STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	INITIAL COMMENTS An annual and complaint survey was completed on 8/21/24. The complaints were substantiated (intake #NC00218424, intake #NC00218593). Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living. This facility is licensed for 3 and has a current census of 1. The survey sample consisted of audits of 1 current client and 1 former client.	V 000		
V 132	G.S. 131E-256(G) HCPR-Notification, Allegations, & Protection G.S. §131E-256 HEALTH CARE PERSONNEL REGISTRY (g) Health care facilities shall ensure that the Department is notified of all allegations against health care personnel, including injuries of unknown source, which appear to be related to any act listed in subdivision (a)(1) of this section. (which includes: a. Neglect or abuse of a resident in a healthcare facility or a person to whom home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. b. Misappropriation of the property of a resident in a health care facility, as defined in subsection (b) of this section including places where home care services as defined by G.S. 131E-136 or hospice services as defined by G.S. 131E-201 are being provided. c. Misappropriation of the property of a healthcare facility. d. Diversion of drugs belonging to a health care facility or to a patient or client. e. Fraud against a health care facility or against	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 1	V 132		

a patient or client for whom the employee is providing services).
Facilities must have evidence that all alleged acts are investigated and must make every effort to protect residents from harm while the investigation is in progress. The results of all investigations must be reported to the Department within five working days of the initial notification to the Department.

This Rule is not met as evidenced by:
Based on record review and interviews, the facility failed to report allegations of neglect for 1 of 3 paraprofessionals (Alternative Family Living (AFL) Provider) to the Health Care Personnel Registry (HCPR) failed to protect the client (Former Client #1) from harm pending an investigation. The findings are:

Review on 8/13/24 of FC #1's record revealed:
-Admitted 2/12/24.
-Age 18 years at time of survey; 17 years at time of incident.
-Discharged 6/7/24.
-Medical history of ongoing gastrointestinal problems and was receiving pelvic floor therapy weekly.
-Diagnoses: Autism, Mild Intellectual Developmental Disability.
-Treatment plan dated 7/1/24, "...requires close supervision when in the community and anywhere in public due to a history of and current risk of him inappropriately touching someone...I require constant supervision to ensure I am safe and that others around me are kept safe as well..."
-No documentation to indicate that FC #1 was able to be left alone without appropriate supervision.

Review on 8/13/24 of the AFL Provider's

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 2 personnel record revealed: -Hired 11/9/16. -AFL Provider. Review on 8/13/24 and 8/14/24 of the facility's incidents reports revealed: -Had no incident report for FC #1 who was alone in the facility with AFL Provider's underage son. -No HCPR report for the AFL Provider leaving FC #1 alone in the facility. Review on 8/13/24 of the Incident Response Improvement System (IRIS) 1/1/24-8/13/24 revealed: -No incident reports. Review on 8/15/24 of the facility's "Complaint and Investigation" document revealed: -Was not dated or signed. -"-[FC #1] resides with [AFL Provider] in a Level 4 AFL placement. [FC #1] reported to the Guardian ad Litem (GAL) that on Saturday 6/8/2024, he was left alone with [AFL Provider's] 15-year-old son, [AFL Provider's son].. [FC #1] reported that [AFL Provider] had left early in the morning to work on his food truck. [FC #1] requires 24/7 supervision by an adult (over 18) that is approved as either the AFL provider or a backup staff....[FC #1] experienced severe abdominal pain on 6/8/24,. This pain increased to a level in which [FC #1] reported it was unbearable and that he needed to go to the hospital. As reported by [FC #1], he and [AFL Provider's son] attempted to call [AFL Provider] several times but were unable to reach him. [FC #1] was transported to the Emergency Room by [AFL Provider's brother (Staff #3)] at about 7 or 8pm. According to medical records, it was noted by his DSS RN (Department of Social Services Registered Nurse), [DSS RN], that [FC #1]	V 132		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 3	V 132		

seemed to have been treated for shock upon arrival to the ER (Emergency Room) and he required critical care. [FC #1] had a blockage in his gallbladder. [FC #1] had surgery to remove the blockage on Sunday 6/9 (2024). He then required a second surgery on Sunday 6/10 (2024) to remove the entire gallbladder due to the gallbladder being inflamed and infected..."

Review on 8/21/24 of "Update to Individual Support Plan" meeting note dated 6/24/24 revealed:
-"[FC #1] had been residing in an AFL with The Kids' Workshop (Licensee) but due to an allegation of neglect, he (FC #1) cannot return to the home."

Interview on 8/16/24 with FC #1 revealed:
-On 6/8/24, the AFL Provider and Staff #2 left him alone, in the facility, playing video games with the AFL Provider's underage son.
-"[Staff #2] was not there (at facility). I had a stomachache, and I was home with [AFL Provider's son]."
-"They (AFL Provider and Staff #2) would leave me at home by myself when they went to work on the food truck."
-Was left alone often on the weekends while the AFL Provider and Staff #2 worked on the food truck.

Interview on 8/15/24 with the AFL Provider revealed:
-Denied he had ever left FC #1 alone in the facility.

