STATEMENT OF DEFICIENCIES     (X1) PROVIDER/SUPPLIER/CLIA       AND PLAN OF CORRECTION     IDENTIFICATION NUMBER:		, <i>,</i>	CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		IDENTIFICATION NOWIDEN.	A. BUILDING: B. WING				
	MHL067-208				R 06/13/2	024	
AME OF F	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE				
A CARII	NG HEART INDEPEN	DENCE CENTER.		00540			
(X4) ID	SUMMARY STA		ID	PROVIDER'S PLAN OF	CORRECTION	(X5)	
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	TION SHOULD BE CO	OMPLET DATE	
V 000	INITIAL COMMEN	rs	V 000				
	on June 13, 2024.	take #NĊ00217847). A					
		sed for the following service C 27G .5400 Day Activity for sability Groups.					
		urrent census of 27. The sisted of audits of 4 current r client.					
V 517	27E .0104(c-d) Clie	ent Rights - Sec. Rest. & ITO	V 517				
	TIME-OUT AND PF FOR BEHAVIORAL (c) Restrictive inte employed as a mea retaliation by staff c or due to inadequa interventions shall causes harm or ab (d) In accordance 27D, the governing	RAINT AND ISOLATION ROTECTIVE DEVICES USED CONTROL rventions shall not be ans of coercion, punishment or or for the convenience of staff cy of staffing. Restrictive not be used in a manner that use. with Rule .0101 of Subchapter body shall have policy that nissible use of restrictive	r				
	audited Former Sta restrictive intervent	eviews and interviews 1 of 2 off (FS #33) failed to use a ion in a manner that would not of 1 audited Former Client (FC					

Division of Health Service Regulation           STATEMENT OF DEFICIENCIES         (X1) PROVIDER/SUPPLIER/CLIA           AND PLAN OF CORRECTION         IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	MHL067-208		B. WING			R 13/2024
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	TATE, ZIP CODE		
SA CARI	NG HEART INDEPEN	DENCE CENTER.	STAL LANE NVILLE, NC 2	8546		
(X4) ID	SUMMARY STA	TEMENT 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 T DEFICIENC	HE APPROPRIATE	COMPLET
V 517	Continued From pa	ige 1	V 517			
	<ul> <li>25 year old male.</li> <li>Admission date: 1</li> <li>Diagnoses of Disr Disorder, Attention Schizoaffective Dis Disorder, Conduct</li> <li>Developmental Dis</li> <li>Discharge date 03</li> <li>Review on 06/13/24</li> <li>revealed:</li> <li>Date of hire: 12/19</li> <li>Safety Care training</li> </ul>	Tuptive Mood Dysregulation Deficit Hyperactivity Disorder, order, Impulse Control Disorder. Mild Intellectual ability and Bipolar Disorder. 3/08/24. 4 of FS #33's personnel record 9/22. ng on seclusion, physical tion time out 12/10/23.				
	Response Improve FC #27 revealed: - Date of incident: C - Provider Commer (Assistant Program the RA(Residential of the situation goin #27). The first situal consumer 1 (FC #2 something that he w walk up towards out when he picked up end up hitting anoth (FC #27) stated he certain staff (2) (stat (1) (staff #1) being occurring. Consum went on a walk, but	4 of a North Carolina Incident ment System (IRIS) report for 01/04/24. hts: "On 1.4.2024 APD Director) was approached by Advisor) asking was I aware og on with our consumer1 (FC tition that started with 27) was that he couldn't get wanted so he was asked to or kitchen area and that is a can and threw it and it did her consumer. Consumer 1 wanted to take a walk with a aff #22) due to his current staff his trigger for the situation er 1 (FS #27) and staff 2 (#22) t when returning after 27) had calmed down staff 2				

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If continuation sheet 2 of 6

