Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           NID PLAN OF CORPECTION         IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
MHL035-029		B. WING		R 04/16/	2024	
NAME OF F	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
		113 EASO	N COURT			
EASON	JUURI	YOUNGS	/ILLE, NC 2	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
V 000	An annual and follow up survey was completed		∨ 000	In accordance to Chapter 12 of the North Carolina Gener Assembly and 10A NCAC		04/16/24
	This facility is licens	Deficiencies were cited. Sed for the following service C 27G .5600A Supervised h Mental Illness.		27E .0101 Least Restrictive Alternative Eason Court Gro Home will uphold client right free access and will not rest client's personal belongings	s to rict of any	
	census of 4. The su audits of 3 current of			type. Deficiency was correct April 16, 2024. The pantry of containing client's personal has been permanently unloot and all clients have been ma	loor ood ked	
V 364	G.S. 122C- 62 Add Facilities	litional Rights in 24 Hour	V 364	aware of their free entry.		
	Facilities. (a) In addition to th 122C-51 through G who is receiving tre 24-hour facility keep (1) Send and recei access to writing m assistance when ne (2) Contact and co and at no cost to th physicians, and priv developmental disa professionals of his (3) Contact and co there is a client adv The rights specified restricted by the fac exercise these right (b) Except as proviof this section, each treatment or habilitat times keeps the rig (1) Make and received calls. All long distar	ve sealed mail and have aterial, postage, and staff ecessary; nsult with, at his own expense e facility, legal counsel, private vate mental health, bilities, or substance abuse choice; and nsult with a client advocate if ocate. I in this subsection may not be cility and each adult client may ts at all reasonable times. ided in subsections (e) and (h) n adult client who is receiving ation in a 24-hour facility at all				
ision of He BORATORY	ealth Service Regulation	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6	6) DATE

	Interview     Interview     (X1)     PROVIDER/SUPPLIER/CLIA       Interview     Interview     Interview     Interview		(X2) MULTIPLE CONSTRUCTION			(X3) DATE SURVEY COMPLETED	
		IDENTIFICATION NOMBER.	A. BUILDING:				
MHL035-029		MHL035-029	B. WING		R 04/16/2024		
NAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
EASON		113 EAS	ON COURT				
ASON		YOUNGS	VILLE, NC 27	7596			
(X4) ID		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT		(X5) COMPLE	
PREFIX TAG		SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	DATE	
V 364	Continued From pa	age 1	V 364				
		e of making the call or made					
	collect to the receiv						
		s between the hours of 8:00					
		for a period of at least six					
		urs of which shall be after 6:00					
		ing shall not take precedence					
	over therapies;						
		and meet under appropriate					
		dividuals of his own choice					
	upon the consent of	of the individuals;					
	(4) Make visits out	side the custody of the facility					
	unless:						
		roceedings were initiated as					
		ent's being charged with a					
		ding a crime involving an					
		lly weapon, and the					
		und not guilty by reason of					
	insanity or incapab						
		voluntarily admitted or					
		acility while under order of					
		orrectional facility of the prrection of the Department of					
	Public Safety; or	brection of the Department of					
		ing held to determine capacity					
		nt to G.S. 15A-1002;					
	• •	expressly authorize visits					
		d by the existence of the					
	•	ed by this subdivision;					
		s daily and have access to					
		ment for physical exercise					
	several times a we						
		ibited by law, keep and use					
		nd possessions, unless the					
		to determine capacity to					
	proceed pursuant t						
	(7) Participate in re						
	<i>、 , 、 、 、</i>	nd a reasonable sum of his					
	own money;	's license, unless otherwise					
	IN RETAIN 2 MILLER					1	

