Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL013-161	B. WING		03	/25/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STAT	E, ZIP CODE		
BROOKW	OOD		MERPINE PLACE	!		
(X4) ID PREFIX TAG					(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000			
	2025. Deficiencies w This facility is license category: 10A NCAC Living for Adults with This facility is license	d for the following service 27G .5600C Supervised Developmental Disability. d for 3 and has a current vey sample consisted of				
V 112	V 112 27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (c) The plan shall be developed based on the assessment, and in partnership with the client or legally responsible person or both, within 30 days of admission for clients who are expected to receive services beyond 30 days. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (6) written consent or agreement by the client or responsible party, or a written statement by the provider stating why such consent could not be obtained.		V 112			

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 IDENTIFICATION NUMBER:		` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			
		MHL013-161	B. WING		03	3/25/2025
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE	, ZIP CODE	·	
BBOOKW	100D	207 SUN	MERPINE PLACE			
BROOKW	מסט	KANNAF	POLIS, NC 28081			
(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 ACTI CROSS-REFERENCED TO T DEFICIENC	ION SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
V 112	Continued From page	e 1	V 112			
	implement treatment	ecord review, and ty failed to develop and strategies to address the ffecting 2 of 3 clients (Client				
	Observation on 3/25/25 at approximately 10:35am and interview with Staff #1 revealed: -Two live feed camera monitors on the staff's desk in the living room which monitored Client #2's bedroom and Client #3's bedroomCameras in Client #2's bedroom and Client #3's bedroom.					
	record revealed: -Admitted 8/25/11; -Diagnosed with Anxi Gynecomastia, Autisr Developmental Disord Disorder, Fetal Alcohologyndrome; -Legal guardian consistemera monitoring sy -Treatment plan dates	m, Intellectual der, Sleep Apnea, Tic ol Syndrome, Chronic Brain ent for the use of the vstem dated 12/30/24; d 3/1/25 did not include of a camera monitoring				
	Review on 3/24/25 ar record revealed: -Admitted 1/25/11;	nd 3/25/25 of Client #3's				

Division of Health Service Regulation

STATE FORM SYLB11 If continuation sheet 2 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			A. DOILDING			
		MHL013-161	B. WING		03/25/	2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, STA	TE, ZIP CODE		
BROOKW	000	207 SUM	MERPINE PLAC	E		
DICOLLI		KANNAP	OLIS, NC 28081			
(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	(X5) COMPLETE DATE
V 112	Continued From page	2	V 112			
	-Diagnosed with Schi Depression Disorder, Developmental Disab Rhinitis; Gastroesoph Constipation; Eating I Vitamin D Deficiency; Physical and Sexual / Fetishism; Pedophilia Unspecified; -Guardian consents door chimes on Client limitation of not being phone due to his sexu limitation for being in of children may be, at minutes. -Treatment plan dated strategies for the use system in the bedroof bedroom door, the rig a cell phone or being	zoaffective Disorder; Major Mild Intellectual ility; Insomnia; Allergic ageal Reflux Disease; Disorder, Unspecified; Personal History of				
	Clients #2 and #3 as facility at the time of contreatment plans;	realed: rent treatment plans for she was not the QP at the development of the sary treatment strategies				
	the Vice President of -The QP did not deve plans for Client #2 an -Understood that all to	lop the current treatment				

future.

Division of Health Service Regulation

STATE FORM SYLB11 If continuation sheet 3 of 5

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		MHL013-161	B. WING		03/2	5/2025
NAME OF PI	ROVIDER OR SUPPLIER		DRESS, CITY, STA			
BROOKW	OOD		MERPINE PLAC OLIS, NC 28081			
(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	(X5) COMPLETE DATE
V 513	that promote a safe at These include: (1) using the leappropriate settings at (2) promoting of skills that are alternatively self or others; (3) providing characteristics and providing of the client/legally respectively by The use of a restrict procedure designed to always be accompaninsure dignity and restrict intervention. These in (1) using the in and	provide services/supports and respectful environment. ast restrictive and most and methods; soping and engagement ives to injurious behavior to noices of activities and served/supported; and control over decisions with consible person and staff. rictive intervention or reduce a behavior shall fied by actions designed to pect during and after the	V 513			
	and most appropriate affecting 1 of 3 clients are:	ecord review, and ty did not promote a nt using the least restrictive settings and methods s (Client #3). The findings				
	Observation on 3/25/2	25 at approximately				

