PRINTED: 09/24/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: B. WING MHL080-086 09/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1205 BEARD STREET **BEARD STREET** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRFFIX COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG **DEFICIENCY** V 114 10/9/2024 V 000 INITIAL COMMENTS V 000 RHA Health Services will ensure An annual, complaint and follow up survey was all fire and disaster drills are completed on 9/9/24. The complaints were completed as required each month. unsubstantiated (intake #'s NC00220173 and The IDD Administrator will NC00220273). Deficiencies were cited. in-service the Direct Support Supervisor (DSS), Direct Support This facility is licensed for the following service Mentor (DSM) and all Direct Support category: 10A NCAC 27G .5600C Supervised (DSP) staff at the facility on Living for Adults with Developmental Disability. the required fire and disaster drill schedule. The facility is licensed for 3 and currently has a The Regional Business Manager and census of 3. The survey sample consisted of Administrative Assistant will assist audits of 3 current clients. the DSS and DSM each month by reminding them to conduct the A sister facility (day program) is identified in this required drills. The DSS and DSM

V 114

V 114 27G .0207 Emergency Plans and Supplies

10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES

report. The sister facility will be identified as sister

(a) Each facility shall develop a written fire plan and a disaster plan and shall make a copy of these plans available

to the county emergency services agencies upon request. The plans shall include evacuation procedures and routes.

(b) The plans shall be made available to all staff and evacuation procedures and routes shall be posted in the

facility A.

(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift.

Drills shall be conducted under conditions that simulate the facility's response to fire emergencies.

(d) Each facility shall have a first aid kit accessible for use.

**DHSR-MH** Licensure Sect

TITLE

will ensure a copy of each drill is

made and maintained at the facility and the orginial drill is given to the Adminstrative Assistant by the

5th of each month to be kept on file.

Administrative Assistant auditing the

findings to the IDD Administrator by

disaster drills monthly at the QAPI &

RECEIVED

OCT 08 2024

Safety Meetings. In the future the

IDD Administrator will ensure all

DSP staff are trained on required

safety drills for the facility.

This will be monitored by the

Safety Drill book for the facility

the 5th of each month. The IDD

Administrator will review all fire &

each month and reporting the

(X6) DATE

IDD Administrator

10/02/2024

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

PRINTED: 09/24/2024 FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: \_ R B. WING MHL080-086 09/09/2024 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1205 BEARD STREET **BEARD STREET** SALISBURY, NC 28144 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)(X4) ID COMPLETE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) V 114 V 114 Continued From page 1 This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure fire and disaster drills were done quarterly on each shift. The findings are: Review on 8/28/24 of the completed fire and disaster drills for July 2023 - June 2024 revealed: -No 3rd shift fire drill completed for the quarter of October 2023 - December 2023; -No 1st shift disaster drill completed for the quarter of January 2024 - March 2024; -No 2nd shift disaster drill completed for the quarter of April 2024 - June 2024. Interview on 8/28/24 with client #1 revealed: -He has been a resident at the facility for approximately a year; -He had never participated in a disaster drill at the facility; -The last fire drill he participated in was at least a month prior; -He was not aware what to do in case of a fire or

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disaster.

disaster and was unable to remember what he

Interview on 8/28/24 with client #2 revealed: -He participated in fire and disaster drills monthly; -He was aware what to do in case of a fire or

Attempted interview on 8/28/24 with client #3 was not successful becaue the client was unable to understand and communicate information in

did during the last drills.

regards to fire and disaster drills.

