Division of Health Service Regulation

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL049-100	B. WING		08/21/2024
NAME OF PF	OVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE	
		3329 WII	NCHESTER LAN	E	
CAMELOT		STATES'	VILLE, NC 2862	5	
(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 000	INITIAL COMMENTS		V 000		
	An annual survey was 2024. Deficiencies we	s completed on August 21, ere cited.			
	category: 10A NCAC	d for the following service 27G .5600C Supervised Developmental Disabilities.			
	•	d for 3 and has a current rey sample consisted of ents.			
V 112	27G .0205 (C-D) Assessment/Treatme	nt/Habilitation Plan	V 112	V112	10/20/24
	PLAN (c) The plan shall be assessment, and in p legally responsible per of admission for clien receive services beyond (d) The plan shall incompose the projected date of achieved by provision projected date of achieved (a) strategies; (3) staff responsible; (4) a schedule for reannually in consultation responsible person of the projected achievement (b) written consent of the properties of the projected date of achievement (c) written consent of the projected date of achievement (d) written consent of the projected date	developed based on the artnership with the client or erson or both, within 30 days ts who are expected to and 30 days. Blude: I that are anticipated to be a of the service and a dievement; I view of the plan at least on with the client or legally r both; I to on or assessment of		The clinical team will hold a m team meeting with the psychologist to revise Client # BSP with new interventions ar preventions to address inappropriate toileting. The Qualified Professional will in-service the staff on the addended BSP. The clinical te will monitor through interaction assessments 2x a week for a period of 30 days and then on routine basis. In the future, the will mini team behaviors and ensure the BSP remains upda	am a e QP
Division of Head	th Service Regulation	SUPPLIER REPRESENTATIVE'S SIGNATUR	RE IDD	ΤΙΤΙΕ Regional Administrator 8	(X6) DATE /23/24

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Division of Health Service Regulation

	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO			E SURVEY PLETED
		MHL049-100	B. WING		08	3/21/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE,	ZIP CODE	·	
CAMELO	-	3329 WI	NCHESTER LANE			
CAMELO	l	STATES	VILLE, NC 28625			
(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 (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 1	V 112			
	strategy of independe	n, record review and refailed to implement the ently refraining for urinating the toilet for 1 of 3 current				
	bedroom revealed: -A strong odor of urin	24 at 4:08pm of client #1's e vith the 4th drawer that was				
	-An admission date of -Diagnoses of Moder. Vitamin D Deficiency. Unspecified, Bipolar I Disruptive Mood Dysl Bilateral, Unspecified Other Specified Urina of Leg Perthes -Age 45 -An assessment date stature, is ambulatory limp resulting from hig age 9, is healthy and likes to be active, use gestures and moving communicate, he can as well, however his statement of the statement of	ate Intellectual Disabilities, , Hypercholesterolemia, Disorder, Unspecified, regulation Disorder, Myopia, Asthma Uncomplicated and ary Incontinence and History d 7/8/05 noted "is short of v although he walks with a p replacement surgery at wears prescription glasses, es his facial expressions, toward or away to a communicate with words				

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Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO		(X3) DATE SURV COMPLETED	
		MHL049-100	B. WING		08/21/2	024
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE		
		3329 WII	NCHESTER LANE			
CAMELOT	Г		VILLE, NC 28625			
(X4) ID	SUMMARY ST	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF	CORRECTION	(X5)
PREFIX TAG	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE THE APPROPRIATE	DATE
V 112	Continued From page	e 2	V 112			
	three words, likes so enjoys going on com agitated when staff a not preferences, can a supervised area who during tantrum behave personal boundaries will go through states frequent portions of frespecially at night." -A treatment plan dat independently refrain other than the toilet (The facility staff failed	cializing with others and munity outings, may get sks him to do things that are escalate quickly, may leave nen upset, and is more likely vior and staff should help set between him and his peers, s where his is likely to take				
	revealed: -A Behavior Support "Inappropriate Toiletin accidents i.e. on hims shower, in clothes had of room, etc, Strategin him for reminders to his day. With age and times accidents may neutral regardless of clean his room, provi and organize in a rearemain neutral when him to clean the area independence as posattention, through tall other staff in front of soiled linens or clothi with cleaners to limit constant supervision	Plan dated 11/1/23 noted ng: Intentional toileting self, in the closet, in the amper, in the bathtub, corner les include: routinely prompt use the bathroom throughout dimedical complications, at be unintentional, remain intent, daily assist Eric to de support to sort, discard asonable manner daily, he has accidents. Prompt a or items with a much esible, refrain from negative king about his misbehavior to Eric, Assist him to laundering immediately, assist him odor as needed, provide when using agents, take advantage of				

