and into ensure a minimum of times except when th habilitation plan docu capable of remaining	A NCAC 27G .5602 Adults with Mental Based on record reviews, erviews, the facility failed to one staff was present at all e client's treatment or mented that the client was in the community or the rision for a specified period				

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STATE FORM R5DR11 If continuation sheet 2 of 11

AND DUAN OF CORRECTION IDENTIFICATION NUMBER		1 1	CONSTRUCTION	(X3) DATE SUR		
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V 109	Continued From page	<del>2</del> 2	V 109			
	Review on 4/18/24 of record revealed: -Hire date of 2004Position of Owner/Ql	the Owner/QP's personnel				
	staffing to meet the normal completed 1/26/24, we nesure compliance.  -Did not know if the Consequirements of a QP -Did not ask the ConsequentialsDid not receive reconsequentialsDid not receive reconsequentials.	developing and ent plans and maintaining eeds of the clients.  If protection from the survey worked with a Consultant to consultant met the eultant to provide  In mendations related to the consupervised time from the				
	her knowledge and sl -Was not "linked" to L Entities/Managed Car (LME/MCOs) since sl	ocal Management re Organizations ne did not provide and therefore was not able ssistance related to				
	revealed: -Was not asked by the credentials to determine requirements of a QP-Had a Bachelor of Selection of the care Home for 18 yearsProvided services to	cience in Accounting. strator of a licensed Family				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			
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V 109	Regulation rules relat and unsupervised tim 10A NCAC 27G .560 Adults with Developm -Did not discuss treat unsupervised time wi	Division of Health Service and to treatment planning the in a facility licensed as DC Supervised Living for mental Disability.  The ment planning or the the Owner/QP.	V 109			
V 1112	Assessment/Treatment 10A NCAC 27G .0203 TREATMENT/HABILIPLAN (c) The plan shall be assessment, and in plegally responsible per of admission for clien receive services beyond (d) The plan shall incomposite to the plan shall be assessment/Habitation to the plan shall be assessment, and in plan shall be assessment, a	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. clude:  I that are anticipated to be a of the service and a lievement;  I view of the plan at least on with the client or legally r both;  ion or assessment of	V 112			

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STATE FORM R5DR11 If continuation sheet 4 of 11

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		CHARLO	TTE, NC 28273		
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V 112	Continued From page		V 112		
	Based on record revieus facility failed to develor strategies in the treat	ew and interviews, the op and implement goals and ment/habilitation plan to eeds affecting 1 of 3 clients			
	-Admission date of 10 -Diagnoses of Mild In Disability, Schizophre -Treatment Plan date #1. -Long Range Outcom	tellectual Developmental			
	loss, continuing to lea more independent lea -No strategies or inter	arn how to cook and learning arning skills."			
	-Had a goal to work of and budgeting.	with client #1 revealed: In independent living skills aff was helping her with her			
	Interview on 4/19/24 v Professional (QP) rev -Had not revised clier strategies and interve	realed: nt #1's goals to include			

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STATE FORM R5DR11 If continuation sheet 5 of 11

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETED	
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(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 5	V 112		
	-Did not receive record from the Consultant re-Was "working (with a cooking." -Did not provide strate goals related to budg or independent learning linterview on 4/26/24 reclient #1's treatment include goals and strate loss, cooking and independent learning linterview on 4/24/24 revealed: -Had not made any recovery of the cooking and independent learning linterview on 4/24/24 revealed: -Had not made any recovery of the cooking and independent learning linterview on 4/24/24 revealed: -Had not made any recovery of the cooking linterview on 4/24/24 revealed: -This deficiency is cross-	elated to treatment planning. client #1) on weight loss and egies or interventions for eting, weight loss, cooking ng skills for client #1.  with the Owner/QP revealed: to plan was being updated to eategies for budgeting, weight ependent living skills.  with the facility's Consultant ecommendations to the treatment planning.  ss referenced into 10 A mpetencies of Qualified			
	(V109).  This deficiency consti and must be correcte	itutes a re-cited deficiency d within 30 days.			
V 290	27G .5602 Supervise	d Living - Staff	V 290		
	of this Rule shall be of enable staff to respon needs. (b) A minimum of one present at all times w premises, except who habilitation plan docu				

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STATE FORM R5DR11 If continuation sheet 6 of 11

STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	as needed but not less the client continues to the home or commun specified periods of ti (c) Staff shall be presonable following client-staff redild or adolescent of (1) children or abuse disorders shall of one staff present for clients present. How present during sleepi emergency back-up to the governing body; (2) children or a developmental disabitione staff present for present and two staff more clients present. need be present during specified by the emergency by the governing by the gover	The plan shall be reviewed as than annually to ensure to be capable of remaining in ity without supervision for me.  Sent in a facility in the atios when more than one ient is present: adolescents with substance to be served with a minimum or every five or fewer minor every, only one staff need be not an one ient is present in a dolescent with a minimum or every five or fewer minor every, only one staff need be not adolescent with lities shall be served with every one to three clients present for every four or However, only one staffing sleeping hours if regency back-up procedures			
	diagnosis is substance abuse dependency:  (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and  (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client				
	This Rule is not met				