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 114	Continued From page	2	V 114	V 290		10/2/2024
a ·	Interview on 8/28/24 v revealed: -She was aware that f required to be comple -She wasn't aware that were not completed as -The Direct Support S for ensuring fire and d completed as required.  This deficiency constit and must be corrected.  27G .5602 Supervised.  10A NCAC 27G .5602  (a) Staff-client ratios a numbers specified in Fof this Rule shall be deenable staff to responded needs.  (b) A minimum of one present at all times who premises, except when habilitation plan docum capable of remaining in without supervision. T as needed but not less the client continues to the home or communit specified periods of tim (c) Staff shall be present as a ware that the staff to respondent to the home or communit specified periods of tim (c) Staff shall be present as a ware that the staff to respondent to the home or communit specified periods of tim (c) Staff shall be present as a ware that the staff to the staff	with the facility Administrator  fire and disaster drills were ted quarterly on each shift; at fire and disaster drills se required; upervisor was responsible isaster drills were d.  utes a re-cited deficiency d within 30 days.  I Living - Staff  STAFF above the minimum Paragraphs (b), (c) and (d) betermined by the facility to d to individualized client  staff member shall be en any adult client is on the in the client's treatment or ments that the client is in the home or community he plan shall be reviewed than annually to ensure be capable of remaining in y without supervision for me. ent in a facility in the	V 290	RHA Health Services will ensure appropriate DSP staffing is in plat all times at the Beard St facili order to protect the people suppand other DSP staff members in facility.  The IDD Administrator has re-ince the Qualifed Professional, Discupport Supervisor and all DSP to ensure Client #1 has a dedicated 1:1 staff during all waking hours clarified in his updated Individua Support Plan (ISP). No other people supported can be left with Client #1 and only 1 DSP staff. clinical team members (IDD Administrator, QP, Nursing staff, Hab Spec & other Administrative will do random phone and/or visit checks at least daily with the Bed DSP team to ensure appropriate staffing is in place in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility. The QP will follow due process in for the Maintenance Coordinator install an alarm on Client #1's bed door to notify everyone in the facility.	ace ty in ported the nservi rect staff ated as as as alized h The ard St edroom cility droom. neet iscuss #1. SP for e.	
	child or adolescent clie (1) children or ac	dolescents with substance		developed an emergency back-uplan for DSP staffing issues that daily at the facility. The clinical a	arise	
	of one staff present for	e served with a minimum every five or fewer minor ver, only one staff need be		adminstrative team members will shifts as needed when other DSF staff are unavailable to work. No than Client #1, require a 1:1 staff	other	

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 290	emergency back-up p the governing body; o (2) children or a developmental disabil one staff present for e present and two staff present and two staff more clients present. need be present durin specified by the emergedetermined by the gov (d) In facilities which a diagnosis is substance (1) at least one duty shall be trained in withdrawal symptoms secondary complication drug addiction; and (2) the services abuse counselor shall as-needed basis for ea  This Rule is not met a Based on interviews, r observations, the facili to meet the individualiz served. The findings an Review on 8/28/24 of ( -An admission date of -Diagnoses of Mild Inte Disability (IDD), Autism Attention-Deficit/Hyper Impulse Disorder; -A treatment plan date	ing hours if specified by the procedures determined by a dolescents with sities shall be served with every one to three clients present for every four or However, only one staff g sleeping hours if gency back-up procedures verning body. Serve clients whose primary evaluate dependency: staff member who is on a alcohol and other drug and symptoms of ens to alcohol and other of a certified substance be available on an each client.  Serviced by: eccord reviews and the failed to ensure staffing eved needs of the clients re:  Client #1's record revealed: 8/18/23; ellectual Developmental in Spectrum Disorder, activity Disorder and	V 290	as indicated per their ISPs. The Nursing staff will locate and schedule ongoing therapy for C #1 to address his sexually aggre behaviors. These processes will be monito the DSM, DSS, QP and/or IDD Administrator developing and maintaining daily schedules for Beard St facility. The clinical an administrative team members w provide back-up staffing as need when the DSP staff are unable twork their designated schedule. The Nursing staff ensuring there appointments are scheduled for Client #1 and providing technolof for tele-health visits to reduce the risk to the community in taking hin-person appointments. The Qi or IDD Administrator will ensure Case Notes are completed on Client #1 to document all update regarding his staffing needs, the needs, results from all team meer regarding appropriate placement and updates to his ISP are completed. In the future the IDD Administrator will ensure all DSS DSP, and clinical team members are trained on client specific staff requirements, reporting unsafe a dangerous behaviors, calling 91 ensuring health and safety and ensuring appropriate therapy is obtained to address individual ta behaviors as needed.	lient essive red by the nd dill ded to apy essim to P QP essirapy etings t fing and 1,	10/2/2024

