

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL082-056	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/24/2018
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NAME OF PROVIDER OR SUPPLIER CANDII HOMES	STREET ADDRESS, CITY, STATE, ZIP CODE 404 EAST POWELL STREET CLINTON, NC 28328
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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
V 000	<p>INITIAL COMMENTS</p> <p>A complaint and follow up survey was completed on May 24, 2018. The complaint was substantiated (intake #NC00138213). 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 114	<p>27G .0207 Emergency Plans and Supplies</p> <p>10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES</p> <p>(a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority.</p> <p>(b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility.</p> <p>(c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies.</p> <p>(d) Each facility shall have basic first aid supplies accessible for use.</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to have fire and disaster drills held at least quarterly and repeated on each shift. The findings are:</p> <p>Review on 05/24/18 of facility records from August 2017-March 2018 revealed: - No fire or disaster drill had been completed on 3rd shift for the months of January 2018-March</p>	V 114		

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

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V 114	<p>Continued From page 1</p> <p>2018.</p> <p>Interview on 05/24/18 client #1, #4 and #5 stated they had participated in fire and disaster drills at the facility.</p> <p>Interview on 05/24/18 staff #1 stated: -She worked first shift. -She always completed fire and disaster drills on her shift. -She did not know why the fire and disaster drills had not been completed on 3rd shift. -She would inform the licensee that all drills had to be completed on 3rd shift.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 114		
V 115	<p>27G .0208 Client Services</p> <p>10A NCAC 27G .0208 CLIENT SERVICES</p> <p>(a) Facilities that provide activities for clients shall assure that:</p> <p>(1) space and supervision is provided to ensure the safety and welfare of the clients;</p> <p>(2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and</p> <p>(3) clients participate in planning or determining activities.</p> <p>(h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year, unless otherwise specified in the rule.</p> <p>(c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious.</p> <p>(d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment.</p>	V 115		

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V 115	<p>Continued From page 2</p> <p>(e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, the facility failed to provide supervision to ensure the safety and welfare for four of four audited clients (#1, #3,#4 and #5). The findings are:</p> <p>Review on 05/24/18 of client #1's record revealed: - 75 year old male. - Admission date of 02/15/13. - Diagnoses of Mental Retardation, Mood Disorder not specified, Alcohol Dependence and Hyperlipidemia.</p> <p>Review on 05/24/18 of client #3's record revealed: -21 year old male. -Admission date of 06/23/17. -Diagnoses of Autism Spectrum Disorder, Moderate Mental Retardation, Post Traumatic Stress Disorder, Selective Mutism and Unspecified Schizophrenia. -North Carolina Support Needs Assessment Profile (NCSNAP) dated 11/09/16-24 hours with awake person at night.</p> <p>Review on 05/24/18 of client #4's record revealed:</p>	V 115		

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V 115	<p>Continued From page 3</p> <ul style="list-style-type: none"> -21 year old male. -Admission date of 12/14/17. -Diagnoses of Mild Mental Retardation, Mild Neurocognitive Disorder, Traumatic Brain Injury. <p>Review on 05/24/18 of client #5's record revealed:</p> <ul style="list-style-type: none"> -30 year old male. -Admission date of 04/23/18. -Diagnoses of Mild Mental Retardation, Schizoaffective Disorder, Bipolar Type. <p>Interview on 05/24/18 client #1 revealed:</p> <ul style="list-style-type: none"> -He had lived at the facility for 6 years. -Staff #2 is one of the staff that worked at night. -Staff #2 "usually sleeps" at night. <p>Interview on 05/24/18 client #4 revealed:</p> <ul style="list-style-type: none"> -He shared a room with client #3. -Client #3 stayed up all night. -Staff #2 worked at night. -Staff #2 would sleep at night but not the whole shift. -Staff #2 would come in tired and take a nap. <p>Interview on 05/24/18 staff #1 revealed:</p> <ul style="list-style-type: none"> -The facility had 3 shifts. -The night shift had to be awake staff due to client #3 and his NCSNAP requires him to have an awake staff at night. -She had just been informed from the other clients staff #2 was sleeping at night when he was supposed to be awake. 	V 115		