

Division of Health Service Regulation

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL001-130 | (X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/19/2018 |
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| NAME OF PROVIDER OR SUPPLIER OPEN ARMS, LLC SERENITY | STREET ADDRESS, CITY, STATE, ZIP CODE 1009-A EAST WEBB AVENUE BURLINGTON, NC 27215 |
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| (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 |
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| V 000 | <p>INITIAL COMMENTS</p> <p>An annual and complaint survey was completed on April 19, 2018. The complaint was substantiated (intake #NC00136794). 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 289 | <p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(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.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as 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</p> | V 289 | | |

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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| V 289 | <p>Continued From page 1</p> <p>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 alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility failed to ensure services were available 24 hours a day, every day in the year affecting three of three clients (#1, #2 and #3). The findings are:</p> | V 289 | | |

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| V 289 | <p>Continued From page 2</p> <p>Review on 4/19/18 of Client #1's record revealed: -Admission date of 11/1/07. -Diagnoses of Autism, Mild Intellectual Disability Disorder, Obsessive Compulsive Disorder, Hypertension, Hyperlipidemia, Benign Prostatic Hyperplasia.</p> <p>Review on 4/19/18 of Client #2's record revealed: -Admission date of 10/29/07. -Diagnoses of Schizophrenia, Mild Mental Retardation, GERD, Allergies NOS.</p> <p>Review on 4/19/18 of Client #3's record revealed: -Admission date of 6/26/06. -Diagnoses of GERD, Mild Mental Retardation, Psoriasis, Hyperlipidemia.</p> <p>Interview on 4/19/18 with Client #1 revealed: -He was unable to answer some of the questions asked. -He responded "I don't know" or "I don't remember" a few times. -He had been taken to sister facility in the past. -He had gone shopping together with residents from sister facility. -He had spent nights at sister facility.</p> <p>Interview on 4/19/18 with Client #2 revealed: -She was the office manager and did not live at this home.</p> <p>Interview on 4/19/18 with Client #3 revealed: -She spent time at sister facility. -She had done daily activities on weekends with residents from sister facility. -She had spent nights on weekends at sister facility. -She stated "We go there on Fridays and spend the weekend, but does not happen all the time".</p> | V 289 | | |

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| V 289 | <p>Continued From page 3</p> <p>Interview on 4/19/18 with Staff #1 revealed: -Clients spent time at sister facility as they all interacted in activities together. -Clients had spent nights at sister facility. -Clients were moved out of the home temporarily due to situations such as floors being done or not having staff available.</p> <p>Interview on 4/19/18 with Staff #2 revealed: -He had been sick the weekend of April 6-8, 2018. -He was unable to work his shift. -Staff #1 had worked all week at the home and was unable to spend the weekend. -There was no other staff available for the weekend shift. -Clients were sent to spend the weekend at sister facilities.</p> <p>Interview on 4/19/18 with the Owner revealed: -She confirmed that clients had been sent to sister facilities to spend the weekend when Staff #2 had been sick. -She confirmed that services at the home had not been available 24 hours a day, every day in the year.</p> | V 289 | | |