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STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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V 290	Insulting others, Physitems to use as weaper threatening staff, Propam I now: [Client #1] I controlling outbursts a others. He needs assianger, frustration and to learn coping technic channel his emotions;  A Behavior Interventification included, "displays in an and engages in elope Behaviors."  Review on 8/28/24 of An admission date of Diagnoses of Modera Disorder, Adjustment Explosive Disorder and Review on 8/26/24 of An admission date of Diagnoses of Severe Bipolar Disorder, Inter Anxiety Disorder, Enc Cardiomyopathy;  A treatment plan date Approval of Prior Authincluded 1 on 1 worke weeklyLoud noises walls, furniture and the will get upset and withrowThunder storm	s Looks Like for Me? Yelling, Throwing items, ical aggression, Grabbing ons, Verbal threats, perty destructionWhere needs assistance with and aggression towards istance with processing his disappointment. He needs ques and proper ways to " on Plan dated 6/26/23 appropriate sexual behaviors mentVerbal Aggressive  Client #2's record revealed: 10/1/99; ate IDD, Autism Spectrum Disorder, Intermittent d Essential Hypertension.  Client #3's record revealed: 18/15/98; IDD, Autistic Disorder, mittent Explosive Disorder, ephalopathy and  ad 10/1/23 and Notice of orization dated 9/1/23	V 290	DEFICIENCY)		
	bathroom, will yell, cur items for his bath;"Not Authorization	rse and refuse to get his tice of Approval of Prior uation dated 11/3/19 that				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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		42has sudden, exploand physical aggressic peopleoutbursts usu holidays, home visits of #3] wants."  Example #1:  Review on 8/27/24 of a submitted to the North Response Improveme Professional on 7/30/2-Date of incident: 7/29, -"On July 29, 2024, law contacted to conduct a arriving at the group ho advised by staff (the G [Former Staff (FS) #4's property and stood in the The husband asked [O who sexually assaulted not respond but got up house. [The Group Hole advised the husband the was walking away, something about him."  Interview on 9/4/24 with -On 7/29/24, she was the facility with Clients #1 a -"I was in the kitchen on came up behind me and p***y and I know how the up to my behind and pushis penis on my behind -She entered Client #2' door and entered the elocked the door;	Q (Intelligence Quotient) osive outbursts of verbal on toward property and sally are triggered by noise, or not getting what [Client Carolina Incident nt System by the Qualified 44 included: (24; wenforcement was a wellness check. Upon ome, the Officer was broup Home Manager) that is husband arrived on the he middle of the driveway. Client #1] if he was the one of his wife. [Client #1] did and proceeded inside the me Manager] and [FS #4] and he needed to leave. As the stated "y'all need to do the stated "y'all need to do the only staff working at the and #3; tooking. He (Client #1) did said I know how to eat or grab big t******s. He came alled his penis out and put I (buttocks);" sedroom and locked the	V 290				

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	T OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY		
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V 290	Continued From page	6	V 290					
	[Client #2's] bedroom	so we could lock both doors						
	[Client #2's] bedroom so we could lock both doors and [Client #2] couldn't come in on us;"							
	I 5	and while she was in the						
		ed him that she was scared						
		to do since facility staff had						
		· ·						
	S	ere not allowed to contact						
	911 for any reason;	as look off Client #2's	1					
	-"He (Client #1) tore the (bedroom) door;"	ie lock on Client #25		,				
	,	a bathroom door and caleed	1					
		e bathroom door and asked cked the bedroom door and						
	he informed her, "Oh,	•	1					
		cted Client #1 to move						
	away from the door an							
	5 30 50	(Client #1) and running						
	past him;"	1 1: 6 10 16						
		ed and informed the Vice						
	President of Operation							
	-She had completed a							
	-	now what she had written;						
	-She had reported other							
	(dates unknown) but the							
		nirt off. When you tell him to						
		'no, you know you like						
	what you see';"							
	-"Most of the time I wa							
		e Client #2 was at sister						
	facility A;"							
	-Staff #2 was schedule	AND THE PROPERTY OF THE PROPER						
		t #2's transportation worker						
1		nsported him to and from		*				
	sister facility A;							
		e facility for at least an hour						
	each time she left;							
	-She had filed charges					<b>i</b>		
		actually have a court date				[		
	on October 22nd (2024	) for sexual harassment."						
	Review on 9/9/24 of a	T-Log completed by FS #4						

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on 7/29/24 revealed:

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Example #2:

-She observed FS #4 outside the facility..."She was devastated. She was not making this up. It just felt very awful. She's like, there's no other staff and she's cooking. He (Client #1) had sexually gyrated on her backside (buttocks)."