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	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL049-100	B. WING		08/21/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, STA	TE, ZIP CODE	
CAMELO	-	3329 WING	CHESTER LAN	E	
CANILLO		STATESVI	LLE, NC 28625	5	
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 112	Continued From page	e 3	V 112		
	and moving and limit activity to prompt the	interrupting of a preferred bathroom, if able. Attempt to niture that are durable and			
	-Was unable to make	with client #2 revealed: any statements related to ne in his bedroom and why as missing.			
	-"It has gotten worse -"[Client #1] urinated that is why his drawe	ealed: had a strong odor of urine over the last few weeks." in his dresser drawer and			
	-"The goals and strate	with staff #1 revealed: egies were are using are not eed on his floor last week dresser drawers."			
	-Client #1's room sma -Reminded client #1 t -"We work together to do it to keep his indep water with [a cleaner' cleaner's name] to ma even pull out his dres and do his laundry da room first and then I g				
		ent #1's psychiatrist again d, the psychiatrist suggested			

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Division of Health Service Regulation

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
AND PLAN C	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETED
		MHL049-100	B. WING		08/21/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE	
	_	3329 WIN	CHESTER LANI	Ē	
CAMELOT	Ī	STATESV	LLE, NC 28625	5	
(X4) ID	SUMMARY ST.	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	N (X5)
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
V 112	Continued From page	e 4	V 112		
	nocitivo roinforcomon	nt. If [client #1] did not urinate			
		e would be rewarded"			
	Interview on 8/21/24	with the Qualified			
	Professional revealed	d:			
	-"[Client #1]'s treatme	ent plan was written by the			
	care coordinator and				
		ve a mini team meeting to			
	· · · · · · · · · · · · · · · · · · ·	, and we plan to meet with			
	the psychiatrist because it is a behavior and not medically related"				
	-"[The GHM] said [client #1]'s urinating (in other				
		ilet) has gotten worse"			
		ystem and staff are to check			
		itesthe staff are also to			
		amperwe are trying to nues to see what will help			
	•	er mattress covers in the			
		aff is documenting when they			
		.staff is supposed to assist			
		ng daily and practicing good			
	hygiene"				
V 114	27G .0207 Emergeno	cy Plans and Supplies	V 114		
	10A NCAC 27G .020 AND SUPPLIES	7 EMERGENCY PLANS			
		develop a written fire plan			
		nd shall make a copy of			
	these plans available				
		ncy services agencies upon			
		nall include evacuation			
	procedures and route				
		e made available to all staff edures and routes shall be			
	posted in the	Guires and Toutes Shall De			
	facility.				
		drills in a 24-hour facility			
		quarterly and shall be			

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER.	A. BUILDING: _		COMPL	EIED
		MHL049-100	B. WING		08/2	21/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE		
CAMELOT	г		HESTER LANI .LE, NC 28625			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 114	Continued From page	e 5	V 114			
	repeated for each shi Drills shall be conduct simulate the facility's emergencies. (d) Each facility shall accessible for use. This Rule is not met Based on record revie	ift. Ited under conditions that response to fire have a first aid kit as evidenced by: ews and interviews, the		V114 The Safety Chairperson will in-service the Direct Support Supervisor on completing disast drills and fire drills. The Safety chairperson will ensure these ar turned in monthly as they review safety assessments. In the futur Direct Support Supervisor will enall fire drills and disaster drills are completed as scheduled monthly.	re v their re, the nsure re	10/20/24
	•	uct fire and disaster drills shift. The findings are:				
	August 2023 to July 2 -Fire Drills: 7/9/24 at 2 4/10/24 3:00pm, 3/6/2 1/11/24 2:26pm, 12/1 6:25pm, 10/10/23 8:2 8/10/23 6:45pm -No documentation of June 2024Disaster Drills: 7/10/2 4/10/24 8:16am, 3/5/2 1/9/24 8:15am, 12/10 6:40pm, 10/9/23 8:15 8/10/23 6:03pm	2:00pm, 5/7/24 5:45pm, 24 2:05am, 2/7/24 7:00pm, 2/23 2:02am, 11/8/23 20am, 9/3/23 12:00 am, f a fire drill conducted in 24 8:12am, 5/5/24 12:35pm, 24 8:15pm, 2/7/24 7:35pm,				
	-"I have only done a	ten fire and disaster drills				

