

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411189	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED 04/11/2025
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NAME OF PROVIDER OR SUPPLIER BEARS CREEK HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 BEARS CREEK ROAD GREENSBORO, NC 27406
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(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
V 000	<p>INITIAL COMMENTS</p> <p>An annual survey was completed on April 11, 2025. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living for Alternative Family Living.</p> <p>This facility is licensed for 2 and has a current census of 2. The survey sample consisted of audits of 2 current clients.</p>	V 000	<p>Staff personnel will adhere and be trained on UL's current Policy & Procedure in regards to V 531 27E .0105(a) Client Rights - Protective Devices 10A NCAC 27E .0105 PROTECTIVE DEVICES</p> <p>All restrictive devices have been removed from the consumer's room. However, the consumer's treatment team was able to meet in regards to this matter on April 14, 2025. The team did agree to implement in the consumer's behavior support plan (IBSP) the necessary use of protective devices. These protective devices will be solely use for the consumer's bedroom closet. The plan will be signed off on by all team members including the guardian as well as UL HRC. Staff will be monitored monthly for the first two months to ensure compliance. The team will also meet monthly to ensure that AFL staff provider is in compliance with the consumer's IBSP.</p> <p>Responsible Party: UL's QP, AFL Provider & UL HRC</p>	<p>Implement ation Date April 11, 2025</p> <p>Effective Date June 10, 2025</p>
V 531	<p>27E .0105(a) Client Rights - Protective Devices</p> <p>10A NCAC 27E .0105 PROTECTIVE DEVICES</p> <p>(a) Whenever a protective device is utilized for a client, the governing body shall develop and implement policy to ensure that:</p> <p>(1) the necessity for the protective device has been assessed and the device is applied by a facility employee who has been trained and has demonstrated competence in the utilization of protective devices;</p> <p>(2) the use of positive and less restrictive alternatives have been reviewed and documented and the protective device selected is the appropriate measure;</p> <p>(3) the client is frequently observed and provided opportunities for toileting, exercise, etc. as needed. When a protective device limits the client's freedom of movement, the client shall be observed at least every hour. Whenever the client is restrained and subject to injury by another client, a facility employee shall remain present with the client continuously. Observations and interventions shall be documented in the client record;</p> <p>(4) protective devices are cleaned at regular intervals; and</p>	V 531		

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



TITLE



(X6) DATE

4/17/2025

Division of Health Service Regulation

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V 531	<p>Continued From page 1</p> <p>(5) for facilities operated by or under contract with an area program, the utilization of protective devices in the treatment/habilitation plan shall be subject to review by the Client Rights Committee, as required in 10A NCAC 27G .0504. Copies of this Rule and other pertinent rules are published as Division publication RULES FOR MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE SERVICES, APSM 30-1, and may be purchased at a cost of five dollars and seventy-five cents (\$5.75) per copy.</p> <p>This Rule is not met as evidenced by: Based on observation, record review and interview, the facility failed to have the utilization of a protective device reviewed by the Client Rights Community for 1 of 2 clients (Client #1). The findings are:</p> <p>Observation on 4/10/25 between 12:06 pm -12:24 pm of the facility revealed: -Client #1's bedroom had: -One white-colored cabinet lock on both doors of his clothes wardrobe. -One white-colored cabinet lock on his bedroom closet door.</p> <p>Review on 4/11/25 of Client #1's record revealed: -Admission date of 5/1/19. -Diagnoses of Autism, Schizophrenia, Major Depression Disorder, and Profound Intellectual Developmental Disability (IDD). -No documentation of the use of cabinet locks on his clothing wardrobe or closet in his bedroom.</p> <p>Interview on 4/10/25 with Client #1 revealed: -He did not verbalize responses to questions</p>	V 531		

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

BEARS CREEK HOME

**2701 BEARS CREEK ROAD
GREENSBORO, NC 27406**

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V 531	<p>Continued From page 2</p> <p>about his current living environment.</p> <p>Interview on 4/10/25 with the Alternative Family Living (AFL) Provider revealed: -The locks on Client #1's wardrobe and closet were to prevent Client #1 from placing soiled clothing on his clean clothing items and "messaging in his clothes."</p> <p>Interview on 4/11/25 with the Owner/Director revealed: -He did not have the cabinet locks on Client #1's clothing wardrobe and closet reviewed by the Client Rights Committee as this was an oversight. -He would have the use of the locks reviewed with the Client Rights Committee for approval as soon as possible.</p>	V 531		