Interview on 8/14/24 and 8/20/24 with the Owner/Licensee revealed:
-"Staff is responsible for reporting, if it's a regular incident. We don't consider going to the hospital

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 132	Continued From page 4 as an incident, only if they get hurt or because of neglect or something like that." -"The HCPR is usually done within IRIS, so that would be [CD]'s responsibility." -Internal investigations "typically, it's either [CD] or me." -"I did the investigation for this one (the allegation of FC #1 being left alone in the facility)." -"Typically, when we do internal investigation, it's usually I talk to all the parties involved to get their understanding on things. That's what I do. I did not talk to any medical staff." -Gathered information "from talking to [FC #1], [AFL Provider]. I don't remember if I talked directly to [Staff #2]." -FC #1 was discharged while hospitalized. -"[FC #1] didn't go back to the home (AFL facility), so no, (the AFL Provider was not removed from duties), he was not an AFL Provider, and [FC #1] was the only one he was providing (services) for." -Had not reported to IRIS and HCPR regarding the allegation involving the AFL Provider leaving FC #1 alone in the facility.	V 132		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients.	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 5 Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 6 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL). This Rule is not met as evidenced by: Based on record reviews and interviews the facility failed to operate within the scope of which they were licensed affecting 1 of 1 clients (#2). The findings are: Review on 8/13/24 of the facility's license in Division of Health Service Regulation's (DHSR) records revealed: -Facility was licensed as a 5600 F-Supervised Living: Alternative Family Living (AFL) in a Private Residence with a capacity of 3. Review on 8/20/24 of Facility records revealed: -Local management entity waiver ("Clinical Coverage Policy No: 8-P") that pertained to funding and services but not licensure of rules. Review on 8/13/24 of Client #2's record revealed: -Admitted 7/6/24. -Age 27. -Diagnoses: Moderate Intellectual Disability; Down Syndrome, Unspecified; Attention Deficit Hyperactivity Disorder, Predominately Inattentive Type; Congenital Hydrocephalus, Unspecified; Artesia of Foramina of Hagedine and Luschka; Epilepsy, Unspecified, Not Intractable, with Status Epilepticus; Impacted Cerumen, Bilateral; Other	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 7 Specified Epidermal Thickening; Other Specified Abnormal Findings of Blood Chemistry; Cerebra Cyst; Klinefelter Syndrome Karyotype 47, XXY. Interview on 8/21/24 with Client #2 revealed: -Resided with the AFL "less than a month." Interview on 8/14/24 and 8/15/24 with the AFL Provider revealed: -Reported no AFL clients in the facility. -"I still do respite for the company (Licensee)." -Reported one respite client (Client #2) in the facility at the time of this survey. -"I agreed to the temporary placement (FC #1) which turned in to 4-5 months." -"I thought as a licensed home I could do respite." -"[Assistant Director] authorized me to provide respite." Interview on 8/14/24 with the Assistant Director revealed: -The AFL Provider had a respite client (Client #2) who had been in the facility for "about 2 weeks." Further interview on 8/21/24 with the Assistant Director revealed: -"He (AFL Provider) is not a respite provider. He was already working with [Client #2] as a community support provider ...[Client #2] has been approved for AFL, so he will be a client in the AFL home (facility) beginning 9/1/24." -Client #2 went to stay with the AFL Provider to see if it was a good fit. Interview on 8/15/24 with the Clinical Director revealed: -"I work with [Client #2]." -"[Client #2]'s mom, who also works for The Kids Workshop (Licensee), had a situation with [Client #2] and asked if anyone was available for respite.	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 289	Continued From page 8 She (Client #2's mother) asked for [AFL Provider]." -"When someone (an AFL Provider) is doing that (providing respite), they are getting to know the person (client). He (AFL Provider) has been tending to him [Client #2] for 2 weeks." -"His (Client #2's) care manager is aware." -"Since the house (AFL facility) is licensed, he (Client #2) will become an AFL resident and will start (AFL services) within the next week. This was done as a segue from respite to AFL once the care manager approves and this gives the care manager time to review the house (facility)." Interview on 8/20/24 with Owner/Licensee revealed: -"You don't have to be licensed to do respite. It's not a requirement." -"We have tons of folks that provide respite." -"If he (AFL Provider) wants to provide respite in his own home, you're saying he can't do that? I have never heard that before." -"He (AFL Provider) might have respite if an individual is trying to come to his home (facility). We do respite first (as a temporary or trial placement)." -"We operate under a waiver." -Owner/Licensee provided facility copy of document "Clinical Coverage Policy No: 8-P" (local management entity "waiver") that pertained to funding and payment for respite services. -Did not provide a waiver of licensure rules from the Division of Health Services Regulation prior to exit.	V 289		
V 366	27G .0603 Incident Response Requirements 10A NCAC 27G .0603 INCIDENT RESPONSE REQUIREMENTS FOR	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 9 CATEGORY A AND B PROVIDERS (a) Category A and B providers shall develop and implement written policies governing their response to level I, II or III incidents. The policies shall require the provider to respond by: (1) attending to the health and safety needs of individuals involved in the incident; (2) determining the cause of the incident; (3) developing and implementing corrective measures according to provider specified timeframes not to exceed 45 days; (4) developing and implementing measures to prevent similar incidents according to provider specified timeframes not to exceed 45 days; (5) assigning person(s) to be responsible for implementation of the corrections and preventive measures; (6) adhering to confidentiality requirements set forth in G.S. 75, Article 2A, 10A NCAC 26B, 42 CFR Parts 2 and 3 and 45 CFR Parts 160 and 164; and (7) maintaining documentation regarding Subparagraphs (a)(1) through (a)(6) of this Rule. (b) In addition to the requirements set forth in Paragraph (a) of this Rule, ICF/MR providers shall address incidents as required by the federal regulations in 42 CFR Part 483 Subpart I. (c) In addition to the requirements set forth in Paragraph (a) of this Rule, Category A and B providers, excluding ICF/MR providers, shall develop and implement written policies governing their response to a level III incident that occurs while the provider is delivering a billable service or while the client is on the provider's premises. The policies shall require the provider to respond by: (1) immediately securing the client record by: (A) obtaining the client record;	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 10	V 366		