Review on 8/28/24 of an internal Incident Report

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	#3] had a behavior too hit/slapped [Client #2] I had went to the bath -Portion completed by Required. Notified and on 8/20 (2024), reside abrasions, scratches, examination."  Interview on 9/3/24 wir-She was the only star Clients #1, #2 and #3. back home from when eat. I went to the restrand I heard [Client #2] him multiple times. I to like that happens, wall (Client #2) just stand to do it (assault him);" -She had observed Clioccasions when he pict them at people.  Example #3:  Review on 8/28/24 of a completed by FS #3 or -"10:00am [Client #1] or gun this morning and wanother client's clothes [toy] gun dart from behwas not appropriate behim to stop he went arme, hit you in your but Interview on 9/3/24 wit -On 8/18/24, she was started by the started with the sta	20/24 revealed: 2 FS #3 on 8/18/24: "[Client day at 6:10pm he on the face two times while room;" 2 nursing: "No Treatment diseen resident (Client #2) and denied pain to site, No or redness noted during  2 th FS #3 revealed: 3 ff working at the facility with "[Client #3] has just come in his parents took him out to doom. I heard screaming a yelling stop. He slapped dold [Client #2] if something is away from him. He'll here and let him (Client #3)  2 ient #3 on numerous decked up items and threw  2 an internal Incident Report in 8/18/24 revealed: 2 was playing with his [toy] 3 when I was picking out is [Client #1] hit me with the hind. I told him to stop that it ehavior and after me asking and did it again and then told it (buttocks)."	V 290			

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[toy] gun. He ended u area. I prompted him appropriate behavior. even though I told him times, he'd get up too (penis) on youHe trithe breast area. He sh things I had decided claim (file charges) for She had been inform Manager when she be weeks prior that there staff working 1st and 2 #1 and #3 had 1 on 1 -"I was always there be that house (facility), we because of the issues that house of the issues Example #4:  Review on 9/9/24 of a #2 on 7/29/24 revealeded: -6:11pm "While watching [Client #1] went into him #3) in his eye. [Client #1] acted it said he was acting crastial blamed [Client #2], who was a set in grastial here. The said here was acting crastial here. It is a said here was acting crastial here. It is a said here was acting crastial here. The said here was acting crastial here. It is a said here was acting crastial here. The said here was acting crastial here. It is a said here was acting crastial here. The said here. The said here. The said here was acting crastial here. The said he	p shooting me in the back and told him that wasn't He just started laughing in to not do itA couple of close and try to rub himself ed to throw a ball at me in nouldn't be doing those if to just go ahead and do a resexual assault;" ed by the Group Home egan her employment 3 were supposed to be 3 2nd shifts because Clients staff; by myself with all 3 clients. At the had a lot of staff quitting with [Client #1]."  T-Log completed by Staff de: ing his (Client #3) movie, its room and hit him (Client #3] yelled stop [Client #1] ike nothing happened and into wasn't even there."  T-Log completed by FS #4 and a god day but [Client #1] to him like messing with sorom and just causing him with Client #1 revealed:	V 290			

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

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V 290	Continued From page	10	V 290			
	about the incident.					
	Interview 9/4/24 with 1-On 7/29/24, she was facility with Clients #1-She was in the kitcher from his bedroom; -As she entered Client was exiting; -She asked Client #1-bedroom, but he didn'she observed Client eye and when she ast informed her, "[Client -Client #3 had no visitshe informed Staff #2 requested she enter nof the day; -Client #1, "was a bull the other clients;" -The Group Home Maincident and instructed she had made compitreatment of the other Manager and the Quanothing had changed.  Attempted interviews with Staff #2 were not return telephone calls.  Interview on 8/28/24 verealed: -She had not been ma	the only staff working at the and #2; en and heard Client #3 yell t #3's bedroom, Client #1  why he was in Client #3's t answer; #3 crying and holding his ked him what happened, he #1];" ble injuries; 2 of the incident and totes into T-Log at the end by and engaged in fighting anager was informed of the difference of the Group Home lifted Professional, but the facility Administrator with the facility Administrator and aware that Client #1 slient #3 on 7/29/24 and was cident report.				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL080-086	B. WING		R 09/09/2024	
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, ST	ATE, ZIP CODE		
BEARD S	TREET		RD STREET			
	CLU MAA DV OT		Y, NC 28144			_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE	
V 290	Continued From page	11	V 290			
	(the Group Home Mar Clients #1, #2 and #3.	n - 11:45am revealed 2 staff nager and Staff #1) and ne staff schedule for the				
¥1	month of June 2024 re -No schedule available 6/8/24;	evealed: e for 1st shift on 6/1/24 and e for 2nd shift on 6/1/24 -				
		shift on 6/2/24 - 6/7/24,				
	6/15/24 and 6/29/24; -One staff worked 2nd	shift on 6/3/24 - 6/6/24,				
		24, and 6/29/24 - 6/30/24.				
	month of July 2024 rev -One staff worked 1st 7/14/24, and 7/27/24 - -One staff worked 2nd	shift on 7/7/24, 7/13/24 -				
	month of August 2024 -No schedule available -No schedule available -One staff worked on 1 8/9/24 - 8/12/24 and 8/ -One staff worked on 2	for 1st shift on 8/17/24; for 2nd shift on 8/31/24; st shift on 8/1/24 - 8/5/24,				
		cility on 8/27/24 at				