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(3) DATE SURVEY COMPLETED	
IND FLAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COM	
	MHL067-208		B. WING			R 13/2024
IAME OF F	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	TATE, ZIP CODE		
		180 COA	STAL LANE			
A CARI	NG HEART INDEPEN	IDENCE CENTER- JACKSO	NVILLE, NC 2	8546		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF		(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 517	Continued From pa	age 2	V 517			
	•	0				
		n. During this time consumer 1				
		ugh the day program flipping				
		over to the day program				
		grabbed a pair of scissors.				
		consumer 1 (FC #27) pulled his arm back and				
		g to stab someone with the				
		were multiple consumers and				
		of him. So, then the scissors s hand by staff 3 (FS #33).				
		staff 3 (FS #33) came around				
		er 1 (FC #27), grabbed his				
	hand and pulled the scissors out of his hand when that happened the consumer put all his					
	body weight into staff 3 (FS #33) and injured staff		F			
	3 (FS #33) arm. In the mix of the scissors being					
		mer 1 (FC #27) hand both				
		27) and staff 3 (FS #33)got				
		sumer 1 (FC #27) thrusted his				
		(FS #33), staff 2 (#22) came				
		then I heard staff 4 (FS #30)				
		bing to do that because he will				
		Iff 4 (FS #30) took over with				
	consumer 1 (FC #2	27). consumer 1 (FC #27) was				
	assessed by nurse	and hand bandaged while I				
		owner (group home that he				
		ck up consumer 1 (FC #27).				
		as able to calm consumer 1				
		ing the time of stating "I 'm				
		" "I ' m going to f*****g kill her".				
		allowing his staff 1 (#1) to be				
		there were no other issues				
		me owner came, him and I				
		had transpired and that is when	1			
		t consumer 1 had been having				
		de of the 20 hours of day de. He had been putting his				
	hands on other con					
		nsumers he lives with, choked				
	his mother and little					

If continuation sheet 3 of 6

STATEMENT OF DEFICIENCIES       (X1) PROVIDER/SUPPLIER/CLIA         AND PLAN OF CORRECTION       IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
			A. BOILDING.			R
	MHL067-208		B. WING			13/2024
NAME OF I	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, ST	ATE, ZIP CODE		
SA CARI	NG HEART INDEPEN	DENCE CENTER.	STAL LANE NVILLE, NC 2	8546		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG		/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFICIENC	THE APPROPRIATE	COMPLET DATE
V 517	Continued From pa	ge 3	V 517			
	is not a hard consu out. He is a very ple not assertive with h to change, he then going to be looking female to work with him. It can not be s him, do everything everything he wants advantage of it. Gro APD that he would 1 (FC #1) could retu- Standing restraint and FS #33. - Debriefing: "1/5/20 (FC #27) and asked thought we could ha he got upset. Consideep breaths. APD of guardian's as of Group Home owne lives with.1/5/2024 was picked up, API Staff 4 (FS #30), St (#22). We talked at and what needed to a situation like this We did discuss tha kept everyone safe much worse than th all for their assistant everyone that I nee informed ie QAQI (	Overall consumer 1 (FC #27) mer and doesn't always act easant individual, but if you are im from day one and then try acts out on that staff. We are for either a very assertive him or a male to work with omeone that wants to baby he wants, or give him s because he is going to take oup home owner expressed to be in contact when consumer urn to services." for one minute by staff #22 D24 spoke with consumer 1 d triggered him and how he andle things in the future when umer 1 (FC #27) stated take has been unable to get ahold now, but did debrief with r that consumer 1 (FC #27) After consumer 1 (FC #27) D and nurse debriefed with taff 3 (FS #33), and Staff 2 pout what was done correctly b be done differently if ever in or something different again. t restraints were done and and things could have been ney ended up. I did thank them ice and then made calls to ded to, that needed to be Quality Assurance/Quality PD (Program Director)."				
	<ul> <li>Injury cut/laceratic</li> <li>"Describe how this been prevented or</li> </ul>					

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	of Health Service Re IT OF DEFICIENCIES	egulation (X1) PROVIDER/SUPPLIER/CLIA		CONSTRUCTION		
IND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		B. WING			R 13/2024	
	PROVIDER OR SUPPLIER	STREET AI	DRESS, CITY, ST		•	
		180 COA	STAL LANE			
SA CARI	NG HEART INDEPEN	DENCE CENTER.	NVILLE, NC 2	8546		
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES		ID		R'S PLAN OF CORRECTION	
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	HE APPROPRIATE	COMPLETE DATE
V 517	Continued From pa	ige 4	V 517			
		incident. 01/05/2024 discussed and removed all dangerous objects."				
	Review on 06/12/24 of a care logs note signed by the facility nurse and dated 01/04/24 revealed: - "Comments: This nurse was notified that [FC #27] was bleeding and needed medical attention. Client (FC #27) was noted sitting a chair in computer room with paper towel in right hand. Blood was noted dripping from right hand. This nurse applied 2x2's to the laceration between the fourth and fifth digit, and then pressure bandage to prevent further bleeding. Client (FC #27) had no complaint of pain, had full range of motion to right hand. Client was then taken to APD's office to wait for transportation. Advised to go to urgent care to have sutures placed." Review on 06/12/24 of a local urgent care order sheet for FC #27 and dated 01/04/24 revealed: - Bactrim (antibiotic) - take one tablet every 12 hours for 10 days.					
		otic) 2% ointment - apply twice				
	#33.	he day program. mmed " on the desk by FS				
	scissors.	set and grabbed some				
	<ul> <li>He was going to s scissors.</li> </ul>	why he was upset. tab someone with the				
		nded in the day program. ind him and tried to take away				
	- FS #33 was behin	nd him trying to hold his chest. o recall specifics of the				