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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING:	ONSTRUCTION		E SURVEY PLETED	
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V 290	interviews, the facility of one staff was pres the client's treatment documented that the remaining in the com supervision for a spe 3 of 3 clients (#1, #2, Review on 4/18/24 of -Admission date of 10 -Diagnoses of Mild In Disability (IDD), Schiz-Treatment Plan date #1: "[Client #1] is cap she can be in the hor or night without supe herself over the years and understands that for any unannounced approved by [the Ow (QP)] whom which wind to open the door. case of emergencies an emergency arrives -The Treatment Plan time client #1 may recommunity without st -No assessment of the the facility or in the present.  Review on 4/18/24 of -Admission date of 10 -Diagnoses of Mild ID Hyperactivity Disorder -Treatment Plan date client #2: "[Client #2] without supervision to medical appointment	refailed to ensure a minimum ent at all times except when or habilitation plan client was capable of munity or the facility without cified period of time affecting #3). The findings are:  If client #1's record revealed: 0/11/19. Itellectual Developmental zophrenia, and Autism. Id 1/21/24 signed by client bable and have proven that me any significant time day rivision as she has proven is that she could. She knows it she is not to open the door I visitors unless it is ner/Qualified Professional ill call her to let her know it is [client #1] can dial 911 in and to call [the Owner/QP] if is."  did not specify the period of main at the facility or in the laff present. If client #1's ability to remain a community without staff  If client #2's record revealed: 0/18/12.	V 290			

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STATE FORM 6899 R5DR11 If continuation sheet 8 of 11

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		MHL0601060	B. WING		04/26/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE	
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(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 290	safe and or have arriv [Client #2] is capable unsupervised any sig and at night, she has years. If there is any dial 911 and call [the necessary. [Client #2 that she will not open unannounced people Owner/QP] or a staff to do so."  -The Treatment Plan time client #2 may rel community without st. No assessment of that the facility or in the present.  Review on 4/18/24 of -Admission date of 6/Diagnoses of Mild ID Paranoid Type.  -Treatment plan date #3: "[Client #3] can be any significant time donne; she has demo 911 in case of an emeshe can call any staff members; and the Owgiven the number to continue client #3 may rel community without st. No assessment of the	aff member know that she is yed at her destinations. of being in the home nificant time during the day proven she can over the emergency, [Client #2] can Owner/QP] if it deems P. knows and understands the door for any without calling [the member to see if it is okay did not specify the period of main at the facility or in the aff present.  The client #2's ability to remain community without staff  Client #3's record revealed: 1/09.  The provious provided by client the left alone unsupervised for any or night at the group postrated that she can dial pergency; she has shown that members or off duty staff ovner (Owner/QP) if she is call."  did not specify the period of main at the facility or in the	V 290		
		m on 4/18/24 revealed: 3 arrived at the facility in a			

