PRINTED: 03/28/2025 FORM APPROVED

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 1 100			TE SURVEY	
AND I DAY OF CONNECTION			A. BUILDING:				
MHL013-229		MHL013-229	B. WING		03/25/2025		
NAME OF PI	ROVIDER OR SUPPLIER	STREET ADD	TE, ZIP CODE				
APOMO-P	ATTERSON ROAD		ERSON ROAD LIS, NC 28083				
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETE DATE	
V 000	INITIAL COMMENTS		V 000				
	An annual survey was deficiency was cited.	s completed on 3/25/25. A					
	This facility is licensed for the following service category: 10A NCAC 27G .5600B Supervised Living for Minors with Developmental Disability.						
	-	d for 3 and has a current rey sample consisted of ents.					
V 513	27E .0101 Client Righ Alternative	nts - Least Restrictive	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 restrocedure designed to always be accompaninsure dignity and resintervention. These in (1) using the in and	provide services/supports and respectful environment. ast restrictive and most and methods; coping and engagement ives to injurious behavior to noices of activities ants served/supported; and control over decisions with onsible person and staff. rictive intervention o reduce a behavior shall ited by actions designed to appect during and after the anclude: tervention as a last resort;					
	(2) employing t trained in its use.	he intervention by people					

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

TITLE (X6) DATE Division of Health Service Regulation

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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED		
		MHL013-229	B. WING		03/	25/2025	
		WII IEV 10-223			1 03/	2312023	
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	ADDRESS, CITY, STA	TE, ZIP CODE			
ADOMO B	ATTERSON ROAD	5155 PA	TTERSON ROAD				
AFUIVIU-P	ALLENSON KUAD	KANNAI	POLIS, NC 28083	3			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF COR	RECTION	(X5)	
PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX	(EACH CORRECTIVE ACTION		COMPLETE DATE	
TAG			TAG	CROSS-REFERENCED TO THE A DEFICIENCY)	APPROPRIATE	DATE	
			+				
V 513	Continued From page 1		V 513				
	This Rule is not met	as evidenced bv:					
	This Rule is not met as evidenced by: Based on record review, observation, and						
	interview, the facility t						
		nt for 2 of 2 clients (#1 and					
	#2). The findings are	•					
	,						
	Review on 3/24/25 of client #1's record revealed:						
	-Admission date of 6/14/22.						
	-11 years old.						
	-Diagnoses of Attention-Deficit Hyperactivity						
		Гуре; Autistic Disorder; and					
	Disruptive Mood Dysregulation Disorder.						
	-Treatment plan dated 11/1/25: "[Client #1] will						
		on-food items in his mouth					
	with 1 verbal prompt						
	-No documentation of restriction in treatment						
	plan.						
	D : 0/04/0= 3						
	Review on 3/24/25 of client #2's record revealed:						
	-Admission date of 2/	13/24.					
	-13 years old.	ata Intallactual Disability					
	•	ate Intellectual Disability;					
	Attention-Deficit Hype	eractivity Disorder, rmittent Explosive Disorder;					
	and Autistic Disorder.						
		f restriction in treatment					
	plan.	resulction in treatment					
	pian.						
	Observation on 3/24/2	25 at approximately					
	11:24am revealed:	approximatory					
		containing food, knives, and					
	cleaning supplies was						
	Interview on 3/24/25	with client #1 revealed:					
	-"If I get hungry, I ask						
	Jg. y, 1 did.						
	Interview on 3/24/25	with client #2 was					

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1 ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-229	B. WING		03/25/202	25
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, STATE, ZIP CODE			
APOMO-PATTERSON ROAD 5155 PATTERSON ROAD KANNAPOLIS, NC 28083						
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COI	(X5) MPLETE DATE
V 513	Continued From page 2		V 513			
	unsuccessful because he did not want to interact with the surveyor and had limited communication skills.					
	Interview on 3/24/25 with staff #1 revealed: -"The pantry is locked because of Jacob's issues with pica and cleaning supplies." -Client #1 "has pica and will drink cleaning supplies. He may spray air freshener in his mouth. He will eat dried spaghetti noodles, eats toilet paper, and will drink dish detergent." -Knives are locked in the pantry because client #1 "likes to play with knives." Interview on 3/24/25 with the Program Manager/QP revealed: -"We are locking (pantry in the kitchen for safety's sake." -Client #1 had picaClient #2 had a fascination with guns and knives"We keep things in there that the clients don't need access to. Like knives. We would never put them (clients) in the situation where they would have access to sharps." -Restrictions were not documented in client #1's and #2's treatment plans. Interview on 3/24/25 with the Owner/QP revealed: -The pantry was kept locked because of concerns about client #2 with knives and because hazardous cleaning supplies was kept in thereClients had access to food when they askedRestrictions were not documented in client #1's and #2's treatment plans.					
	would have access to -Restrictions were not and #2's treatment pla Interview on 3/24/25 v -The pantry was kept about client #2 with ke hazardous cleaning s -Clients had access to -Restrictions were not	sharps." documented in client #1's ans. with the Owner/QP revealed: locked because of concerns nives and because upplies was kept in there. of food when they asked. documented in client #1's				

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