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	MHL001-132	A. BUILDING: _____ B. WING _____	R 03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DEE & G ENRICHMENT CENTER # 3	321 AUSTIN STREET BURLINGTON, NC 27217

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V 000	INITIAL COMMENTS An annual and follow up survey was completed on March 21, 2018. Deficiencies were cited. This facility is licensed for the following service category: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness.	V 000		
V 108	27G .0202 (F-I) Personnel Requirements 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS (f) Continuing education shall be documented. (g) Employee training programs shall be provided and, at a minimum, shall consist of the following: (1) general organizational orientation; (2) training on client rights and confidentiality as delineated in 10A NCAC 27C, 27D, 27E, 27F and 10A NCAC 26B; (3) training to meet the mh/dd/sa needs of the client as specified in the treatment/habilitation plan; and (4) training in infectious diseases and bloodborne pathogens. (h) Except as permitted under 10a NCAC 27G .5602(b) of this Subchapter, at least one staff member shall be available in the facility at all times when a client is present. That staff member shall be trained in basic first aid including seizure management, currently trained to provide cardiopulmonary resuscitation and trained in the Heimlich maneuver or other first aid techniques such as those provided by Red Cross, the American Heart Association or their equivalence for relieving airway obstruction. (i) The governing body shall develop and implement policies and procedures for identifying, reporting, investigating and controlling infectious	V 108		

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V 108	Continued From page 1 and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that 1 of 1 Direct Care staff reviewed (the Administrator) had current training in basic First Aid including seizure management, and was currently trained to provide cardiopulmonary resuscitation (CPR). The findings are: Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old. -- This client is being prescribed and administered 5 different medications for his blood pressure and/or heart condition (Toprol, Simvistatin, Aspirin, Losartan and Hydrochlorothiazide). Review on 3/20/18 of the Administrator's personnel file revealed that the last time she had taken a CPR course had been in September 2015. This certification expired in September 2017, (approximately 6 months ago). Interview on 3/20/18 with the Administrator revealed the following information; -- She confirmed her CPR and First Aid had	V 108		

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V 108	Continued From page 2 expired. -- She did not realize that it had been out of date for that long. - She does work alone with the clients as she is currently the only staff person. -- She has been the only staff to work at the facility since her other staff person died approximately 6 months ago.	V 108		
V 110	27G .0204 Training/Supervision Paraprofessionals 10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS (a) There shall be no privileging requirements for paraprofessionals. (b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter. (c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served. (d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence. (e) Competence shall be demonstrated by exhibiting core skills including: (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; (6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision	V 110		

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V 110	Continued From page 3 plan upon hiring each paraprofessional. This Rule is not met as evidenced by: Based on interview and record review, 1 of 1 Paraprofessional staff (the Administrator) failed to demonstrate the knowledge, skills and abilities required by the population served. The findings are: Interviews on 3/19/18 and 3/20/18 with the Administrator revealed she has been the only staff working at the facility for the last 6 months, and her responsibilities include the following; -- The overall functioning of the facility including client treatment, and facility cleanliness and upkeep. -- All personnel functions. Review on 3/19/18 of Client #2's record revealed the following information; -- Admitted to the facility on 5/1/11. -- Diagnoses include Severe Mental Retardation, Schizoaffective Disorder, Schizophrenia, Asthma, Allergic Rhinitis, Tobacco Use, Chronic Kidney Disease - Stage III (moderate to severe loss of Kidney function) and High Risk Sexual Behaviors. -- Age 34 years old. Interview on 3/20/18 with the Administrator revealed the following information; -- She was unaware that Client #2 had a diagnoses on his FL-2 dated 1/30/18 of High Risk Sexual Behaviors. -- She did not know if the 'high risk sexual behaviors' were from Client #2 aimed at others,	V 110		

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V 110	Continued From page 4 or if Client #2 was putting himself at risk with 'high risk sexual behaviors.' During this survey, the Administrator failed to demonstrate competence in the following areas: -- Assuring staff met training requirements. * See Tag V-108, Personnel Requirements for specific details/examples. -- Assuring an admission assessment was completed including required information to assess if the facility could meet the client's needs. * See Tag V-111, Assessment/Treatment/Habilitation Plans for specific details/examples. -- Assuring coordination was maintained between herself and other Qualified Professionals responsible for medical and psychiatric services. * See Tag V-291, Supervised Living - Operations for specific details/examples.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history;	V 111		

