STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL064-107		(X2) MULTIPLE		(X3) DATE SURVEY COMPLETED				
		IDENTIFICATION NOWBER.	A. BUILDING:					
		MHL064-107	B. WING		R 08/02/2024			
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, ST	DRESS, CITY, STATE, ZIP CODE				
ſYL(Tŀ	HANK YOU LORD)		NSTEAD ROAD MOUNT, NC 2					
(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 000	INITIAL COMMENTS		V 000					
	An annual and follow up survey was completed on August 2, 2024. Deficiencies were cited.							
	This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.							
		sed for 3 and has a current urvey sample consisted of clients.						
V 290	27G .5602 Supervised Living - Staff		V 290					
	numbers specified of this Rule shall be enable staff to resp needs. (b) A minimum of of present at all times premises, except w habilitation plan doo capable of remainin without supervision as needed but not I the client continues the home or comm specified periods of (c) Staff shall be periods of (c) Sta	bs above the minimum in Paragraphs (b), (c) and (d) e determined by the facility to cond to individualized client one staff member shall be when any adult client is on the when the client's treatment or cuments that the client is ng in the home or community . The plan shall be reviewed ess than annually to ensure to be capable of remaining in unity without supervision for f time. resent in a facility in the f ratios when more than one client is present: or adolescents with substance all be served with a minimum t for every five or fewer minor pwever, only one staff need be ping hours if specified by the p procedures determined by						

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED R 08/02/2024	
		MHL064-107			08/	02/2024
NAME OF	PROVIDER OR SUPPLIER		DDRESS, CITY, ST NSTEAD ROAD			
TYL(TI	HANK YOU LORD)		MOUNT, NC 2			
(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 1 DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 290	Continued From page 1 (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary 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.		V 290			
	failed to ensure the habilitation plan do remain in the home supervision for spe audited clients (#2) Review on 8/2/24 o - admitted 3/1/04	eview and interview the facility e client's treatment or cumented that the client could e or community without cified periods of time for 1 of 3 . The findings are: of client #2's record revealed: 1 hizophrenia, Moderate				

If continuation sheet 2 of 4

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 08/02/2024	
		MHL064-107					
NAME OF P	ROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE			
「YL(TH	ANK YOU LORD)		NSTEAD ROAD MOUNT, NC 2				
(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 (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE	(X5) COMPLETI DATE	
V 290	Continued From pa	ge 2	V 290				
	- when asked if h community "yeah	ne still walked in the too hot"					
	 client #2 does r had 5 hours of home and commun would have the 	8/2/24 the Licensee reported: not go many places anymore unsupervised time in the ity Qualified Professional add he home and community					
V 513	27E .0101 Client Ri Alternative	ghts - Least Restrictive	V 513				
	that promote a safe These include: (1) using the appropriate settings (2) promoting skills that are altern self or others; (3) providing meaningful to the c (4) sharing of the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and re intervention. These (1) using the and	all provide services/supports and respectful environment. least restrictive and most and methods; coping and engagement atives to injurious behavior to choices of activities lients served/supported; and f control over decisions with sponsible person and staff. strictive intervention d to reduce a behavior shall anied by actions designed to espect during and after the					

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIE IDENTIFICATION NU MHL064-107		IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
					R	
		MHL064-107	B. WING		08/	02/2024
IAME OF F	PROVIDER OR SUPPLIER		DDRESS, CITY, ST			
「 Y L (Tŀ	IANK YOU LORD)		NSTEAD ROAD MOUNT, NC 2			
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V 513	Continued From pa	ge 3	V 513			
	failed to promote a environment for 3 of findings are: Observation and int of the facility reveal - top portion of th locked with a padlo During interview on reported: - awhile ago had - the client no lor - it was a habit to locked	on and interview the facility safe and respectful of 3 clients (#1, #2 & #3). The terview on 7/31/24 at 5:18pm ed: ne freezer on refrigerator was				

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