STATEMEN	of Health Service Re IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	CONSTRUCTION	COM	E SURVEY PLETED
	MHL035-029		B. WING			R 16/2024
NAME OF	PROVIDER OR SUPPLIER			TATE, ZIP CODE		
EASON	COURT		ON COURT VILLE, NC 27	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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 2	V 364			
	and (10)Have access to his private use. (c) In addition to th 122C-51 through G 122C-59 through G who is receiving tre 24-hour facility has proper adult superv recognition of the m individual, the mino opportunities to ena emotionally, intellect vocationally. In view and intellectual imm 24-hour facility shall structure, supervision the rights given to the The facility shall alse reasonable efforts t client receives treat adult clients unlesss minor client dictate Each minor client w habilitation from a 2 (1) Communicate as guardian or the age custody of him; (2) Contact and co or that of his legally cost to the facility, le physicians, private to disabilities, or subst his or his legally res (3) Contact and co there is a client adv The rights specified	able him to mature physically, tually, socially, and v of the physical, emotional, naturity of the minor, the l provide appropriate on and control consistent with the minor pursuant to this Part. o, where practical, make o ensure that each minor ment apart and separate from the treatment needs of the otherwise. tho is receiving treatment or 44-hour facility has the right to: and consult with his parents or ncy or individual having legal nsult with, at his own expense responsible person and at no egal counsel, private mental health, developmental cance abuse professionals, of sponsible person's choice; and nsult with a client advocate, if				

Division	of Health Service Re	equiation			FORM	APPROVED
STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:		(X3) DATE COMP	SURVEY LETED
	MHL035-029		B. WING		R 04/16/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT		ON COURT VILLE, NC 2	7596		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
V 364	Continued From pa	ge 3	V 364			
	<ul> <li>(d) Except as provious of this section, each treatment or habilitat the right to:</li> <li>(1) Make and received distance calls shall time of making the receiving party;</li> <li>(2) Send and received writing materials, power that is the received party;</li> <li>(3) Under appropriation of the section may by the qualified profesional clock of the section may by the qualified profesion of the section may by the qualified profesion of the section may by the qualified profesional clock of the section may by the qualified profesion of the section can be a profesion of the section t</li></ul>	ibited by law, keep and use nd possessions under sion, unless the client is being apacity to proceed pursuant to eligious worship; individual storage space for personal belongings; and spend a reasonable sum				
	ealth Service Regulation					

Division	of Health Service Re	gulation	1			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING: _			E SURVEY PLETED
	MHL035-029		B. WING		R 04/16/2024	
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S <sup>-</sup>	TATE, ZIP CODE		
EASON	COURT		N COURT VILLE, NC 27	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
V 364	client's record that i for the restriction. T reasonable and rela habilitation needs. A period not to excee each restriction sha qualified profession at which time the re Each evaluation of documented in the rights may be renew statement entered b	ement shall be placed in the ndicates the detailed reason 'he restriction shall be ated to the client's treatment or A restriction is effective for a d 30 days. An evaluation of all be conducted by the al at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on wed only by a written by the qualified professional in	V 364			
	renewal of the restr client who has not to in each instance of of a restriction of rig by the client shall, u be notified of the re it. In the case of a r adult client, the lega be notified of each or renewal of a rest reason for it. Notific individual or legally	hat states the reason for the iction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon 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 sation of the designated responsible person shall be ing in the client's record.				
	This Rule is not me Based on observati interview, the facility to free access to pe restricted as specifi					

Division	of Health Service Re	egulation			FORIV	APPROVED
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION		E SURVEY PLETED
	MHL035-029		B. WING		R 04/16/2024	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT		ON COURT VILLE, NC 27	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 C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pa	ge 5	V 364			
	<ul> <li>3 clear contained belonged to clients laundry room</li> <li>Staff #1 unlocket</li> <li>Review on 4/10/24</li> <li>Admitted 10/1/2</li> <li>Diagnoses of S</li> <li>Bipolar Type, Obes</li> <li>Hypothyroidism, Gaz</li> <li>Disease (GERD), H</li> <li>Hernia Repair, &amp; Client</li> <li>Attempted interview</li> <li>unsuccessful becaud</li> <li>due to meeting with</li> <li>Review on 4/10/24</li> <li>Admitted 8/10/2</li> <li>Diagnoses of S</li> </ul>	chizoaffective Disorder, ity, Vitamin D Deficiency, astroesophageal Reflux lypertension, Fluid Retention, hronic Neutropenia v on 4/10/24 with client #1 was use client #1 was unavailable her guardian representative. of client #2's record revealed:				
	<ul> <li>Knew staff kept container locked in</li> <li>Didn't have an it locked</li> <li>Staff would get requested them</li> <li>"Don't want any</li> <li>Review on 4/10/24</li> <li>Admitted 12/7/<sup>2</sup></li> <li>Diagnoses of S Intellectual Function</li> </ul>	cks while on outings t her snacks in the plastic the laundry room issue with her snacks being her snacks when she yone stealing my food" of client #4's record revealed:				