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
AND PLAN (OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLETE	ED
		MHL049-100	B. WING		08/21/2	2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CAMELOT	<u>-</u>	3329 WING	CHESTER LAN	E		
CAMELOT		STATESVI	LLE, NC 28625	5		
(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 APPROP DEFICIENCY)	BE	(X5) COMPLETE DATE
V 114	Continued From page	e 6	V 114			
	Interview on 8/21/24 and -When it came to condrills at the facility, states or I don't know how the facility of the facility of the facility, states or I don't know how the facility of the f	with staff #2 revealed: ducting fire and disaster aff #2 stated " I just started, he staff usually does it. We r or five times. I have been nown what to do" with the GHM revealed: ter) are done month and We run them on each shift. the Vocational Instructor. No s. I will monitor the new de documentation for a fire the month of June 2024. with the Qualified realed: ter) are conducted every ow"				
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	maintained in an attra					
	Observations on 8/20	/24 from 4:01pm to 4:33pm				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE S	
701012701	or dorate of the transfer of t	IDENTIFICATION TO A TOTAL TOTAL TO A TOTAL TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TO A TOTAL TOTAL TO A TOTAL T	A. BUILDING: _		001111	
		MHL049-100	B. WING		08/2	21/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CAMELO	г		CHESTER LAN			
			LLE, NC 2862			
(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 APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE
V 736	Continued From page	e 7	V 736			
V 730	of the facility and its of a The side door to the the lower frame. The kitchen counters was in need of repair and the refrigerator's bladetached from the fractor and the air return filter and the side and the side and the air return filter and the side and the sid	grounds revealed: facility had dirt build up on shad deep scratches and ack sealant was loose and ame. Indigrill had dust buildup. Is switch plate cover was India a strong odor of urine. Indigrill directly dire	V 730	The Business Manager will wor the Landlord to make all necess repairs. The clinical team will m through monthly environmental assessments. In the future, the Business Manager will ensure a work orders are completed in a manner.	sary onitor all	10/20/24
		with staff #2 revealed: repairs needed (in the				

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) DATE SI COMPLE			
		MHL049-100	B. WING		08	/21/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STAT	E, ZIP CODE		
CAMELO	г		CHESTER LANE ILLE, NC 28625			
(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 T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	facility)just the urine roomwhen I am the smell nice. " -"I heard they were go They are scratched use Interview on 8/21/24 Manager revealed: -"[Client #2] did state 'his room smells' reference 'The staff go into [client map and then they mused [a name of a cleen cleaner] and encourabathroom" -"The counters (count (scratched) for a little landlord about it. He statem this yeartowar (2023) was when I not on the side of the door I will put a work order closet door." Interview on 8/21/24 Professional revealed Client #1 urinated in "[Client #1] has ment room does not smell gassist him with cleanimentioned it (urine of few times. I have spoabout practicing good daily." -"I am thinking becaut that the landlord isn't	e smell in [client #1]'s re, I try to make the facility bing to replace the counters. p" with the Group Home to me in a meeting one day, rring to [client #1]'s room" ent #1]'s bedroom, let him op behind himwe have aner], [another name of a ge him to go to the ters) have been that way bit. I have talked to the said he would purchase ds the end of last year ticed itthe fridge (sealant or) just came loose recently. in for it and for [client #3]'s with the Qualified bithis dresser drawer. Itioned once or twice that his good. Staff is supposed to	V 736			

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