

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL0411154	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2018
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NAME OF PROVIDER OR SUPPLIER THE LEE STREET HOUSE	STREET ADDRESS, CITY, STATE, ZIP CODE 5001 EAST LEE STREET GREENSBORO, NC 27406
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on 4/23/18. The complaint (intake #NC00136589) was unsubstantiated. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <ol style="list-style-type: none"> (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 review and interview, the facility failed to ensure the client's treatment plan had the 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 affecting 1 of 1 client (client #1) The findings are:</p> <p>Review on 4/18/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/1/18 - Diagnoses of Intellectual Disability (Intellectual Developmental Disorder (D/O)); Disruptive Mood Dysregulation D/O; Oppositional Defiant D/O and Schizoaffective D/O, Bipolar Type - Client's birth date was listed as 4/4/00 <p>Continued review of on 4/23/18 client #1's record revealed:</p> <ul style="list-style-type: none"> - The draft of a treatment/habilitation plan developed on 2/6/18 with an effective date of 5/1/18 - The plan did not have the written consent (signature) by the client's grandmother who was his legal guardian at the time the plan was developed <p>Interview on 4/20/18 with client #1's Care Coordinator revealed:</p> <ul style="list-style-type: none"> - A treatment/habilitation plan had been developed on behalf of client #1 prior to his turning 18 years old on 4/4/18; however, the client's grandmother who was his legal guardian at the time the plan was devised had just recently returned the plan to her with her signature - The plan would now have to be revised to 	V 112		

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V 112	Continued From page 2 address the client's current situation (incarceration) and any post-release plans if he were allowed to return to the facility - The revised plan would now have to be signed by client #1 as he was now 18 years of age and was his own guardian. Interview on 4/23/18 with the facility's Qualified Professional revealed: - A treatment/habilitation plan had been developed on behalf of client #1 prior to his turning 18 on 4/4/18; and was in the process of being finalized by client #1's Care Coordinator - Client #1 was currently incarcerated - If he were released from jail and allowed to return to the facility, his plan would have to be revised to address any new needs as well as to have him sign the plan as he was now 18 years old and his own guardian.	V 112		
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	V 289		

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V 289	<p>Continued From page 3</p> <p>designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(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</p>	V 289		

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V 289	<p>Continued From page 4</p> <p>alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to operate under the scope for which it is licensed affecting 1 of 1 client (#1). The findings are:</p> <p>Review on 4/17/18 of the facility's license revealed:</p> <ul style="list-style-type: none"> - The facility was licensed for the following service category: 10A NCAC .5600C Supervised Living for Adults with Developmental Disabilities <p>Review on 4/18/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> - An admission date of 3/1/18 - Diagnoses of Intellectual Disability (Intellectual Developmental Disorder (D/O)); Disruptive Mood Dysregulation D/O; Oppositional Defiant D/O and Schizoaffective D/O, Bipolar Type - Client #1's birth date was listed as 4/4/00 - Client #1 was 17 years old at the time of admission to the facility <p>Interview on 4/19/18 with the Qualified Professional revealed:</p> <ul style="list-style-type: none"> - Client #1's former placement provider had submitted a 60 day notice of discharge for client #1 which ended on 2/28/18 - Client #1's former provider had been willing to work with her agency until a suitable placement could be located on behalf of client #1; however, due to client #1's escalating behaviors and their concern about the risk to the "health and safety" of the other client in their facility (due to client #1's 	V 289		

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V 289	<p>Continued From page 5</p> <p>behaviors), they were no longer willing to extend their agreement to serve him after the end of their notice for discharge</p> <ul style="list-style-type: none"> - Although her agency had attempted to locate an appropriately licensed placement prior to client #1's 18th birthday; it was determined that placing him at the 5600C location was the most suitable; as he would be the only client in the facility until he could be transitioned to an AFL (Alternative Family Living) placement on or about his 18th birthday - Her agency had received authorization from client #1's Local Management Entity/Managed Care Organization to place client #1 at the facility as an "emergency respite" client until he could be transitioned to another facility - Her agency had not submitted a request to the Department of Health and Human Services for a waiver to place client #1 at the 5600C facility prior to his 18th birthday because by the time the waiver was approved, client #1 would have most likely been moved to an AFL. 	V 289		