(B) making a photocopy;
(C) certifying the copy's completeness; and
(D) transferring the copy to an internal review team;
(2) convening a meeting of an internal review team within 24 hours of the incident. The internal review team shall consist of individuals who were not involved in the incident and who were not responsible for the client's direct care or with direct professional oversight of the client's services at the time of the incident. The internal review team shall complete all of the activities as follows:
(A) review the copy of the client record to determine the facts and causes of the incident and make recommendations for minimizing the occurrence of future incidents;
(B) gather other information needed;
(C) issue written preliminary findings of fact within five working days of the incident. The preliminary findings of fact shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different; and
(D) issue a final written report signed by the owner within three months of the incident. The final report shall be sent to the LME in whose catchment area the provider is located and to the LME where the client resides, if different. The final written report shall address the issues identified by the internal review team, shall include all public documents pertinent to the incident, and shall make recommendations for minimizing the occurrence of future incidents. If all documents needed for the report are not available within three months of the incident, the LME may give the provider an extension of up to three months to submit the final report; and
(3) immediately notifying the following:

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 11 (A) the LME responsible for the catchment area where the services are provided pursuant to Rule .0604; (B) the LME where the client resides, if different; (C) the provider agency with responsibility for maintaining and updating the client's treatment plan, if different from the reporting provider; (D) the Department; (E) the client's legal guardian, as applicable; and (F) any other authorities required by law. This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to implement written policies governing their response to Level III the incidents as required. The findings are: Review on 8/13/24 of FC #1's record revealed: -Admitted 2/12/24. -Age 18 years at time of survey; 17 years at time of incident. -Discharged 6/7/24. -Medical history of ongoing gastrointestinal problems and was receiving pelvic floor therapy weekly -Diagnoses: Autism, Mild Intellectual Developmental and Disability. Review on 6/24/24 of the Incident Response Improvement System (IRIS) from 1/1/24 to 6/24/24 revealed:	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 12 -No level III incident report for allegation that Former Client #1 (FC#1) had been left alone with a minor child in the Alternative to Family Living (AFL) facility and had a medical crisis. -No documentation the Local Management Entity/Managed Care Organization (LME/MCO) were notified. Review on 8/15/24 of the facility's "Complaint and Investigation" document revealed: -Was not dated or signed. -"-[FC #1] resides with [AFL Provider] in a Level 4 AFL placement. [FC #1] reported to the Guardian ad Litem (GAL) that on Saturday 6/8/2024, he was left alone with [AFL Provider's] 15-year-old son, [AFL Provider's son].. [FC #1] reported that [AFL Provider] had left early in the morning to work on his food truck. [FC #1] requires 24/7 supervision by an adult (over 18) that is approved as either the AFL provider or a backup staff....[FC #1] experienced severe abdominal pain on 6/8/24,. This pain increased to a level in which [FC #1] reported it was unbearable and that he needed to go to the hospital. As reported by [FC #1], he and [AFL Provider's son] attempted to call [AFL Provider] several times but were unable to reach him. [FC #1] was transported to the Emergency Room by [AFL Provider's brother (Staff #3)] at about 7 or 8pm. According to medical records, it was noted by his DSS RN (Department of Social Services Registered Nurse), [DSS RN], that [FC #1] seemed to have been treated for shock upon arrival to the ER (Emergency Room) and he required critical care. [FC #1] had a blockage in his gallbladder. [FC #1] had surgery to remove the blockage on Sunday 6/9 (2024). He then required a second surgery on Sunday 6/10 (2024) to remove the entire gallbladder due to the gallbladder being inflamed and infected..."	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 13 Review on 8/21/24 of "Update to Individual Support Plan" meeting note dated 6/24/24 revealed: -"[FC #1] had been residing in an AFL with The Kids' Workshop (Licensee) but due to an allegation of neglect, he cannot return to the home." Interview on 8/15/24 with the AFL Provider revealed: -Denied an incident when FC #1 was left alone in the facility. -Reported there were no internal investigations. Interview on 8/14/24 and 8/20/24 with the Owner/Licensee revealed: -"We don't consider going to the hospital as an incident, only if they get hurt or because of neglect or something like that." -"The HCPR is usually done within IRIS, so that would be [Clinical Director (CD)] responsibility." -Internal investigations "typically, it's either [CD] or me." -"I did the investigation for this one (the allegation of FC #1 being left alone in the facility). Typically, when we do internal investigation, it's usually I talk to all the parties involved to get their understanding on things. That's what I do. I did not talk to any medical staff." -Gathered information "from talking to [FC #1], [AFL Provider]. I don't remember if I talked directly to [Staff #1]." -"[FC #1] didn't go back to the home (AFL facility), so no, (the AFL Provider was not removed from duties), he was not an AFL Provider, and [FC #1] was the only one he was providing (services) for." -Was responsible for ensuring investigations and incident reports were completed. -Failed to attend to the health and safety needs of	V 366		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 366	Continued From page 14 the client involved in the incident. -Failed to determine the cause of the incident. -Failed to develop and implement corrective measures. -Failed to develop and implement measures to prevent similar incidents from occurring. -Failed to assign person(s) to be responsible for implementation of the corrections and preventive measures.	V 366		
