Division of Health Service Regulation STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING: C B. WING mhl047-091 03/21/2018 NAME OF PROVIDEROR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE New Horizon Group Home, LLC 497 Northwoods Drive Raeford, NC 28376 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID ID (X5) COMPLETE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSCIDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) V 000 INITIAL COMMENTS V 000 A complaint and follow-up survey was completed on March 21, 2018. A deficiency was cited. The complaint was unsubstantiated. (Complaint ID # DHSR-Mental Health NC00136581.) This facility is licensed for the following service APR 0 2 2018 category: 10A NCAC 27G .1700 Residential Treatment Staff Secure for Children or Lic. & Cert. Section Adolescents. V 296 27G .1704 Residential Tx. Child/Adol - Min. V 296 Staffing Measures put into place to correct the 3-30-18 deficient area of practice: 10A NCAC 27G . 1704 MINIMUM STAFFING Quality Management Director REQUIREMENTS (a) A qualified professional shall be available by developed a sample weekly telephone or page. A direct care staff shall be staffing schedule with areas able to reach the facility within 30 minutes at all that 2 staff person's names must be written in each shift for (b) The minimum number of direct care staff each day of the week. required when children or adolescents are present and awake is as follows: Reminders are present on the two direct care staff shall be present for (1)schedule page regarding one, two, three or four children or adolescents: coverage during a situation three direct care staff shall be present requiring one of the staff to for five, six, seven or eight children or leave the group home. This adolescents: and four direct care staff shall be present for sample weekly schedule form nine, ten, eleven or twelve children or is being shared with the Group adolescents. Home Manager with (c) The minimum number of direct care staff instructions to implement during child or adolescent sleep hours is as immediately. follows: (1) two direct care staff shall be present and one shall be awake for one through four Quality Management Director No later children or adolescents; will provide training, to all than two direct care staff shall be present Level III Group Home staff. and both shall be awake for five through eight 4-06-18 children or adolescents; and relevant to DMH Rule .1700 and New Horizon Group Home, LLC Policy related to Level III Child Residential Services. A Pre and Post Test will be provided. Quality Management Director 3-30-18

Division of Health Service Regulation completed a supervision with the Group Home Manager/QP regarding to staffing patterns and requirements. The supervision included specific instructions regarding coverage. What measures will be put in place to prevent the problem from occurring again: CEO/Owner will review the Weekly Staffing Schedule weekly (at scheduling completion). A revised schedule will be forwarded to the CEO if revisions are made to the Weekly schedule during the work week. and CEO will review the schedule ongoing with staff sign in/sign out sheets If CEO determines additional training and/or follow-up is needed the Quality Management Director will provide additional hands on training and/or consultation. Who will monitor the situation to ensure it will not occur again. Weekly and CEO/Owner ongoing Quality Management Director How often the monitoring will take place. • At least weekly or more often if warranted. Division of Health Service Regulation

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

DATE

5.29.2018

STATE FORM

6899

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If continuation sheet 1 of

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STATE	ENT OF DEFICIENCIES AN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION		E SURVEY PLETED
		mhl047-091	B. WING			C 21/2018
NAME C	F PROVIDEROR SUPPLIER			STATE, ZIP CODE	1	
	ORIZON GROUP HOMI	497 NOR	THWOODS			
IALAA	ONIZON GROOF HOM	RAEFOR	D, NC 2837	6		
(X4) IE PREFI TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETE DATE
V 29	6 Continued From pa	ge 1	V 296			
(3) three direct care staff shall be present of which two shall be awake and the third may be asleep for nine, ten, eleven or twelve children or adolescents. (d) In addition to the minimum number of direct care staff set forth in Paragraphs (a)-(c) of this Rule, more direct care staff shall be required in the facility based on the child or adolescent's individual needs as specified in the treatment plan. (e) Each facility shall be responsible for ensuring supervision of children or adolescents when they are away from the facility in accordance with the child or adolescent's individual strengths and needs as specified in the treatment plan.						
	observation, the factors assure the minimum available to supervi	views, interviews and illity management failed to number of staff were sed clients when they were affecting 2 of 2 (#1 & #2)				
	 Admission date of Diagnoses of Disri Disorder; Attention- 	of Client #1's record revealed: 1/26/18 uptive Mood Dysregulation Deficit Hyperactivity Disorder, and Oppositional Defiant				
	- Admission date of	of Client #2's record revealed: 2/13/18 ositional Defiant Disorder and				