Division of Health Service Regulation STATE FORM

		A. BUILDING:		COMPLETED	
G HEART INDEPEN SUMMARY STA	STREET AL	B. WING			
G HEART INDEPEN SUMMARY STA				R 06/13/2024	
SUMMARY STA		DRESS, CITY, S	TATE, ZIP CODE		
SUMMARY STA	DENCE CENTER 180 COA	STAL LANE			
	JACKSO	NVILLE, NC 2	28546		
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO		
	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO TH DEFICIENCY)	E APPROPRIATE DAT	
Continued From pa	ige 5	V 517			
ncident. He got a cut on hi	s hand from the scissors.				
Interview on 06/12/24 stated #1: - FC #27 had grabbed a pair of scissors and was threatening everyone with them. - She could not recall if FS #33 had approached FC #27 from the back or the side. - FS #33 grabbed FC #27's wrist and was finally able to get the scissors from him. - FC #27 and FS #33 both had injuries.					
FC #27 and FS #3 counter.	33 were "tussling" on the				
FC #27 grabbed a emoved them. FS #33 grabbed F scissors with his free	a pair of scissors and FS #33 FC #27 wrist and removed the se hand.	n			
	hcident. He got a cut on hi Attempted interview furrent working pho hterview on 06/12/ FC #27 had grabb hreatening everyor She could not rec FC #27 from the ba FS #33 grabbed F bble to get the sciss FC #27 and FS #3 FC #27 and FS #3 founter. hterview on 06/13/ FC #27 grabbed a emoved them. FS #33 grabbed F cissors with his from FS #33 attempted	ncident. He got a cut on his hand from the scissors. Attempted interview with FS #33 due to no burrent working phone number. Interview on 06/12/24 stated #1: FC #27 had grabbed a pair of scissors and was freatening everyone with them. She could not recall if FS #33 had approached FC #27 from the back or the side. FS #33 grabbed FC #27's wrist and was finally able to get the scissors from him. FC #27 and FS #33 both had injuries. FC #27 and FS #33 were "tussling" on the counter. Interview on 06/13/24 the QP/APD stated: FC #27 grabbed a pair of scissors and FS #33 emoved them. FS #33 grabbed FC #27 wrist and removed the cissors with his free hand. FS #33 attempted to put FC #27 in a one persor tability hold.	heident. He got a cut on his hand from the scissors. Attempted interview with FS #33 due to no surrent working phone number. Interview on 06/12/24 stated #1: FC #27 had grabbed a pair of scissors and was preatening everyone with them. She could not recall if FS #33 had approached iC #27 from the back or the side. FS #33 grabbed FC #27's wrist and was finally ble to get the scissors from him. FC #27 and FS #33 both had injuries. FC #27 and FS #33 were "tussling" on the counter. Interview on 06/13/24 the QP/APD stated: FC #27 grabbed a pair of scissors and FS #33 emoved them. FS #33 grabbed FC #27 wrist and removed the cissors with his free hand. FS #33 attempted to put FC #27 in a one person tability hold.	heident. He got a cut on his hand from the scissors. Attempted interview with FS #33 due to no urrent working phone number. hterview on 06/12/24 stated #1: FC #27 had grabbed a pair of scissors and was hreatening everyone with them. She could not recall if FS #33 had approached 'C #27 from the back or the side. FS #33 grabbed FC #27's wrist and was finally ble to get the scissors from him. FC #27 and FS #33 both had injuries. FC #27 and FS #33 both had injuries. FC #27 and FS #33 were "tussling" on the ounter. hterview on 06/13/24 the QP/APD stated: FC #27 grabbed a pair of scissors and FS #33 emoved them. FS #33 grabbed FC #27 wrist and removed the cissors with his free hand. FS #33 attempted to put FC #27 in a one person tability hold.	