V 367	27G .0604 Incident Reporting Requirements 10A NCAC 27G .0604 INCIDENT REPORTING REQUIREMENTS FOR CATEGORY A AND B PROVIDERS (a) Category A and B providers shall report all level II incidents, except deaths, that occur during the provision of billable services or while the consumer is on the providers premises or level III incidents and level II deaths involving the clients to whom the provider rendered any service within 90 days prior to the incident to the LME responsible for the catchment area where services are provided within 72 hours of becoming aware of the incident. The report shall be submitted on a form provided by the Secretary. The report may be submitted via mail, in person, facsimile or encrypted electronic means. The report shall include the following information: (1) reporting provider contact and identification information; (2) client identification information; (3) type of incident; (4) description of incident; (5) status of the effort to determine the cause of the incident; and (6) other individuals or authorities notified or responding.	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 15 (b) Category A and B providers shall explain any missing or incomplete information. The provider shall submit an updated report to all required report recipients by the end of the next business day whenever: (1) the provider has reason to believe that information provided in the report may be erroneous, misleading or otherwise unreliable; or (2) the provider obtains information required on the incident form that was previously unavailable. (c) Category A and B providers shall submit, upon request by the LME, other information obtained regarding the incident, including: (1) hospital records including confidential information; (2) reports by other authorities; and (3) the provider's response to the incident. (d) Category A and B providers shall send a copy of all level III incident reports to the Division of Mental Health, Developmental Disabilities and Substance Abuse Services within 72 hours of becoming aware of the incident. Category A providers shall send a copy of all level III incidents involving a client death to the Division of Health Service Regulation within 72 hours of becoming aware of the incident. In cases of client death within seven days of use of seclusion or restraint, the provider shall report the death immediately, as required by 10A NCAC 26C .0300 and 10A NCAC 27E .0104(e)(18). (e) Category A and B providers shall send a report quarterly to the LME responsible for the catchment area where services are provided. The report shall be submitted on a form provided by the Secretary via electronic means and shall include summary information as follows: (1) medication errors that do not meet the definition of a level II or level III incident;	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 16 (2) restrictive interventions that do not meet the definition of a level II or level III incident; (3) searches of a client or his living area; (4) seizures of client property or property in the possession of a client; (5) the total number of level II and level III incidents that occurred; and (6) a statement indicating that there have been no reportable incidents whenever no incidents have occurred during the quarter that meet any of the criteria as set forth in Paragraphs (a) and (d) of this Rule and Subparagraphs (1) through (4) of this Paragraph. This Rule is not met as evidenced by: Based on record review and interviews the facility failed to submit Level III incident reports to the LME/Managed Care Organization (LME/MCO) within 72 hours as required. The findings are: Review on 8/13/24 of FC #1's record revealed: -Admitted 2/12/24. -Age 18 years at time of survey; 17 years at time of incident. -Discharged 6/7/24. -Medical history of ongoing gastrointestinal problems and was receiving pelvic floor therapy weekly. -Diagnoses: Autism, Mild Intellectual Developmental and Disability. Review on 6/24/24 of the Incident Response Improvement System (IRIS) from 1/1/24 to	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 17 6/24/24 revealed: -No level III incident report for allegation that Former Client #1 (FC#1) had been left alone with a minor child in the Alternative to Family Living (AFL) facility and had a medical crisis. -No documentation the LME/MCO were notified. Review on 8/15/24 of the facility's "Complaint and Investigation" document revealed: -Was not dated or signed. -"-[FC #1] resides with [AFL Provider] in a Level 4 AFL placement. [FC #1] reported to the Guardian ad Litem (GAL) that on Saturday 6/8/2024, he was left alone with [AFL Provider's] 15-year-old son, [AFL Provider's son].. [FC #1] reported that [AFL Provider] had left early in the morning to work on his food truck. [FC #1] requires 24/7 supervision by an adult (over 18) that is approved as either the AFL provider or a backup staff....[FC #1] experienced severe abdominal pain on 6/8/24,. This pain increased to a level in which [FC #1] reported it was unbearable and that he needed to go to the hospital. As reported by [FC #1], he and [AFL Provider's son] attempted to call [AFL Provider] several times but were unable to reach him. [FC #1] was transported to the Emergency Room by [AFL Provider's brother (Staff #3)] at about 7 or 8pm. According to medical records, it was noted by his DSS RN (Department of Social Services Registered Nurse), [DSS RN], that [FC #1] seemed to have been treated for shock upon arrival to the ER (Emergency Room) and he required critical care. [FC #1] had a blockage in his gallbladder. [FC #1] had surgery to remove the blockage on Sunday 6/9 (2024). He then required a second surgery on Sunday 6/10 (2024) to remove the entire gallbladder due to the gallbladder being inflamed and infected..."	V 367		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 367	Continued From page 18 Interview on 8/15/24 with the AFL Provider revealed: -Did not do incident report. -"[CD] and [Assistant Director]" are responsible for incident reporting. Interview on 8/20/24 with the CD revealed: -Had not submitted an incident report. -Was not aware of whether the incident or allegation had been reported in IRIS and HCPR. -Was not aware of whether the incident or allegation had been reported to LME/MCO. Interview on 8/14/24 and 8/20/24 with the Owner/Licensee revealed: -"Staff is responsible for reporting, if it's a regular incident. We don't consider going to the hospital as an incident, only if they get hurt or because of neglect or something like that." -"The HCPR is usually done within IRIS (Incident Response Improvement System), so that would be [Clinical Director's] (CD) responsibility." -Thought staff/CD had submitted report in IRIS and HCPR. -Had not reported to IRIS and HCPR regarding allegation involving the AFL Provider and FC #1's being alone in the facility. -Was responsible for ensuring incident reports were completed. -Failed to submit a level III incident report for the allegation that AFL Provider left FC #1 alone in the facility without appropriate supervision when he was in medical crisis.	V 367		
V 512	27D .0304 Client Rights - Harm, Abuse, Neglect 10A NCAC 27D .0304 PROTECTION FROM HARM, ABUSE, NEGLECT OR EXPLOITATION (a) Employees shall protect clients from harm,	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 19	V 512		

