Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
ANDILAN	or connection	IDENTIFICATION NOMBER.	A. BUILDING: _		GOIVII LETED
		MHL080-122	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE	
CHANCES	GROUP HOME		FISHER STRE	ET	
		SALISBUF	RY, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETE
V 000	INITIAL COMMENTS	•	V 000		
	completed on Decem	and follow up survey was lber 18, 2024. The complaint (intake #NC00224886) ed.			
		d for the following service 27G .1700 Residential re for Children or			
	census of 4. The surv	d for 4 and has a current yey sample consisted of ents and 1 former client.			
V 118	27G .0209 (C) Medic	ation Requirements	V 118		
V 118	10A NCAC 27G .020 REQUIREMENTS (c) Medication admin (1) Prescription or no only be administered order of a person aut drugs. (2) Medications shall clients only when aut client's physician. (3) Medications, incluadministered only by unlicensed persons to pharmacist or other leprivileged to prepare (4) A Medication Admall drugs administered current. Medications recorded immediately MAR is to include the (A) client's name; (B) name, strength, a	9 MEDICATION  istration: n-prescription drugs shall to a client on the written horized by law to prescribe  be self-administered by horized in writing by the  ding injections, shall be licensed persons, or by rained by a registered nurse, egally qualified person and and administer medications. hinistration Record (MAR) of d to each client must be kept administered shall be y after administration. The	V 118		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		MHL080-122	B. WING		12/18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET ADD	RESS, CITY, STA	TE, ZIP CODE	
CHANCES	GROUP HOME		FISHER STRE	ET	
			Y, NC 28144		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETE
V 118	Continued From page	21	V 118		
	(E) name or initials of drug. (5) Client requests for checks shall be recor	drug is administered; and person administering the medication changes or ded and kept with the MAR pointment or consultation			
	facility failed to keep to Administration Record to record medications administration for 2 or #3). The findings are	ews and interviews, the the Medication ds (MARs) current and failed immediately after f 3 audited clients (#2 and :			
	Related Disorder, Op Disorder, Attention Do Combined Type, and -Age 14 -An assessment date aggression, physical from younger sister, r family are domestic v of the environment for relationship with more communication is a b home with the skills in home, learn how to communication of the communication of the skills in home, learn how to communication of the skills in home, learn how to complete the communication of the skills in home, learn how to complete the communication of the skills in home, learn how to complete the complete th	f 2/15/24 cified Trauma and Stressor positional Defiance eficit Hyperactivity Child Physical Abuse.  d 2/15/24 noted "history of with inanimate objects aside many altercations with her, iolence survivors, been out r two years, poor			

Division of Health Service Regulation

STATE FORM 6899 If continuation sheet 2 of 9 RUX911

Division of	of Health Service Regu	lation				
STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE S	URVEY
AND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING: _		COMPLE	ETED
			B. WING			
		MHL080-122	B. WIIVO		12/1	8/2024
NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
		712 WES	T FISHER STRE	ET		
CHANCES	GROUP HOME	SALISBU	RY, NC 28144			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP	RIATE	DATE
				DEFICIENCY)		
V 118	Continued From page	2	V 118			
	. •					
	•	abusive home and lived in a				
		th father since, has a history				
		Ithy relationships, physically,				
	-	ally abused by father and				
		ards mother, and a history of				
	_	lity to identify feelings and to				
	talk about them."					
		ed 2/6/24 noted "over the				
	next 30 days, will learn and utilize coping skills when feeling frustrated at least 5 out of 7 days					
		ecoming verbally or physical				
	aggressive, will enter					
		ssment services to assess				
		ent to manage his behaviors,				
	-	ount of sleep and rest each				
		on time, being quiet after				
		sleep or resting quietly				
		will not exhibit any incidents				
		viors, will attend school on a				
	daily basis, participate	e in transition skills,				
	complete assigned cla	ass work, ask for help as				
		e expectations and rules of				
	•	ntaining passing grades and				
	daily attendance, will					
		ssions while completing				
		and activities which address				
	•	nd socially appropriate				
		vidual and group therapy				
		edication as directed and				
		edical care when necessary				
	and will receive nutriti	ional guidance based on				
	initial assessment for	dietician and will participate				
	in monthly weight ma	nagement meeting if				
	deemed appropriate a	and will improve mood				
	symptoms by learning	g to identify and				
		otions appropriately and				