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	PLE CONSTRUCTION  S:	(X3) DATE SURVEY COMPLETED	
		MHL080-086	B. WING		R 09/09/2024	ļ
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
			RD STREET			
BEARD S	TREET		RY, NC 28144	4		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES 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 COMPI	LETE
V 290	Continued From page	12	V 290			
	1 staff with 3 clients.					
	when she was employ to have 3 staff on 1st s when all 3 clients were -Today was the 3rd da with 3 clients and 2 sta Interviews on 8/27/24, Group Home Manager -On 8/28/24 during obs 11:45am, there should instead of 2 but a new work; -She was responsible collect #1 was required hours a day and Client	the facility for 2 weeks; the Group Home Manager red that they were required shift (7:00am - 3:00pm) re present; by she had worked 1st shift aff present in the facility.  8/28/24 and 9/5/24 with the revealed: servations from 9:35am - have been 3 staff present staff failed to arrive for				
	awake hours; -One staff worked 3rd	chiff:				
	-Client #1, "can be ven sexually aggressive as breast;"	y aggressivehe can be wellhe hit [FS #3] in the er that she didn't feel safe				
		so she was transferred to				
	-She was unable to find but she was going to electricate and then provide -Monday - Friday staff v 7:00am - 3:00pm, 2nd 11:00pm - 7:00am) and staff worked 2 shifts (19	worked 3 shifts (1st 3:00pm - 11:00pm and 3rd I on Saturday and Sunday, st 7:00am - 7:00pm and				
	2nd 7:00pm - 7:00am). Interview on 8/29/24 wi Professional revealed: -She was concerned th					

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STATE FORM

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	MHL080-086	B. WING		1	R <b>09/2024</b>
WAVE OF DROVIDED OR CURRULER		RESS, CITY, ST	ATE ZIP CODE	1 00/1	0072024
NAME OF PROVIDER OR SUPPLIER		RD STREET	ATE, ZIF GODE		
BEARD STREET		Y, NC 28144			
PREFIX (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	(X5) COMPLETE DATE
know that there are sa definitely a liability and Supervisors (Group H trouble with [Client #1 hurt clients. It's not produced in the produced	facility didn't have the vide 1 on 1 for him; but his (Client #1) behavior. I afety concerns. He is d threat. I know the dome Manager) having J. He has hurt staff. He has etty."  and 8/29/24 with the d: red for a 1 on 1 staff, "He inhanced rate. I believe July. I've been trying to get that the detentance of the providing the 1 on 2024) or May (2024) into that were happening red to have a 1 on 1 staff; (24, there were 2 staff in - 4:00pm so she thought specialist must have been deservations from 9:35am - d have been 3 facility staff; and aware that a staff had with the Vice President of a 1 on 1 worker 7 days a 1:00pm, "His plan does not a 1 on 1 worker Monday - 3:00pm; hat a 1 on 1 worker wasn't	V 290			

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(X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	:	COMPLETED	
		MHL080-086	B. WING		R 09/09/2024
NAME OF B	ROVIDER OR SUPPLIER	PTDEET AF	DDEEC CITY OF	TATE ZID CODE	1 00/00/2024
NAME OF P	ROVIDER OR SUPPLIER		ODRESS, CITY, ST ARD STREET	TATE, ZIP CODE	-
BEARD S	TREET		RY, NC 28144	*	
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ION (X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE
V 290	Continued From page	14	V 290		
V 290	Interview and observation with Client #3 revealed kitchen and rubbed his covered his groin durit Division of Health Service Interview on 8/28/24 very He was court ordered house arrest until his runknown) but he was were "I'm trying to be every many phone (Client #2 signated by phone (Client #2 signated by phone (Client #2 signated by phone (Client #3 signated by phone (Client #3 signated by phone (Client #4 signated by phone by phone (Client #4 signated by phone b	ation on 8/28/24 at 10:31am d the client stood in the singers over his pants that ing the interview with vice Regulation surveyor.  With Client #1 revealed: In June 2024 to be on mext court date (date in the surveyor of th	V 290		
	-Client #1 also had per approximately a month misconduct with [FS #4	prior for sexual			