abuse, neglect and exploitation in accordance with G.S. 122C-66.
(b) Employees shall not subject a client to any sort of abuse or neglect, as defined in 10A NCAC 27C .0102 of this Chapter.
(c) Goods or services shall not be sold to or purchased from a client except through established governing body policy.
(d) Employees shall use only that degree of force necessary to repel or secure a violent and aggressive client and which is permitted by governing body policy. The degree of force that is necessary depends upon the individual characteristics of the client (such as age, size and physical and mental health) and the degree of aggressiveness displayed by the client. Use of intervention procedures shall be compliance with Subchapter 10A NCAC 27E of this Chapter.
(e) Any violation by an employee of Paragraphs (a) through (d) of this Rule shall be grounds for dismissal of the employee.

This Rule is not met as evidenced by:
Based on record reviews and interviews, 1 of 3 paraprofessional staff (Alternative Family Living (AFL) Provider) neglected 1 of 2 audited former clients (FC #1). The findings are:

Review on 8/13/24 of FC #1's record revealed:
-Admitted 2/12/24.
-Age 18 years at time of survey; 17 years at time of incident.
-Discharged 6/7/24.
-Medical history of ongoing gastrointestinal problems and was receiving pelvic floor therapy weekly.
-Diagnoses: Autism, Mild Intellectual

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 20	V 512		

Developmental Disability.
-Treatment plan dated 7/1/24, "...requires close supervision when in the community and anywhere in public due to a history of and current risk of him inappropriately touching someone...I require constant supervision to ensure I am safe and that others around me are kept safe as well..."

Review on 8/13/24 of the AFL Provider's personnel record revealed:
-Hired 11/9/16.
-AFL Provider.

Review on 8/13/24 and 8/14/24 of the facility's incident reports revealed:
-Had no incident reports.
-"Complaint and Investigation" document.

Review on 8/15/24 of the facility's "Complaint and Investigation" document provided by Owner/Licensee revealed:
-Was not dated or signed.
-"-[FC #1] resides with [AFL Provider] in a Level 4 AFL placement. [FC #1] reported to the Guardian ad Litem (GAL) that on Saturday 6/8/2024, he was left alone with [AFL Provider's] 15-year-old son, [AFL Provider's son].. [FC #1] reported that [AFL Provider] had left early in the morning to work on his food truck. [FC #1] requires 24/7 supervision by an adult (over 18) that is approved as either the AFL provider or a backup staff. Supervision levels are documented in his ISP (Individual Service Plan), RSNA (unknown), and SIS (Supports Intensity Scale).
[FC #1] experienced severe abdominal pain on 6/8/24,. This pain increased to a level in which [FC #1] reported it was unbearable and that he needed to go to the hospital. As reported by [FC #1], he and [AFL Provider's son] attempted to call [AFL Provider] several times but were unable to