Division of Health Service Regulation

implementing learned coping skills in times of distress. Staff will provide rules, routine and structure, point level system, psycho-educational

interventions that include structure and

STATE FORM 6899 If continuation sheet 3 of 9 RUX911

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	or Connection	IDENTIFICATION NOWIDER.	A. BUILDING: _		J CONIII	
		MHL080-122	B. WING		12/	18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STA	TE, ZIP CODE		
CHANCES	GROUP HOME	712 WES	FISHER STRE	ET		
CHANCES	GROUP HOME	SALISBU	RY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 118	Continued From page	3	V 118			
V 118	consistency, teach comanagement and decresolution skills, increinteractions and estable boundaries, staff cannecessary."  -Physician's orders da 50 milligrams (mgs), tevery (q) night (hs)  Review on 12/17/24 or The November 2024 apm dose of Trazodo  Review on 12/17/24 or Trazodo Trazod	ommunication, anger cision making and conflict ase positive peer colish appropriate transport 1:1 when ated 10/28/24 for Trazodone take 1 and ½ by mouth (po) of client #2's MARs revealed: MAR had a blank for the ne colish for the second at Client #3's record for the second for the second and Stressor-Related sement dated 5/28/24 noted	V 118			
	foster care at the age	other, was adopted from of 3, was removed from his				
		en he was 1 for unspecified				
		cles, grandparents and ot live in the area, out of				
	school suspension (se	chool year 2024) twice for				
	disruptive behavior, h	•				
		ace, police took him to a				
		he was not admitted, is low				
	-	fic details pertaining to past				
	•	luded in the assessment dentified him as a threat to				
		level, but primarily toward				

Division of Health Service Regulation

STATE FORM 6899 RUX911 If continuation sheet 4 of 9

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:	(X3) DATE SURVEY COMPLETED
	MHL080-122	B. WING	12/18/2024
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE			

## CHANCES GROUP HOME

## 712 WEST FISHER STREET

(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE
	DEFICIENCY)	DATE
V 118 Continued From page 4 V 118		
-A treatment plan dated 5/22/24 noted "will use skills learned to increase compliance and communicate appropriately with others., will communicate openly any challenges with team members that may interfere with the implementation of a skill. Over the next 6 months, will learn coping skills for his anxiety to implement daily, level 3 staff will provide rules, routine and structure, point-level system, psycho-educational interventions that include structure and consistency, teach communication, anger management and decision making and conflict resolution, increase positive peer interactions and establish appropriate boundaries with others, staff to ensure participation in recommended treatment services, community-based activities, scheduling and transportation to and from appointment (1:1 transport when necessary). EBPI (Evidence Based Physical Intervention) techniques to assist with de-escalation or when the client is hurting self, others or severe property damage, will use skills learned to increase compliance and communicate appropriately with others. Joel will communicate openly any challenges with team members that may interfere with a skill. Over the next 6 months, will express his anger in healthy, appropriate, and safe ways. Level 3 staff will provide rules, routine and structure, point-level system, psycho-educational interventions that include structure and consistency, teach communication, anger management and decision making and conflict resolution, increase positive peer interactions and establish appropriate boundaries with others. Staff to ensure participation in recommended treatment services, community-based activities, scheduling and transportation to and from appointment (1:1 transport when necessary). EBPI techniques to assist with de-escalation or when client is hurting		

