## PRINTED: 02/10/2025 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL058-050	B. WING		01/30/2025		
			DDRESS, CITY, STATE, ZIP CODE			0110012020	
	GINNINGS WITH LOV	/F INC ADULT FA(	RIS STREET ISTON, NC 27	802			
(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 DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE		
V 000	INITIAL COMMENTS		V 000				
	standard level defici 1/30/25. This was a 10A NCAC 27G .02 (V108), 10A NCAC Treatment/Habilitat 10A NCAC 27G .03 Requirements (V73 compliance. The fo compliance: 10A N Requirements (V10 Assessment and T Service Plan (V112 Location and Exter following was not re a service category	ted follow up survey for the ciencies was completed on a limited follow up survey, only 202 Personnel Requirements 27G .0205 Assessment and cion or Service Plan (V112), 303 Location and Exterior 36) were reviewed for blowing were brought back into CAC 27G .0202 Personnel 08), 10A NCAC 27G .0205 reatment/Habilitation or c), 10A NCAC 27G .0303 ior Requirements (V736). The eviewed for compliance due to change: 10A NCAC 27G .5603 Operations (V291). A d.					
	category: 10A NCA Treatment Staff Se Adolescents. This facility is licens census of 3. The se	sed for the following service C 27G .1700 Residential cure for Children or sed for 4 and has a current urvey sample consisted of and 1 former client.					
V 513	27E .0101 Client R Alternative	ights - Least Restrictive	V 513				
	that promote a safe These include: (1) using the appropriate setting	all provide services/supports and respectful environment. least restrictive and most					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED	
		MHL058-050			01/	01/30/2025
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
NEW BE	GINNINGS WITH LOV		RIS STREET STON, NC 27	7892		
(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 1 DEFICIENC	TION SHOULD BE COMPLE THE APPROPRIATE DATE	
V 513	Continued From pa	age 1	V 513			
	self or others; (3) providing meaningful to the c (4) sharing o the client/legally res (b) The use of a re procedure designed always be accompa- insure dignity and r intervention. These (1) using the and	hatives to injurious behavior to choices of activities elients served/supported; and f control over decisions with sponsible person and staff. estrictive intervention d to reduce a behavior shall anied by actions designed to respect during and after the e include: intervention as a last resort; g the intervention by people				
	Based on observat interview, the facilit restrictive and mos methods were used Observation on 1/2 12:15pm revealed: - key lock doorki the snacks and dry - the Director us - oatmeal, potato cups, and canned v	19/25 at approximately nob on the pantry door where foods were kept ed a key to unlock the pantry o chips, peanut butter, fruit vegetables were in the pantry ry foods were out and				
	(QP) reported:					

STATE FORM

If continuation sheet 2 of 3

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Division of Health Service Regulation           STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION         (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:           MHL058-050			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL058-050	B. WING		01/30/2025	
IAME OF	PROVIDER OR SUPPLIER	STREET AI	DDRESS, CITY, S	TATE, ZIP CODE		
IEW BE	GINNINGS WITH LOV	F INC ADULT FA	RIS STREET ISTON, NC 27	7892		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE	(X5) COMPLET DATE
V 513	Continued From pa	ge 2	V 513			
	to take in their room to eat in their room - the clients woul under their beds - there were des - sometimes the outside of the snact will give them snact - sometimes the of snack times beca with a lot of sugar a their behaviors woul Interview on 1/29/2 reported: - that if she didn' clients would eat al - "I have always I opened the facility - the clients had would unlock the pa - that one night, on the counter, and a clients room - "if you don't hav they will walk by an - the kids would and eat food if it ou - she would spea	Id leave the trash or food ignated times for snacks clients did ask for snacks k times and sometimes "we ks outside of the snack times" y wouldn't give snacks outside ause they had a lot of snacks and if the clients ate too much, ild increase 5 & 1/30/25 the Director t keep the pantry locked, the I the food had a lock on the pantry since " to ask for a snack and staff antry and get it for them staff put a bag of oranges out I all of the oranges ended up ir we any control over the food, d grab it all" get up all hours of the night				

50W011