Division of Health Service Regulation STATE FORM

	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) Multiple A. Building:			E SURVEY PLETED
		MHL035-029	B. WING			R <b>16/2024</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EASON	COURT		ON COURT SVILLE, NC 27	7596		
(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 T	ION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 364	Continued From pa	age 6	V 364	DEFICIENC	Y)	
V 364	<ul> <li>Interview on 4/10/24 client #4 reported:</li> <li>Didn't respond when asked about his snacks that were locked in the laundry room</li> <li>Interview on 4/10/24 staff #1 reported:</li> <li>The clients kept their snacks in separate plastic containers that were stored in the laundry room</li> <li>The laundry room door had been locked</li> <li>"since I got here" 2 years ago</li> <li>The laundry room was kept locked at all times due to the chemicals that were inside</li> <li>Snacks were purchased by the clients or their guardians</li> </ul>					
	<ul> <li>The laundry roo since she started w</li> <li>The laundry roo of chemicals"</li> <li>The plastic "bir purchased with the donated"</li> </ul>	ntial Counselor for 2 years for door had been locked vorking there for door was locked "because hs" contained items the clients ir own money or their "family he clients plastic bins couldn't				
	reported: - The clients' sna containers to preve - The laundry roo chemicals - Was unaware t be locked without c	om door was locked due to the clients snack bins couldn't consent				
vision of H		4 the Director reported: chased personal items and ed				

Division of Health Service Regulation STATE FORM

If continuation sheet 7 of 10

STATEMENT OF DEFICIENCIES			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		E SURVEY PLETED
		A. BUILDING:	······		
	MHL035-029	B. WING	B. WING		R 16/2024
NAME OF PROVIDER OR SUPP	PLIER STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
EASON COURT		ON COURT SVILLE, NC 27	7596		
(X4) ID SUMMAR	RY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
	CIENCY MUST BE PRECEDED BY FULL Y OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 364 Continued Fro	m page 7	V 364			
were locked in - "It (person room) was like - Some clie - "Nothing is they could hav - She's "alre removed the b	lized the clients personal items the laundry room all items being locked in the laundry that for so many years" nts stole other client's food s off limits to them (clients)" and ve their items when requested eady resolved" the issue and bins from the laundry room				
V 513 27E .0101 Clie Alternative	ent Rights - Least Restrictive	V 513			
that promote a These include (1) using appropriate se (2) prom skills that are a self or others; (3) provi meaningful to (4) shar the client/legal (b) The use of procedure des always be acc insure dignity a intervention. T (1) using and	E ity shall provide services/supports a safe and respectful environment. : g the least restrictive and most ettings and methods; noting coping and engagement alternatives to injurious behavior to iding choices of activities the clients served/supported; and ing of control over decisions with lly responsible person and staff. f a restrictive intervention signed to reduce a behavior shall ompanied by actions designed to and respect during and after the These include: g the intervention as a last resort; loying the intervention by people				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
	or connection	IDENTIFICATION NOWBER.	A. BUILDING:			
		MHL035-029	B. WING			R 16/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	COURT		ON COURT			
		YOUNGS	SVILLE, NC 27	7596		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	FION SHOULD BE THE APPROPRIATE	(X5) COMPLE DATE
V 513	Continued From pa	ige 8	V 513			
	This Rule is not met as evidenced by: Based on observation and interview, the facility failed to use the least restrictive and most appropriate method. The findings are:					
	<ul> <li>A locked pantry office</li> </ul>	05pm on 4/10/24 revealed: / door located in the facility's tained various can goods and				
	locked - The pantry doo used to keep the kr	rule" to keep the pantry door r was locked because they				
	here" 2 years ago - "No reason why	r had been locked "since I got				
	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"				
	<ul> <li>Was aware the</li> <li>The facility had</li> <li>"Nothing is off I</li> </ul>	4 the Director reported: pantry door was kept locked clients that would steal food imits to them (clients)" evolved" the issues and				

## PRINTED: 04/30/2024 FORM APPROVED

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIED IDENTIFICATION MILLO35-029		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A (X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R				
		MHL035-029	B. WING			16/2024			
VAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE									
ASON C	OURT		SON COURT SVILLE, NC 27	7596					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC'	ION SHOULD BE COMPLI THE APPROPRIATE DATE				