STATE FORM 6899 RUX911 If continuation sheet 5 of 9

Division of Health Service Regulation

	A. BUILDING:		(X3) DATE SURVEY COMPLETED
MHL080-122	B. WING		12/18/2024
NAME OF PROVIDER OR SUPPLIER STREET AD	DDRESS, CITY, STATE	E, ZIP CODE	
CHANCES GROUP HOME	T FISHER STREE <sup>*</sup> IRY, NC 28144	Т	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETE
Self, others or severe property damage." -Physician's order dated 10-10-24 for Divalproex SOD ER 500 mgs, 1 tablet every day by mouth at 8pm.  Review on 12/17/24 of client #3's December 2024 MARs revealed: -Blanks on 12/13/24, 12/14/24 and 12/15/24 for Divalproex SOD ER 500 mgs at 8pm.  Interviews on 12/17/24 with clients #2 and #3 revealed: -Staff administered the medicationsHad never refused any of their prescribed medications.  Interview on 12/17/24 with the Associate Professional (AP) revealed: -Administered medications at the facilityHad never left any of the MARs blank.  Interview on 12/17/24 with the Qualified Professional (QP) revealed: -"Apparently they (facility staff) haven't signed off on the MARS for quite a few days this month. I have a meeting with them to take care of the MARs. I am responsible for reviewing the MARs, it was reviewed earlier this month. There were no issues then and at that time."  Interview on 12/18/24 with the Director/Licensee (D/L) revealed: -Regarding the blanks on the MARs, "The staff was in a hurry and was not doing their job. I plan to take discipline action by taking them off the schedule for a few days and then I will reach out to our nurse."	V 118		

Division of Health Service Regulation

STATE FORM 6899 RUX911 If continuation sheet 6 of 9

Division of Health Service Regulation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE SURVE	ΞΥ
ANDILAN	or doring of the state of the s	IDENTIFICATION NOMBER.	A. BUILDING: _		OOM! LETED	
		MHL080-122	B. WING		12/18/20	24
NAME OF P	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STA	TE, ZIP CODE		
CHANCES	GROUP HOME	712 WEST	FISHER STRE	ET		
		SALISBUF	RY, NC 28144			
(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 SHOUL) CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	O BE CO	(X5) DMPLETE DATE
V 736	Continued From page	e 6	V 736			
V 736	27G .0303(c) Facility	and Grounds Maintenance	V 736			
		EMENTS				
	This Rule is not met Based on observation was not maintained in manner. The findings	ns and interviews, the facility n a clean and orderly				
	facility's outside reveal -A black soil like substand porch likely cause. The outside of the fawashedThe facility's yard washeer can, overgrown several old tree stump. The wood beam ben	etance was on the front steps ed by wind-blown dirt. cility needed to be pressure as cluttered with a shovel, weeds in the back yard, and				
	2:50pm of the inside of Client #2's five drawe knobs (pulls)Client #3's bedroom that was broken, had the paint was peeling -Client #4's bedroom light coverClient #5's bedroom doorThe clients' hall bath	was missing the overhead had a hole in the closet room was missing a mirror, over for the overhead light				

Division of Health Service Regulation

STATE FORM 6899 RUX911 If continuation sheet 7 of 9

Division of Health Service Regulation

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING:		(X3) DATE COMF	SURVEY LETED
		MHL080-122	B. WING		12	18/2024
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	ZIP CODE		
CHANCE	S GROUP HOME	712 WES	T FISHER STREET			
CHANCES	S GROUP HOWE	SALISBU	JRY, NC 28144			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC' CROSS-REFERENCED TO DEFICIENT	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
V 736	-In the common areas 10 x 8 inch hole/inder client #3's bedroom of -In front of the washe missing floor tiles. -In the dining room as was leaning against t Interview on 12/17/24 -"The shovel just app	s of the facility, there was a nation in the wall outside of on the right hand side. It and dryer set there were trea, there was a window that the wall with client #2 revealed: eared one day"	V 736			
	-Regarding the hole i					
	Regarding repairs no working on the repair hallway that just happ put the shower head	eeded to the facility, "we are s, there is a hole in the pened recently. We had to back onI don't know e shovel. Probably from the				
	QP stated "[Director/I looking at the drainpi roof but there it has not ceiling). That was not -"Everyone, staff and outside." -"Shovel? I cannot tel clients have physicall would have to check	vealed: rs needed to the facility, the Licensee (D/L) is pe, it came off the top of the tot led to any leaking (in the ticed not even a week ago." kids are to pick up trash  Il you about that. None of the by aggressive behaviors. I outside for the PVC pipe." ds to flooding and the rain				