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 21 reach him. [FC #1] was transported to the Emergency Room by [AFL Provider's brother (Staff #3)] at about 7 or 8pm. According to medical records, it was noted by his DSS RN (Department of Social Services Registered Nurse), [DSS RN], that [FC #1] seemed to have been treated for shock upon arrival to the ER (Emergency Room) and he required critical care. [FC #1] had a blockage in his gallbladder. [FC #1] had surgery to remove the blockage on Sunday 6/9 (2024). He then required a second surgery on Sunday 6/10 (2024) to remove the entire gallbladder due to the gallbladder being inflamed and infected. -This Care Manager (CM), [CM], contacted Clinical Director (CD), [Assistant Director], via phone call on 6/11 (2024)to discuss this. [Assistant Director] immediately added the AFL provider, [AFL Provider], to have a conference call. The AFL provider then reported that during [FC #1]'s weekly pelvic PT (Physical Therapy) appointment on Friday 6/7 (2024), that [FC #1] was reporting stomach pain. The PT instructed them to go to the hospital. No additional information was given as to why this did not occur. The AFL provider reported that [FC #1] had called him, then stated that [FC #1] called him from his upstairs bedroom. [FC #1] reported continued stomach pain. AFL provider stated he was the one who transported [FC #1] to the hospital (not his brother) at around 7 or 8pm on Saturday 6/8 (2024). -This CM then contacted [Assistant Director] a second time via phone call to then discuss the specific reports received in the initial email report from the Guardian ad Litem (GAL). The provider reported that the AFL provider does have a son who is employed by the agency, but it could not be [AFL Provider's son] because he is 15 years old.	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 22	V 512		

Based on Investigation:
Spoke with [FC #1] and [AFL Provider] [Staff #2]
[FC #1]: Did not know [Staff #2] was upstairs but agreed he does not always know if she is there because she stays in her room. He did see her in the house later in the day.
[Staff #2]: She said she was napping in her room.
Conclusion:
At the time in question, [AFL Provider] was not present at home. However, [Staff #2], [AFL Provider's] live-in girlfriend (Staff #2), was at the residence. [Staff #2] was in her room with the door closed. As the designated home backup and a trained staff member with The Kids Workshop (Licensee), she (Staff #2) was available to assist if needed."

Review on 8/21/24 of "Update to Individual Support Plan (ISP)" meeting note dated 6/24/24 revealed:
-FC #1 was still "in the hospital awaiting residential placement."
-Had been "ready for discharge for nearly 2 weeks."
-"[FC #1] had been residing in an AFL with The Kids' Workshop (Licensee) but due to an allegation of neglect, he cannot return to the home."

Interview on 8/16/24 with FC #1 revealed:
-Reported everything was going good at the facility until "that day" (6/8/24).
-"They would leave me at home by myself when they went to work on the food truck."
-"He [AFL Provider] started threatening me. He said he was going to 'knock my f*****g head off.'"
-"I had a stomachache, and I was home with [AFL Provider's son]."
-"I told [AFL Provider's son] to call his dad because I was not feeling good. He (AFL

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 23	V 512		

Provider) did not answer, so [AFL Provider's son] called his uncle (Staff #3)."
-"His (AFL Provider's son) uncle (Staff #3) took me to the hospital, and he (AFL Provider) met us there."
-"[Staff #2] was not there."
-The AFL Provider's kids did not live in the facility, "they were visiting."
-AFL Provider left him (FC #1) "alone often on the weekends to work on the food truck."

Interview on 8/14/24 with the Guardian ad Litem (GAL) revealed:
-Had been GAL for several years.
-Interviewed FC #1 in the hospital. FC #1 reported he had been left alone in the facility with the AFL Provider's son and reported he was left in the facility alone frequently.
-Had shared her concern in the treatment team meeting about FC #1 being left alone in the facility.
-The AFL Provider and his fiancé (Staff #2) were working on the food truck, and it was reported frequently that FC #1 was left alone without adult supervision.
-FC #1 reported he "began to feel bad (on 6/8/24), thought he was going to die" and was told by the AFL Provider's son to "man up."
-The AFL's Provider's brother (Staff #3) provided transportation for FC #1 from the facility to the local hospital emergency room.
-The AFL Provider "tried to threaten or persuade [FC #1] not to tell" that he had been alone in the facility.
-Hospital staff was aware of the AFL Provider's threat to tell that FC #1 "had stolen from a neighbor's house" if he (FC #1) told that he was left alone.
-Indicated that FC #1's being left alone on 6/8/24 was not an isolated incident.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 24 -"The Provider was negligent, and it has been addressed many times (incidences of FC #1 being left along continuously in the facility)." Interview on 8/14/24 with the Former Legal Guardian revealed: -FC #1 was complaining of a stomachache and said he was there (in the facility) with the (AFL Provider)'s biological son. -[AFL Provider] contacted his brother (Staff #3) to take FC #1 to the hospital. -"The treatment team had addressed [FC #1] being left alone." -Was responsible for FC #1's transportation to appointments and to school. -"He claimed the reason he did not provide transportation for the client is because he was a respite facility, but he is still billing for AFL." -"[FC #1] was just provided a bed." -"He (AFL Provider) provided no structure." -No longer worked with FC #1 since he turned 18. Interview on 8/15/24 with Staff #2 revealed: -Was "backup" for the AFL Provider. -"I just help out when needed." -"No particular hours, just whenever he (AFL Provider) needs help. I'm pretty much here (in the facility) all the time." -"He (FC #1) was complaining about different stuff days prior. He was taken to Urgent Care, got checked out and nothing was found." -On 6/8/24 FC #1 went to the ER, "I'm not exactly sure what happened." -"I was upstairs and had been moving around, washing clothes." -"[FC #1] never said he was sick or in pain. When I came downstairs and he (FC #1) had called [AFL Provider], he (FC #1) never said he had called him (AFL Provider) or that anything was wrong."	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 25	V 512		