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V 111	Continued From page 5 and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure that an admission assessment was completed for each client, prior to the delivery of services which included the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical and vocational, as appropriate to the client's needs affecting 3 of 3 clients (#1 #2 #3). The findings are: Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old.	V 111		

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V 111	Continued From page 6 Review on 3/19/18 of Client #2's record revealed the following information; -- Admitted to the facility on 5/1/11. -- Diagnoses include Severe Mental Retardation, Schizoaffective Disorder, Schizophrenia, Asthma, Allergic Rhinitis, Tobacco Use, Chronic Kidney Disease - Stage III (moderate to severe loss of Kidney function) and High Risk Sexual Behaviors. -- Age 34 years old. Review on 3/19/18 of Client #3's record revealed the following information; -- Admitted to the facility on 8/26/11. -- Diagnoses include Mental Retardation, Schizophrenia and Bipolar Affective Disorder. -- Psychological testing in 2011 showed a Full Scale IQ (intelligence quotient) of 51. -- Traumatic brain injury at age 2 resulting in a diagnoses of Moderate Mental Retardation. -- Age 31 years old. Review on 3/19/18 of the above 3 client records revealed the following; -- A form titled "Adult Care Home Personal Care Physician Authorization And Care Plan" which is used by the Adult Care Licensure Section (ACLS) to provide information to the Division of Medical Assistance (DMA) about what level of assistance is required to provide Personal Care Assistance to a client. -- A form titled "Resident Register" written by the ACLS for use in Assisted Living Facilities or Family Care Homes (both of which are licensed by the ACLS) to provide basic information about the assistance the client will need from staff, and the client's preferences. -- Both of the above forms had been completed by the Administrator upon the clients admission to the facility, and periodically there after.	V 111		

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V 111	Continued From page 7 Neither of the above forms address the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical or vocational, as appropriate to the client's needs. Interview on 3/20/18 with the Administrator revealed the following information; -- She did not realize that the forms she had been using from the ACLS section of the Division of Health Service Regulation did not include all of the required components for a complete assessment for admission to a Mental Health licensed group home.	V 111		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental	V 289		

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V 289	Continued From page 8 illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or (6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&(B); (6); (7)(A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1)(i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e)(1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).	V 289		

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V 289	Continued From page 9 This Rule is not met as evidenced by: Based on observation, interview and record review, the facility failed to assure that it operated within the scope it was licensed for (5600A Supervised Living), and failed to provide care, habilitation or rehabilitation and supervision within the scope of residential services to individuals affecting 3 of 3 current clients (#1 #2 #3). The findings are: Review on 3/14/18 of facility records revealed the following information; -- The current license is for 5600A Supervised Living services. This category is specific for adults whose primary diagnoses is mental illness. -- The capacity to provide services to 3 clients. Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old. Review on 3/19/18 of Client #2's record revealed the following information; -- Admitted to the facility on 5/1/11. -- Diagnoses include Severe Mental Retardation, Schizoaffective Disorder, Schizophrenia, Asthma, Allergic Rhinitis, Tobacco Use, Chronic Kidney Disease - Stage III (moderate to severe loss of Kidney function) and High Risk Sexual Behaviors. -- Age 34 years old.	V 289		

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V 289	Continued From page 10 Review on 3/19/18 of Client #3's record revealed the following information; -- Admitted to the facility on 8/26/11. -- Diagnoses include Mental Retardation, Schizophrenia and Bipolar Affective Disorder. -- Psychological testing in 2011 showed a Full Scale IQ (intelligence quotient) of 51. -- Traumatic brain injury at age 2 resulting in a diagnoses of Moderate Mental Retardation. -- Age 31 years old. Interview on 3/20/18 with the Administrator revealed she thought the facility was licensed to provide 5600 C services (Clients whose primary diagnosis is a Developmental Disability). She agreed that her 3 current clients met the definition of a 5600 C facility. Cross Reference: 10A NCAC 27G .0202 PERSONNEL REQUIREMENTS, Tag V-108. Based on interview and record review, the facility failed to assure that 1 of 1 Direct Care staff reviewed (the Administrator) had current training in basic First Aid including seizure management, and was currently trained to provide cardiopulmonary resuscitation (CPR). Cross Reference: 10A NCAC 27G .0204 - COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS, Tag V-110. Based in interview and record review, 1 of 1 Paraprofessional staff (the Administrator) failed to demonstrate the knowledge, skills and abilities required by the population served. Cross Reference: 10A NCAC 27G .0205 - ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN, Tag V-111. Based on interview and record review, the facility	V 289		