Division of Health Service Regulation

STATE FORM 6899 RUX911 If continuation sheet 8 of 9

Division of Health Service Regulation

TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG  CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)  V 736  Continued From page 8  -Was aware of the window that leaned on the wall inside the facility -"We had to replace a window due to a client that ran away. It has been less than a month ago."  Interview with the D/L revealed: -Regarding the physical plant issues of the facility, the D/L stated "The beam in the front (of the facility) there must be water escaping (through it). I just noticed that recently. I will get my maintenance man to start working on it. He has been working at [the sister facility]. The hole in the wall was just recently put there. My maintenance man will repair it. He won't be happy because he had already patched that hole"	STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	CONSTRUCTION	(X3) DATE SU COMPLE	
CHANCES GROUP HOME  T12 WEST FISHER STREET SALISBURY, NC 28144   (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 8  -Was aware of the window that leaned on the wall inside the facility -"We had to replace a window due to a client that ran away. It has been less than a month ago."  Interview with the D/L revealed: -Regarding the physical plant issues of the facility, the D/L stated "The beam in the front (of the facility) there must be water escaping (through it). I just noticed that recently. I will get my maintenance man to start working on it. He has been working at [the sister facility]. The hole in the wall was just recently put there. My maintenance man will repair it. He won't be happy because he had already patched that hole"			MHL080-122	B. WING		12/18	3/2024
CHANCES GROUP HOME  SALISBURY, NC 28144   (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  V 736  Continued From page 8  -Was aware of the window that leaned on the wall inside the facility -"We had to replace a window due to a client that ran away. It has been less than a month ago."  Interview with the D/L revealed: -Regarding the physical plant issues of the facility, the D/L stated "The beam in the front (of the facility) there must be water escaping (through it). I just noticed that recently. I will get my maintenance man to start working on it. He has been working at [the sister facility]. The hole in the wall was just recently put there. My maintenance man will repair it. He won't be happy because he had already patched that hole"	NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	DRESS, CITY, STA	TE, ZIP CODE		
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-"Construction (DHSR) just came out. The windows slid outwards, and I had to change out all the windows. There are contacts on the windows for the alarms. That is why the windows are leaning against a wall. They also want me to fix the loose railing. I just added a new roof, and I had to cut down a tree also."  -Was aware there was no mirror in the bathroom.  -"It fell and broke. I will get another one. When the kids are gone for Christmas, I will have the maintenance man come in to get the repairs done."	V 736	-Was aware of the win inside the facility -"We had to replace a ran away. It has been Interview with the D/L -Regarding the physic facility, the D/L stated the facility) there mus (through it). I just notion my maintenance man has been working at [in the wall was just remaintenance man will because he had alreation-"Construction (DHSF windows slid outward all the windows. There windows for the alarm are leaning against a fix the loose railing. I just had to cut down a treet-Was aware there was alread to cut down a treet-Was aware there was alread to cut down a treet-Was aware there was alread to cut down a treet-was alread to cut do	a window due to a client that a less than a month ago."  Tevealed: cal plant issues of the difference of the beam in the front (of the water escaping oced that recently. I will get at o start working on it. He will get at o start working on it. He won't be happy and patched that hole"  R) just came out. The sear out the are contacts on the me. That is why the windows wall. They also want me to just added a new roof, and I se also."  s no mirror in the bathroom.  It will have the	V 736	DEFICIENCY)		

Division of Health Service Regulation

STATE FORM 6899 RUX911 If continuation sheet 9 of 9