-"They used [AFL Provider's son]'s phone to call [AFL Provider's brother (Staff #3)] who took [FC #1] to [local Urgent Care] and [AFL Provider] met them there."
-"He (AFL Provider's son) didn't call me because his (AFL Provider's son's) mother doesn't want her son to be home alone. So [AFL Provider] told [AFL Provider's son] to call [AFL Provider's brother (Staff #3)] who also works for the Kids Workshop (Licensee)."
-She and the AFL run a food truck together.

Interview on 8/15/24 with Staff #3 revealed:
-AFL Provider's brother.
-Picked up FC #1 and dropped him off with the AFL Provider when needed.
-On 6/8/24, got a call from the AFL Provider who requested of Staff #3 to pick up FC #1 and to meet the AFL Provider at the hospital.
-"I didn't go in the house (facility). I don't know who was there (in the facility). I rang the bell, [FC #1] answered the door, and I told him I was here to take him to the hospital."
-"I don't know how [AFL Provider] got the information (that FC #1 was sick)."
-"He (AFL Provider) said he had to stop what he was doing, asked me to pick him (FC #1) up and meet him (AFL Provider) at the hospital. I took him (FC #1), dropped him off and pulled off."
-"I wouldn't know if he (AFL Provider) was on a food truck that day. Not to sound rude, I have my own things to do. He needed me at the time, and I helped out."

Interview on 8/15/24 with the AFL Provider revealed:
-Did not provide transportation to FC #1's scheduled medical appointments.
-"[FC #1]'s Legal Guardian (LG) from DSS took him (to his appointments and provided his

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 26 transportation). He (FC #1) was supposed to be a 2-week emergency placement, and we made agreement for the LG to take him to the doctor or she (LG) made arrangements for her co-worker to take him." -Had not attended any team meetings related to FC #1. -Reported he left the facility on 6/8/24, "had to run to the [local grocery store] ...he (FC #1) wanted me to get pizza ...my mom needed something, and she lived about 20 miles away ..." -"[Staff #2] was there." -Did not confirm if Staff #2 lived in the facility with him. "Wouldn't say she (Staff # 2) lives there (facility), but she is there just about every day." -"[FC #1] called me and said he wanted to go to the hospital." -" ...I don't know why he didn't ask [Staff #2]." -"I called my brother (Staff #3) and told him to go to Urgent Care (to take FC #1) and we rode up (at Urgent Care) at the same time." -"I took him to the emergency room." -"Urgent Care called an ambulance to take [FC #1] to the ER and I met them over there." -Denied FC #1 had been left alone in the facility. -Staff #2 worked with him (AFL Provider) in his food truck business. "She (Staff #2) works at the airport for the food truck daily." Interview on 8/15/24 with the Qualified Professional (QP) revealed: -Was working as the QP when FC #1 was residing with the AFL Provider. -"From what I understand, when he (the AFL Provider) went to visit [FC #1] at the hospital and was trying to find out what was going on, [FC #1] said, 'Get out! Get out!' and started cursing out the AFL Provider. The nurse heard him shouting and came in the room, then [AFL Provider] left." -"The end of June (2024), [FC #1] came to see	V 512		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 27	V 512		

me (at the Licensee office) and told me he told the AFL to get out and he (FC #1) called security because he said he wanted to know why the AFL was coming to see him when he was no longer with the AFL."
-Was not aware that [FC #1] was in an emergency crisis and had tried to reach the AFL Provider.
-"...not aware (of reports that FC #1 had been left alone in the facility) and [FC #1] never said anything."

Interview on 8/20/24 with the Assistant Director revealed:
-"He (FC #1) went to the hospital 6/7 (2024) and was discharged from the hospital on 6/28 (2024)," according to her notes.
-"He went for his gall bladder. When he got ready to get out of the hospital, DSS had come to AFL's house because [FC #1] was ready for discharge. When AFL went to pick up [FC #1] on 6/10 (2024), he (FC #1) was irate so the hospital and DSS felt it would be better for him to remain at the hospital (because of FC #1's reaction to the AFL Provider)."
-"We had a meeting, and it was decided that [FC #1] would not return to the AFL."