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		NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			E SURVEY IPLETED
			mhl047-091	B. WING			C 21/2018
ľ	NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	, STATE, ZIP CODE	'	
	NEW HO	RIZON GROUP HOME	- LLC	THWOODS			
L			RAEFUR	D, NC 2837			
	(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULDBE	(X5) COMPLETE DATE
	V 296	V 296 Continued From page 2		V 296			
		Bipolar Disorder					
		in the facility reveals - Client #1 and Clier room/common area - One person was in During interview on facility reported: - There are "usually facility when they ar - There have been a one staff is present - Sometimes one st another staff comes - They all think there and are not aware of	ant #2 were in the living watching television. In the facility cooking. (Staff #1) 3/20/18, all clients in the watching television. If two staff present in the represent. If the few occasions when only to supervise them. If the few the f				
		 She had been work approximately two news The Facility Manage 	ger/Supervisor "had just left" roximately 10 minutes prior to				
		Further observation persons in the facilit - The returned to the					
		Manager/Supervisor after approximately - There are always to supervise the clients - She had to leave to	3/20/18, the Facility r upon return her to the facility 30 minutes, she said: wo staff assigned to s. o go to the office. However, n to work through the evening				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION S:		E SURVEY PLETED			
			A. BUILDING	5		С			
		mhl047-091	B. WING			21/2018			
NAME OF	PROVIDEROR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE					
NEW HO	NEW HORIZON GROUP HOME, LLC 497 NORTHWOODS DRIVE RAEFORD, NC 28376								
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETE DATE			
V 296	During interview on - She always tries to each shift She thought it was supervise for a limit one or two clients in - She was sure the	3/21/18, the Licensee said: o have two staffscheduled s possible for one staff to led time when there were only	V 296						

Division of Health Service Regulation

NEW HORIZON GROUP HOME WEEKLY SCHEDULE SAMPLE

		3 RD SHIFT		2 ND SHIFT		1 ST SHIFT	
#2	Staff person	Staff person	Staff person #2	Staff person #1	Staff person #2	Staff person #1	SUNDAY
#2	#1 Staff person	Staff person	Staff person #2	Staff person #1	Staff person #2	Staff person #1	MONDAY
#2	#1 Staff person	Staff person	Staff person #2	Staff person #1	Staff person #2	Staff person #1	TUESDAY
	Staff person #2	Staff person #1	Statt person #2	Staff person #1	Staff person #2	Staff person #1 Staff	WEDNESDAY THIRSDAY
#2	#1 Staff person	Staff person	Staff person #2	Staff person #1	Staff person #2	Staff person #1	THIRSDAY
#2	#1 Staff person	Staff person	Staff person #2	Staff person #1	Staff person #2	Staff person	FRIDAV
#2	#1 Staff person	Staff person	Staff person	Staff person #1	Staff person #2	Staff person #1	SATIRDAY

Reminder: No less than two staff must be present with one, two, three, or four consumers.

Any staff person that cannot work their assigned shift must:

- arrange for a relief staff person; or
- switch shift with another staff person

All changes to the shift must be arranged through the Group Home Manager

Supervision Meeting

Employee: Sheila Lee, Group Home Manager

Quality Supervisor: Shirley Liles, Quality Management Director

Date: March 30, 2018

Re: Staffing Pattern Requirements Level III Group Home

During an on-site follow-up visit with DHSR dated 3-21-18, it was noted only one staff person was present at the group home with two consumers. DMH Rule mandates that two staff are always present with one, two, three, or four consumers at all times. During consumer sleep hours, two staff must continue to be present in the group home. However, one of the staff may sleep while the other staff person remains awake.

During an emergency or if a situation arises that you must leave the group home and you are counted as one of the required staff members, you must call another staff person into work to cover for you leaving. Please be reminded, two staff always must be present even with one consumer.

A training relevant to the DMH Rules is being planned for all Level III Group Home staff. The date and time will be planned with your assistance which will not interfere with the operation of the group home.

In the future, you shall immediately adhere to the following areas:

- 1. Ensure that the required number of staff persons are always on site at the group home. Remember regardless if you have 1, 2, 3, or 5 consumers in the home, you must still have two staff in the home.
- 2. Upon completion of the Weekly Staffing Schedule, forward a copy to Ms. Brockington for review. If changes are needed during the week, forward a revised copy to Ms. Brockington at the end of the work week. A sample staffing schedule has been provided. The schedule has reminders regarding the staffing requirements. Please utilize this Staffing Schedule Form when planning the weekly schedule.
- 3. If you are working as one of the direct care staff and included in the consumer/staff ratio and a situation arises in which you need to leave the group home, you must arrange coverage to replace you prior to leaving the group home.
- 4. At any time, two staff are working at the group home and an emergency arises in which one of the staff must leave, staff coverage must be in place prior to the staff on duty leaving.