Division of Health Service Regulation

STATE FORM SYLB11 If continuation sheet 4 of 5

Division of Health Service Regulation

MHL013-161 MHL013-161 STREET ADDRESS, CITY, STATE, ZIP CODE 207 SUMMERPINE PLACE KANNAPOLIS, NC 28891 (A) 10 SUMMARY STATEMENT OF DEFICIENCIES (A) 10 (EACH DEFICIENCY MUST BE REFECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG V 513 Continued From page 4 10:35am and interview with Staff #1 revealed: -Live feed camera monitor on the staff's desk in the living room which monitored Client #3's bedroom. Review on 3/24/25 and 3/25/25 of Client #3's record revealed: -Admitted 1/25/11: -Diagnosed with Schizcaffective Disorder; Major Depression Disorder, Midl Intellectual Developmental Disability, Insomnia; Allergic Rhinitis, Gastroesophageal Reflux Disease; Constipation; Eating Disorder, Inspecified; Vitamin D Deficiency; Personal History of Physical and Sexual Abuse in Childhood; Fetishism, Pedophilia; Herpes Viral Infection, UnspecifiedNo documentation or consent regarding the use of the live feed camera in Client #3's bedroom. Interview on 3/25/25 with the Qualified Professional (QP) revealed: -Did not have legal guardian consent or approval from the Human Rights Committee for the live feed camera in Client #3's bedroomThe live feed camera may have been implemented prior to her taking over the QP duties for the facility. Interview on 3/25/25 with the Administrator and the Vice President of Operations revealed: -Was not aware that a live feed camera was being used in Client #3's bedroom.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
SUMMARY STATEMENT OF DEFICIENCIES CANNAPOLIS, NC 28081 CANNAPO	MHL013-161			B. WING		03/25/2025	
CAJID SUMMARY STATEMENT OF DEPICIENCIES DEPICE PREFIX TAG RECOLATORY OR LSC DENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE OF COMESTE DAYS V 513 Continued From page 4 V 513 V 513	NAME OF PI	ROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, STA	TE, ZIP CODE		
TAG REGULATORY OR LSC IDENTIFYING INFORMATION) V 513 Continued From page 4 10:35am and interview with Staff #1 revealed: -Live feed camera monitor on the staff's desk in the living room which monitored Client #3's bedroomCamera in Client #3's bedroom. Review on 3/24/25 and 3/25/25 of Client #3's record revealed: -Admitted 1/25/11: -Diagnosed with Schizoaffective Disorder; Major Depression Disorder, Mild Intellectual Developmental Disability, Insonmia; Allergic Rhinitis; Gastroesophageal Reflux Disease; Constipation; Eating Disorder, Unspecified; Vitamin D Deficiency; Personal History of Physical and Sexual Abuse in Childhood; Fetishism; Pedophilia; Herpes Viral Infection, UnspecifiedNo documentation or consent regarding the use of the live feed camera in Client #3's bedroom. Interview on 3/25/25 with the Qualified Professional (QP) revealed: -Did not have legal guardian consent or approval from the Human Rights Committee for the live feed camera may have been implemented prior to her taking over the QP duties for the facility. Interview on 3/25/25 with the Administrator and the Vice President of Operations revealed: -Was not aware that a live feed camera was being used in Client #3's befroom.	BROOKW	OOD					
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-Would ensure that all necessary paperwork and consents be obtained for the continued use of the camera monitoring system as determined by the treatment team.	V 513	10:35am and interview-Live feed camera mothe living room which bedroomCamera in Client #3's Review on 3/24/25 and record revealed: -Admitted 1/25/11; -Diagnosed with Schiz Depression Disorder, Developmental Disab Rhinitis; Gastroesoph Constipation; Eating E Vitamin D Deficiency; Physical and Sexual A Fetishism; Pedophilia UnspecifiedNo documentation or of the live feed camera Interview on 3/25/25 of Professional (QP) revenid not have legal gustrom the Human Right feed camera in Client -The live feed camera implemented prior to liquities for the facility. Interview on 3/25/25 of the Vice President of Was not aware that a being used in Client #-Would ensure that all consents be obtained camera monitoring sy	w with Staff #1 revealed: whitor on the staff's desk in monitored Client #3's s bedroom. d 3/25/25 of Client #3's zoaffective Disorder; Major Mild Intellectual ility; Insomnia; Allergic ageal Reflux Disease; Disorder, Unspecified; Personal History of Abuse in Childhood; ; Herpes Viral Infection, c consent regarding the use a in Client #3's bedroom. with the Qualified ealed: lardian consent or approval ts Committee for the live #3's bedroom. In may have been her taking over the QP with the Administrator and Operations revealed: a live feed camera was 3's bedroom. I necessary paperwork and for the continued use of the	V 513			

Division of Health Service Regulation

STATE FORM 8899 3YLB11 If continuation sheet 5 of 5