Division of Health Service Regulation

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STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION    DEPICIPATION NUMBER:   DEPICIPATION NUM	Division o	it Health Service Regu	lation				
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  10000 WOODDY RIDGE ROAD CHARLOTTE, NC 28273    CALLOW CONTROL OF COMBECTION				(X2) MULTIPLE	CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER  ONE STEP FORWARD OUTREACH  THE PROPERTY OF DESCRIPTION OF SUMMARY STREET ADDRESS, CITY, STATE, ZIP CODE  10000 WOODDY RIGGE ROAD  CHARLOTTE, NC 28273  ID PROVIDERS PLAN OF CORRECTION  (EACH DESCRIPTION MUST BE PRECEDED BY FULL  RESULATIONY OR LSC IDENTIFYING INFORMATION)  V 290  Continued From page 9  taxi, unlocked the front door and went into the facility.  -Client #1 answered the doorbell and stated that staff was not present and she could not let anyone inside, then closed the door.  -Client #1 was heard making a phone call. She came back to the door to say that the Owner/QP was on her way to the facility.  -The clients remained inside the facility alone until the Owner/QP arrived at 4.26pm.  Interview on 4/19/24 with Client #1 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -There are times when she (Owner/QP) will leave out for a couple of hours and she returns."  -Was left in the facility without staff 2-3 hours at a time.  Interview on 4/19/24 with Client #2 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -"When we come back from the program, we let [Owner/QP] gets here."  -"On weekends [Owner/QP] gets here."  -"Was left without staff in the facility in the evenings, but didn't "pay attention to the time."  Interview on 4/19/24 with Client #3 revealed:  -Was unsupervised when fiding by taxi to and from the day program daily.  Interview on 4/19/24 with Client #3 revealed:  -Was unsupervised when fiding by taxi to and from the day program daily.  Interview on 4/19/24 with Client #3 revealed:  -Was unsupervised when fiding by taxi to and from the day program daily.	AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPL	LETED
NAME OF PROVIDER OR SUPPLIER  ONE STEP FORWARD OUTREACH  THE PROPERTY OF DEFICIENCY  NUMBER OF PROVIDER OR SUPPLIER  ONE STEP FORWARD OUTREACH  THE PROVIDER OR SUMMARY STATEMENT OF DEFICIENCY  PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCY  THE PROVIDER SUMMARY STATEMENT OF DEFICIENCY  PREFIX TAG  ONE STEP FORWARD OUTREACH  CARD DEFICIENCY MUST BE PRECEDED BY FULL. PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL. REGULATORY OR LSC IDENTIFYING INFORMATION)  PROVIDER STATEMENT OF DEFICIENCY  V 290  Continued From page 9  V 290  Taxi, unlocked the front door and went into the facility.  -Client #1 answered the doorbell and stated that staff was not present and she could not let anyone inside, then closed the door.  -Client #1 was heard making a phone call. She came back to the door to say that the Owner/QP was on her way to the facility.  -The clients remained inside the facility alone until the Owner/QP arrived at 4.26pm.  Interview on 4/19/24 with Client #1 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -There are times when she (Owner/QP) will leave out for a couple of hours and she returns."  -Was left in the facility without staff 2-3 hours at a time.  Interview on 4/19/24 with Client #2 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -"When we come back from the program, we let [Owner/QP] gets here."  -"On weekends [Owner/QP] with Client #3 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  Interview on 4/19/24 with Client #3 revealed:  -Was unsupervised when riding by taxi to and from th							R
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V 290  Continued From page 9  taxi, unlocked the front door and went into the facility.  -Client #1 answered the doorbell and stated that staff was not present and she could not let anyone inside, then closed the door.  -Client #1 was heard making a phone call. She came back to the door to say that the Owner/QP was on her way to the facility.  -The clients remained inside the facility alone until the Owner/QP arrived at 4:26pm.  Interview on 4/19/24 with Client #1 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -"There are times when she (Owner/QP) will leave out for a couple of hours and she returns."  -Was left in the facility without staff 2-3 hours at a time.  Interview on 4/19/24 with Client #2 revealed:  -Was unsupervised when riding by taxi to and from the day program daily.  -"When we come back from the program, we let [Owner/QP] know we got home until 4:30 or 5 when [staff] or [Owner/QP] gets here."  -"On weekends [Owner/QP] gets here."  -"On weekends [Owner/QP] gets here."  -"On weekends [Owner/QP] gates here."  -"On weekends [Owner/QP] gates here."  -"Was left without staff in the facility in the evenings, but didn't "pay attention to the time."  -Was unsupervised when riding by taxi to and from the day program daily.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO	JLD BE	COMPLETE
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from the day program daily.							
-Did not know how often or how long she was left							
in the facility unsupervised.							
-"Most of the time [Owner/QP] will be there."		-"Most of the time [Ov	vner/QP] will be there."				
Interviews on 4/19/24 and 4/24/24 with the Owner/QP revealed:			and 4/24/24 with the				

Division of Health Service Regulation

-The clients had "unsupervised time in the

STATE FORM R5DR11 If continuation sheet 10 of 11

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPLI	
			A. BUILDING			,
		MHL0601060	B. WING		04/2	6/2024
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
ONE STEP	FORWARD OUTREACH		DDY RIDGE RO	DAD		
		CHARLOT	TE, NC 28273			
(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 I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETE DATE
V 290	Continued From page	÷ 10	V 290			
	minutes."  -The clients were unstaxi to and from the detaxi to and from the arc there around 5:30pm me and say, 'We are detaxi to an arc there around 5:30pm me and say, 'We are detaxi to an arc there around 5:30pm me and say, 'We are detaxi to an arc there are detaxing to an arc the clients in the to 3 hours at a time.  -Had revised treatment include unsupervised period of time the clients unsupervised in the feature.	upervised from the time bund 3:45pm until "I get or 5:45pm. They always call in." belieave and go to the next )." facility unsupervised up to 2 int plans for all clients to time but did not specify the ints could remain acility or community. assessment of each client's				
	ability to remain in the facility or community without staff supervision.  -Did not discuss unsupervised time with the Consultant.  Interview on 4/24/24 with the Consultant revealed:  -"There shouldn't be any unsupervised time."  -Did not discuss unsupervised time with the Owner/QP.					
		ss referenced into 10A mpetencies of Qualified sociate Professionals				
	This deficiency consti and must be corrected	tutes a re-cited deficiency d within 30 days.				

Division of Health Service Regulation

STATE FORM R5DR11 If continuation sheet 11 of 11