

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: mhl054-117	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____	(X3) DATE SURVEY COMPLETED R 08/11/2025
NAME OF PROVIDER OR SUPPLIER BALTIMORE		STREET ADDRESS, CITY, STATE, ZIP CODE 1932 OLD COLONY ROAD KINSTON, NC 28501		
(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	INITIAL COMMENTS An annual and follow up survey was completed on August 11, 2025. A deficiency was cited. This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disability. This facility is licensed for 3 and currently has a census of 3. The survey sample consisted of audits of 3 current clients.	V 000		
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		

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

TITLE

(X6) DATE

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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews, observation and interviews, the facility failed to develop and implement treatment strategies for 1 of 3 clients (Client #2). The findings are:</p> <p>Review on 08/08/25 of client #2's record revealed: - Admission date of 12/08/17. - Diagnoses of Impulse Control Disorder, Moderate Intellectual Developmental Disability, Seizures, Hypertension, Hypercholesterolemia, Anemia, Gastroesophageal Reflux Disorder and Vitamin D Deficiency.</p> <p>Review on 08/08/25 of client #2's Individual Support Plan (ISP) dated 10/01/24 revealed: - Short Range Goal: "[Client #2] will refrain from tearing up and throwing her clothing away by utilizing the designated items to tear, destroy or throw away such as paper or magazines provided." - "Where am I now in relationship in the goal? [Client #2] needs close supervision with this goal due to her history of tearing and throwing away her clothing." - There were no strategies to address the restriction of clothing items or access to personal closet documented on ISP.</p> <p>Observation on 08/07/25 at approximately 11:00am revealed:</p>	V 112		

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V 112	<p>Continued From page 2</p> <ul style="list-style-type: none"> - Client #2's bedroom closet was locked with clothing items inside of the closet and staff had key around the wrist. <p>Interview on 08/07/25 client #2 stated:</p> <ul style="list-style-type: none"> - "Been here a long time." -The staff locked her closet so she would not tear her clothes. -She had to go get staff if she wanted access to her locked closet. <p>Interview on 08/07/25 the Director of Operations stated:</p> <ul style="list-style-type: none"> -Client #2's door was locked so she would not tear and throw away her clothing items. -Client #2 had access to her locked closet by letting staff know that she needed an item out of her closet. <p>Interview on 08/08/25 the Qualified Professional stated:</p> <ul style="list-style-type: none"> -He was aware that client #2's closet was locked. -The closet was locked because client #2 would tear and throw her clothing items away. -The facility had permission from the guardian to lock the closet. -He had an electronic communication through email and text that stated the restriction for client #2. -The restriction had been like that for years. -Client #2 had a goal for the locked closet. -The facility would update the ISP to include strategies for client #2's closet restriction. <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 112		