Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED	
			A. BOILDING: _			
		MHL0601322	B. WING		08/23/2024	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	FE, ZIP CODE		
		5309-B I	DLEWILD ROAD	N		
TRANSITI	ONS CHARLOTTE DAY F	PROGRAM CHARLO	OTTE, NC 28227			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE	
V 000	000 INITIAL COMMENTS		V 000			
	One complaint was un #NC00218892), and of substantiated (intake deficiency was cited. This facility is licensed category: 10A NCAC Individuals Of All Disa	#NC00220459). A d for the following service 27G .5400 Day Activity For ability Groups.				
	client and 1 former cli					
V 110	27G .0204 Training/S Paraprofessionals	upervision	V 110			
	SUPERVISION OF PA (a) There shall be no paraprofessionals. (b) Paraprofessionals associate professional professional as specif Subchapter. (c) Paraprofessionals knowledge, skills and population served. (d) At such time as a employment system is then qualified profess	fied in Rule .0104 of this s shall demonstrate abilities required by the competency-based s established by rulemaking, ionals and associate emonstrate competence. I be demonstrated by including: dge;				
	(3) analytical skills;(4) decision-making;(5) interpersonal skil					

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

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STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		MHL0601322		B. WING		08	C / 23/2024	
NAME OF P	ROVIDER OR SUPPLIER		STREET ADD	RESS, CITY, STA	TE, ZIP CODE			
TRANSITI	ONS CHARLOTTE DAY	PROGRAM	5309-B IDL	EWILD ROAD	N			
ITANOITI	TONG GHARLOTTE DAT	TROOKAW	CHARLOT	TE, NC 28227				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		BY FULL	ID PREFIX TAG	PROVIDER'S PLAN ((EACH CORRECTIVE AI CROSS-REFERENCED TO DEFICIE	CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETE DATE	
V 110	Continued From page	e 1		V 110				
	(6) communication s (7) clinical skills. (f) The governing bo develop and impleme for the initiation of the plan upon hiring each	dy for each facility sent policies and proceind individualized sup	cedures					
	This Rule is not met Based on record revi one Paraprofessiona demonstrate knowled population served. T Review on 8-22-24 or revealed: -Date of hire: 5-14-24-Job title: Direct Suppdate of termination: -Client specific trainir	ews and interviews als (staff #1) failed to alge, skills and abilition he findings are: If staff #1's personned to a staf	el record					
	Attempted interview of unsuccessful. The Di Regulations surveyor #2 responded via the my Aunt [phone num name is [aunts name her (aunt) talk to you Attempted phone cal guardian (Aunt) on 8-unanswered and voic survey exit date.	on 8-20-24 with clie vision of Health Ser left a message and following text: "Caber] that's her numb]Okay thanks I'd I also get really not less to client #2's legat-20-24 and 8-22-24	rvice d client in you call per. Her prefer ervous."					
	Review on 8-23-24 o	f the facility's intern	al					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL0601322	B. WING		C 08/23/2024		
	ROVIDER OR SUPPLIER	PROGRAM 5309-B IDI		RESS, CITY, STATE, ZIP CODE EWILD ROAD N			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETE		
V 110	investigation dated 6-Client received comme to 6 hours daily) which the community with the Instead of completing activities, staff #1 too of staff #1's friend whapproximately 10:52a-A copy of a screen sphone dated 6-12-24 location as [local apa 10:52am to 3:23pm or -A copy of an undated a bed together. -A copy of an undated client stated she was 10:52am to 3:23 on 6 local little and the state of the facility and the facility an	nunity networking hours (5 h were to be completed in the supervision of staff #1 g community networking k client #2 to the apartment ere she remained from the sum to 3:23pm. The hot from client #2's cell documented client #2's rement building] from the foliation of two people lying in the staff #1 revealed: If photo of a living room that left unattended from -12-24. With staff #1 revealed: If "2 to 3 weeks (5-14-24) as a client specifics (for client the specifics) and the specific the sp	V 110				

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she was never outside with anyone else. I was

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED		
	MHI 0601322					С		
		MHL0601322	B. WING		08	/23/2024		
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
TRANSITI	TRANSITIONS CHARLOTTE DAY PROGRAM 5309-B IDLEWILD ROAD N CHARLOTTE, NC 28227							
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETE DATE		
V 110	with her the whole tim -"That was my friend bed." Interview on 8-22-24 -"I don't know what el or said for this to com them (staff) over and comfortable with [Clie manipulate you into d suppose to do' and th She (staff #1) got too Interview on 8-13-24 Manager revealed: -"Staff receive extens specifics. Particularly because of the many had with this client. The training over and abo do with staff because has had something like we started working willing the programs of the	with the QP revealed: se we (QP) could have done e out differently. We tell over and over, 'do not get int #2] and let her oing something you are not at's what happened here. comfortable." with the Regional Program ive training in client with this client (client #2) different the issues we have hey (staff) receive extra ve what we would normally of past history. [Client #2] te 26 different workers since th [Client #2]."	V 110					

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