Division of Health Service Regulation

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL080-086	B. WING	B. WING		
NAME OF F	PROVIDER OR SUPPLIER	STREET AF	DRESS, CITY, STAT	E ZIP CODE	09/09/2024	
			RD STREET	2, 211 3032		
BEARD S	TREET		RY, NC 28144			
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	CTIVE ACTION SHOULD BE COMPLETE NCED TO THE APPROPRIATE DATE	
V 290	V 290   Continued From page 15		V 290			
	revealed: -Facility staff were req staffing for Client #1 d -"He's (Client #1) suppadvances towards the -"You can see he's a ha tough case."  Interview on 9/4/24 with Specialist from the locurate and the don't do adequate staff takeI have felt them and the collection of the collection of the collection with penetrating a mine staffing. They have the there working. That be of another resident. He	care Coordinator Supervisor unired to provide 1 on 1 uring awake hours; cosedly making sexual female staff;" huge community risk. This is  th Client #1's Monitoring al LME/MCO revealed: impression they (facility) fing for the clients they to be kind of secretive;" d to have 1 on 1 staff; ire scared of him (Client the group home (facility) e arrest. He was charged				
		ocal LME/MCO revealed: uired to provide 1 on 1 staff				
	-Client #3 had a history community.	of eloping while in the				
		nistrator on 9/9/24				

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED				
			A. BUILDING:		R				
		MHL080-086	B. WING		09/09/2024				
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, ST	ATE, ZIP CODE					
BEARD STREET 1205 BEARD STREET									
SALISBURY, NC 28144									
(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 290	Continued From page 16		V 290						
	Professional, Direct S Direct Support staff to dedicated 1:1 staff at clarified by the LME w residents can be left w staff.  2) The clinical team (A staff, Hab (Habilitation Administrative staff, et and/or visual checks a (Direct Support Parap appropriate staffing is daily for the next 90-distaffing.  3) The team will install door to ensure health 4) Will evaluate to disc for [Client #1].  5) Qualified Profession (Managed Care Organ [Client #1] ISP (Individ Describe your plans to happens.  1) The Direct Support appropriate staffing for come in and ensure come in and ensure come in and ensure the recome come in and Managem other DSPs are not available. There were 3 adult ma with diagnoses that income Mild/Moderate/Severe Disorder, ADHD, Impu	upport Supervisor and all ensure [Client #1] has a all waking hours times as with updated plan. No other with [Client #1] with only one administrator, QP, Nursing and Spec (Specialist), to will do random phone at least daily with the DSP rofessional) team to ensure in place at the home for any to ensure appropriate.  If an alarm on his bedroom and safety cuss appropriate placement and will contact MCO dization) about updating ual Support Plan).  If make sure the above supervisor will ensure appropriate. Sesional developed a and to address staffing residents are protected. The all will cover shifts when allable."  Illes residing in the facility studed IDD, Autism Spectrum Ise Disorder, Intermittent justment Disorder, Bipolar	V 290						
	Encephalopathy, Cardi Impairment, and Esser	omyopathy, Speech ntial Hypertension. Clients							

Division of Health Service Regulation

PRINTED: 09/24/2024

FORM APPROVED Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION (X3) DATE SURVEY IDENTIFICATION NUMBER: A. BUILDING: COMPLETED MHL080-086 B. WING 09/09/2024 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1205 BEARD STREET **BEARD STREET** SALISBURY, NC 28144 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DATE DEFICIENCY) V 290 Continued From page 17 V 290 #1 and #2 have histories that include elopement, property destruction, verbal, physical and sexual abuse and stealing. Despite the need for a 1 on 1 staff for Client #1 during awake hours documented on his admission assessment, treatment plan and behavior support plan, 1 on 1 was not provided as recommended. The need for a 1 on 1 staff for Client #1 was based on his history of property destruction, and verbal, physical and sexual assault. As a result of Client #3's history of property destruction, verbal and physical assault and elopement, he was required to have 1 on 1 staff Monday - Friday 7:00am -3:00pm. During the months of June 2024 -August 2024, 59 out of 184 shifts were not staffed as required. During the 59 shifts that the facility was out of compliance for staffing, Client #1 physically assaulted Client #3 and sexually assaulted FS #3 and FS #4 and Client #3 physically assaulted Client #2. This deficiency constitutes a Type A1 rule violation for serious neglect and must be corrected within 23 days.

Division of Health Service Regulation