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V 289	Continued From page 11 failed to assure that an admission assessment was completed for each client, prior to the delivery of services which included the client's presenting problem, the client's needs and strengths, a pertinent social, family and medical history and evaluations or assessments, such as Psychiatric, substance abuse, medical and vocational, as appropriate to the client's needs affecting 3 of 3 clients (#1 #2 #3). Cross Reference: 10A NCAC 27G .5603 SUPERVISED LIVING - OPERATIONS, Tag V-291. Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals responsible for treatment/habilitation or case management affecting 1 of 3 clients (#1).	V 289		
V 291	27G .5603 Supervised Living - Operations 10A NCAC 27G .5603 OPERATIONS (a) Capacity. A facility shall serve no more than six clients when the clients have mental illness or developmental disabilities. Any facility licensed on June 15, 2001, and providing services to more than six clients at that time, may continue to provide services at no more than the facility's licensed capacity. (b) Service Coordination. Coordination shall be maintained between the facility operator and the qualified professionals who are responsible for treatment/habilitation or case management. (c) Participation of the Family or Legally Responsible Person. Each client shall be provided the opportunity to maintain an ongoing relationship with her or his family through such means as visits to the facility and visits outside	V 291		

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V 291	Continued From page 12 the facility. Reports shall be submitted at least annually to the parent of a minor resident, or the legally responsible person of an adult resident. Reports may be in writing or take the form of a conference and shall focus on the client's progress toward meeting individual goals. (d) Program Activities. Each client shall have activity opportunities based on her/his choices, needs and the treatment/habilitation plan. Activities shall be designed to foster community inclusion. Choices may be limited when the court or legal system is involved or when health or safety issues become a primary concern. This Rule is not met as evidenced by: Based on interview and record review, the facility failed to assure coordination was maintained between the facility operator and the Qualified Professionals (QPs) responsible for treatment/habilitation or case management affecting 1 of 3 clients (#1). The findings are: Review on 3/19/18 of Client #1's record revealed the following information; -- Admitted to the facility on 6/14/11. -- Diagnoses include Moderate Mental Retardation, Psychosis, PTSD (Post Traumatic Stress Disorder), Seizure Disorder, Diabetes Mellitus Type II, HTN (Hypertension), Hyperlipidemia and History of Insomnia. -- Age 57 years old. Review on 3/19/18 of Client #1's record revealed the following information; -- His last appointment he attended with his Psychiatrist was on 9/19/17. -- The Psychiatrist wanted to see the client next in December 2017.	V 291		

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V 291	Continued From page 13 -- The client saw his Primary Care Physician (PCP) on 11/28/17, at which time his PCP increased one of his 4 Psychiatric medications (Klonopin). -- The client was supposed to follow-up the above appointment with his PCP in 2 weeks. -- The next appointment (the follow-up) with his PCP occurred 4 weeks later on 12/28/17, at which time his PCP added an additional Psychiatric medication to his regimen (Remeron). -- The client was supposed to follow-up the above appointment with his PCP in 1 month. -- No further documentation of any follow-up to the above could be found in this record. Interview on 3/19/18 with the Administrator revealed the following information; -- Client #1 last saw his Psychiatrist in September 2017. -- His next appointment with his Psychiatrist was scheduled for December 2017, however the client missed this appointment. -- She did not realize this appointment was missed, so no further appointments with the Psychiatrist were scheduled. -- Prior to the above missed appointment, Client #1 began to have problems sleeping. -- She took him to see his PCP in November 2017 to address this problem, and his Klonopin dosage was increased. -- She was unable to state why the next follow-up appointment occurred 4 weeks later, rather than 2 weeks later as the PCP had requested. -- When she returned to the PCP with Client #1 she informed him that the increased dose of Klonopin had not helped the client very much, and that is when the additional medication Remeron was added. -- When asked by Surveyor why client #1 was not taken back to the PCP for the 1 month follow-up,	V 291		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-132	A. BUILDING: _____ B. WING _____	R 03/21/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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V 291	Continued From page 14 she stated "it wasn't working (the medications), so I didn't follow-up." -- She confirmed that it has now been almost 3 months since Client #1 had been seen for any kind of follow-up. -- She confirmed that it has now been 6 months since Client #1 has seen his Psychiatrist.	V 291		