PRINTED: 03/28/2025 FORM APPROVED

Division of	of Health Service Regu	lation			1 Ortiv	I/ III NOVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		CONSTRUCTION	(X3) DATE S COMPL	
		MHL013-229	B. WING		03/2	25/2025
NAME OF PI	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	TE, ZIP CODE		
APOMO-P	ATTERSON ROAD		TERSON ROAD POLIS, 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 wa deficiency was cited.	s completed on 3/25/25. A				
	category: 10A NCAC	d for the following service 27G .5600B Supervised Developmental Disability.				
	-	d for 3 and has a current vey sample consisted of ents.				
V 513	27E .0101 Client Rigl Alternative	nts - Least Restrictive	V 513			
	that promote a safe a These include: (1) using the le appropriate settings a (2) promoting of skills that are alternal self or others; (3) providing cl meaningful to the clie (4) sharing of of the client/legally resp (b) The use of a rest procedure designed t always be accompan insure dignity and resp intervention. These i (1) using the in and (2) employing the trained in its use.	provide services/supports ind respectful environment. ast restrictive and most and methods; coping and engagement tives to injurious behavior to noices of activities ents served/supported; and control over decisions with onsible person and staff. rictive intervention o reduce a behavior shall ied by actions designed to spect during and after the				
LABORATORY	alth Service Regulation DIRECTOR'S OR PROVIDER/ DLACK DOM	SUPPLIER REPRESENTATIVE'S SIGNATUR		TITLE tive Director 4.10.25		(X6) DATE

STATE FORM

PRINTED: 03/28/2025 FORM APPROVED

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING: B. WING		(X3) DATE SURVEY COMPLETED 03/25/2025	
		MHL013-229				
IAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STA	ATE, ZIP CODE		
POMO-F	PATTERSON ROAD		TTERSON ROAD POLIS, NC 2808			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF PREFIX (EACH CORRECTIVE ACT TAG CROSS-REFERENCED TO DEFICIENC		TION SHOULD BE COM THE APPROPRIATE	
V 513	Continued From page	e 1	V 513			
V 513 Continued From page 1 This Rule is not met as evidenced by: Based on record review, observation, and interview, the facility failed to use the least restrictive environment 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 Disorder, Combined Type; Autistic Disorder; and Disruptive Mood Dysregulation Disorder. -Treatment plan dated 11/1/25: "[Client #1] will refrain from putting non-food items in his mouth with 1 verbal prompt or less." -No documentation of restriction in treatment plan. Review on 3/24/25 of client #2's record revealed: -Admission date of 2/13/24. -13 years old. Diagnoses of Moderate Intellectual Disability; Attention-Deficit Hyperactivity Disorder, Combined Type; Intermittent Explosive Disorder; and Autistic Disorder. -No documentation of restriction in treatment plan. Observation on 3/24/25 at approximately 11:24am revealed: -Pantry in the kitchen containing food, knives, and cleaning supplies was locked. Interview on 3/24/25 with client #1 revealed: -"If 1 get hungry, 1 ask staff."			In review of client's 1 plan of care, it does indicate the the individual requires extra support due to PICA. The information is found on page 12 of 43. In re-review of Client #2 care plan, it does not mention his fascination with weapons but our individualized care of him has helped us determine that he enjoys play with knives, gun simulation, swords, etc. We have also determined that there is a lack of awarenes regarding the level of harm that can be inflicted. We expressed that the locks on the pantry door was not to restrict clients from food. No locks were present on the refrigerator or deep freezer which both contained food. The locks were due to limited storage space and our effort to foste a safe environment for individual who might inflict harm to themselves or others by having access to knives or having access to ingest cleaning fluids, oven cleaner, sprays etc. While we feel the surveyor has misinterpreted the least restrictive method, we have taken steps to comply by removing the locks from the pantry/storage closet. We have obtained a footlocker to lock away knives and additional items that might be harmful to ingest for residents that have PICA.		r)	

EE5411

PRINTED: 03/28/2025 FORM APPROVED

Division of Health Service Regulation STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL013-229		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL013-229	B. WING		03/25/2025	
NAME OF PI	ROVIDER OR SUPPLIER		DDRESS, CITY, STATE	, ZIP CODE		
APOMO-P	ATTERSON ROAD		POLIS, NC 28083			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	CTION SHOULD BE COMPL D THE APPROPRIATE 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."					
	-"We keep things in t need access to. Like put them (clients) in t would have access to	ot documented in client #1's				
	-The pantry was kept about client #2 with k hazardous cleaning s -Clients had access t	supplies was kept in there. to food when they asked. ot documented in client #1's				
ision of Hea						

EE5411