STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		MHL055-134	B. WING		06/25/2025	
NAME OF F	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
MONARO	CH DBA UMAR-PITZE	R	LINGTON DR ITON, NC 28			
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES				PROVIDER'S PLAN OF CORRECT	ON	(X5)
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
V 000	INITIAL COMMENT	rs	V 000			
	2025. The complain	was completed on June 25, hts were unsubstantiated 26 and #NC00231520). A d.				
	category: 10A NCA	sed for the following service C 27G .5600C Supervised h Developmental Disability.				
		sed for 6 and has a current urvey sample consisted of 6				
V 110	27G .0204 Training Paraprofessionals	/Supervision	V 110			
	SUPERVISION OF  (a) There shall be a paraprofessionals.  (b) Paraprofession associate profession professional as special subchapter.  (c) Paraprofession knowledge, skills an population served.  (d) At such time as employment system then qualified profe professionals shall	edge; ess; ; g; kills;				

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

TITLE (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		MHL055-134	B. WING		06/2	25/2025	
NAME OF F	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE						
MONARO	CH DBA UMAR-PITZE	R	LINGTON DR TON, NC 28				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE	
V 110	(7) clinical skills. (f) The governing is develop and impler for the initiation of the plan upon hiring early the knowledge, skill population served.  Review on 6/24/25 -Date of admission -Diagnoses: Mild Interest and a recommentation of the community.  Review on 6/24/25 -Date of admission -Diagnoses: Mild Interest admission -Diagnoses: Mild Interest and community in treatment plan da recommentation of the community in treatment plan da recommentation community in treatment plan da recommentation community in treatment plan documentation community in treatment plan docu	pody for each facility shall ment policies and procedures he individualized supervision ch paraprofessional.  et as evidenced by: view and interview, audited taff #1 failed to demonstrate ls, and abilities required by the The findings are:  of Client #1's record revealed: 04/16/2024. tellectual Disabilities. ted 3/26/25: 8 hours of unsupervised time of Client #2's record revealed: 09/30/2002. tellectual Disabilities. of unsupervised time in the ment plan dated 2/1/25.  of Staff #1's record revealed: tal Specialist Residential. 24. ent #1's treatment plan dated	V 110	DEFICIENCY)			
İ	Interview on 6/24/2	5 with Staff #1 revealed:					

Division of Health Service Regulation STATE FORM

UOYI11 If continuation sheet 2 of 4

Division of Health Service Regulation			F		T	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY		
AND PLAN OF CORRECTION IDENTIFICATION NUMB		IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
		MHL055-134	B. WING			5/2025
NAMEOF	DRU/IDED UD SLIDDI IED	CTDEET AD	DRESS CITY (	STATE ZIP CODE		
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS						
MONAR	CH DBA UMAR-PITZE	R	LINGTON DE			
	Г		TON, NC 28			
(X4) ID PREFIX		TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG	`	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI		DATE
				DEFICIENCY)		
V 110	Continued From pa	ige 2	V 110			
	•	_				
	-Client #1 was the	only client with unsupervised				
		munity in their treatment plan.				
		to go into the convenience				
		about 4 weeks ago while she				
	waited in the van in	nt #2 were "in the store no				
		es" before returning to the van.				
		he [House Manager (HM)] and				
		or/Qualified Professional				
		tting [Client #2] go into the				
	store with [Client #1] by himself without me."					
	-"I knew better (than to let a client without					
	unsupervised time in their treatment plan be					
	unsupervised)."					
	-"I won't do it again (let a client without					
	unsupervised time in their treatment plan be					
	unsupervised)."					
	Internieur en 6/04/0	C with the LIM verse alod.				
		5 with the HM revealed: only client with unsupervised				
	time out in the community in their treatment planExpected staff to be in close proximity and					
	maintain eyesight of clients at all times while out					
	in the community.					
	_	d that they reviewed the				
	client's treatment pl	lans as they are created and				
	updated.	•				
		at Staff #1 allowed Client #2 to				
		ence store with Client #1 about				
		pervised while she waited in				
	the van in the parki					
		g with all staff and let them				
		priate to let clients go into				
	stores without staff					
	unsuperviseu uitie	in their treatment plan.				
	Interviews on 6/23/	25 and 6/25/25 with the				
	Residential Director					
		only client with unsupervised				
		munity in their treatment plan.				

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STATE FORM 6899 UOYI11 If continuation sheet 3 of 4

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED			
			7. BOILDING.					
		MHL055-134	B. WING		1	5/2025		
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE							
MONAR	MONARCH DBA UMAR-PITZER  200 WELLINGTON DRIVE LINCOLNTON, NC 28092							
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE		
V 110	-Staff acknowledge client's treatment plupdatedHad a staff meetin that Client #1 was tunsupervised time -Was not aware that go into the convenidation weeks ago unsupthe van in the parkitake administricus the expectation.	d that they reviewed the lans as they are created and g last week (6/16/25-6/20/25) he only one who had in the community. It Staff #1 allowed Client #2 to ence store with Client #1 about pervised while she waited in	V 110					

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