Interview on 8/20/24 with Owner/Licensee revealed:
-"He (AFL Provider) called me and told me he had to take [FC #1] to the hospital. He called me again because [FC #1] needed emergency surgery."
-"I got first call at 11:49am..., which was a Sunday 6/9 (2024). I got involved at 11:49am ...that's when I was made aware (that FC #1 was in the hospital)."
-"I think [FC #1] told hospital staff he had been left alone. [FC #1] didn't know she (Staff #2) was

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 28	V 512		

there ...I don't know why AFL (AFL Provider) didn't call Staff #2 ...I mean, I have no idea (why)."
-"I didn't know anyone was investigating. DSS didn't even contact us ...I didn't know it was a problem until after the fact ...It wasn't until the care manager mentioned to us that he had been left alone that time with the kids (AFL Provider's kids)."

Review on 8/22/24 of the Plan of Protection dated 8/22/24 and signed by the Clinical Director revealed:
"-What immediate action will the facility take to ensure the safety of the consumers in your care?
-The Clinical Supervisor [Clinical Director] held a meeting with [AFL Provider] immediately following the exit interview on 8-21-24 (survey exit date) with [Division of Health Service Regulation Facility Compliance Consultants]. This meeting went through safety guidelines with consumers cared for in the AFL home and the importance of ensuring there is a back up person visible in the home (where the client knows exactly who is caring for them).
-Describe your plans to make sure the above happens.
-[AFL Provider] is to report to his QP when he is using a 'agency approved' back up person in his home to make sure everyone is aware. He will no longer leave the home without letting the consumer know who is in charge while he is gone. [AFL Provider] will also attend an AFL training scheduled in September which discusses safety in the home (disaster plan, medical emergencies, severe weather, power outages, and missing person). This training will be documented and signed by the Clinical Director and all AFL's individually that attend the mandatory training."

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 512	Continued From page 29 The facility served as an AFL. FC #1 was admitted on 2/12/24 and had a diagnoses of Autism and Mild Intellectual Developmental Disability. FC #1 had medical history of ongoing gastrointestinal problems and was receiving pelvic floor therapy weekly. The AFL provider left FC #1 alone on 6/8/24 without appropriate supervision in the facility during the day of 6/8/24. FC #1 reported that he was alone in the facility with the AFL provider's 15-year-old son when he (FC #1) experienced a medical emergency. FC #1 and the AFL Provider's underage son made unsuccessful attempts to contact the AFL Provider who could not be reached. The 15-year-old contacted Staff #3 who was also the brother of the AFL Provider. Staff #3 picked up FC #1 and transported him to the local Urgent Care following the directives of the AFL Provider. FC #1 was then taken from the Urgent Care by ambulance to the hospital where he (FC #1) underwent emergency surgery for a bile obstruction which led to FC #1 having to have his gallbladder removed. FC #1 suffered a serious medical emergency while he was left alone in the facility with minor/child without the required supervision. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.	V 512		
V 752	27G .0304(b)(4) Hot Water Temperatures 10A NCAC 27G .0304 FACILITY DESIGN AND EQUIPMENT (b) Safety: Each facility shall be designed, constructed and equipped in a manner that ensures the physical safety of clients, staff and	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 752	Continued From page 30 visitors. (4) In areas of the facility where clients are exposed to hot water, the temperature of the water shall be maintained between 100-116 degrees Fahrenheit. This Rule is not met as evidenced by: Based on observation and interview the facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit. The findings are: Observation of the facility on 8/15/24 at approximately 11:07am revealed : -The kitchen sink water temperature was 130 degrees Fahrenheit. -The hall bathroom sink water temperature was 127 degrees Fahrenheit. Interview on 8/16/24 with Former Client #1 revealed: -Did not have a problem with the water temperature. -Reported no injury. Interview on 8/21/24 with Client #2 revealed: -There was no problem with the water temperature. -Reported no injury. Interview on 8/15/24 with Staff #2 revealed: -Did not acknowledge concern about the water temperatures. Interview on 8/15/24 with the Alternative Family Living Provider revealed: -He did not realize the water temperature in the kitchen and bathroom was over 116 degrees Fahrenheit.	V 752		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL0601451	A. BUILDING: _____ B. WING _____	08/21/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
JOSEPH HOUSE OF CHARLOTTE	605 CLIFFS INN CIRCLE CHARLOTTE, NC 28214

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 752	Continued From page 31	V 752		

-He did not know how long the water had been above 116 degrees.
-"The clients like the hot water."
-He would adjust the water temperature.

Review on 8/22/24 of the Plan of Protection dated 8/22/24 and signed by the Clinical Director revealed:
"-What immediate action will the facility take to ensure the safety of the consumers in your care?
-V752-The water temperature was checked on 8-22-24 by the Clinical Director and [AFL Provider] was given water temperature sheets so he can document the temperature monthly to maintain a safe temperature level.
-Describe your plans to make sure the above happens.
-V752-The water temperature will be checked each month by the QP and [AFL Provider] to ensure water temperature safety."

Observation of the facility on 8/15/24 the water temperatures were 130 degrees in the kitchen sink and 127 degrees in the hall bathroom sink used by clients. The facility failed to maintain the facility water temperature between 100-116 degrees Fahrenheit.

This deficiency constitutes a Type A2 rule violation for substantial risk of serious harm and must be corrected within 23 days.