

# DEPARTMENT OF HEALTH AND HUMAN SERVICES DIVISION OF HEALTH SERVICE REGULATION

ROY COOPER GOVERNOR MANDY COHEN, MD, MPH

SECRETARY

MARK PAYNE DIRECTOR

April 2, 2018

Ms. Priscilla Hardison Ms. Wendy Jones Wooded Acres Guest Home, Inc. 3706 Cherry Road Washington, NC 27889

DHSR - Mental Health

JUN 082018

Re:

Complaint Survey completed March 28, 2018

Wooded Acres #3, 3680 Cherry Road, Washington, NC 27889

MHL # 007-055

E-mail Address: wjones@woodedacres.org

Intake #NC00132792

Lic. & Cert. Section

Dear Ms. Hardison/Ms. Jones:

Thank you for the cooperation and courtesy extended during the complaint survey completed March 28, 2018. The complaint was substantiated.

Enclosed you will find all deficiencies cited listed on the Statement of Deficiencies Form. The purpose of the Statement of Deficiencies is to provide you with specific details of the practice that does not comply with state regulations. You must develop one Plan of Correction that addresses each deficiency listed on the State Form, and return it to our office within ten days of receipt of this letter. Below you will find details of the type of deficiencies found, the time frames for compliance plus what to include in the Plan of Correction.

#### Type of Deficiencies Found

• The tag cited was a standard level deficiency.

#### **Time Frames for Compliance**

• A standard level deficiency must be corrected within 60 days from the exit of the survey, which is May 27, 2018.

#### What to include in the Plan of Correction

- Indicate what measures will be put in place to *correct* the deficient area of practice (i.e. changes in policy and procedure, staff training, changes in staffing patterns, etc.).
- Indicate what measures will be put in place to prevent the problem from occurring again.
- Indicate who will monitor the situation to ensure it will not occur again.
- Indicate how often the monitoring will take place.
- Sign and date the bottom of the first page of the State Form.

Make a copy of the Statement of Deficiencies with the Plan of Correction to retain for your records. *Please do not include confidential information in your plan of correction and please remember never to send confidential information (protected health information) via email.* 

### MENTAL HEALTH LICENSURE & CERTIFICATION SECTION

WWW.NCDHHS.GOV
TEL 919-855-3795 • FAX 919-715-8078
LOCATION: 1800 UMSTEAD DRIVE •WILLIAMS BUILDING • RALEIGH, NC 27603
MAILING ADDRESS: 2718 MAIL SERVICE CENTER • RALEIGH, NC 27699-2718
AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER



Send the original completed form to our office at the following address within 10 days of receipt of this letter.

Mental Health Licensure and Certification Section NC Division of Health Service Regulation 2718 Mail Service Center Raleigh, NC 27699-2718

A follow up visit will be conducted to verify all violations have been corrected. If we can be of further assistance, please call Wendy Boone, Team Leader at (252)568-2744.

Sincerely,

Keith Hughes

Facility Survey Consultant I

Mental Health Licensure & Certification Section

Cc: Leza Wainwright, Director, Trillium Health Resources LME/MCO

Kim Keehn, Quality Management Director, Trillium Health Services LME/MCO

File

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a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over therapies; (3) Communicate and meet under appropriate supervision with individuals of his own choice upon the consent of the individuals; (4) Make visits outside the custody of the		continued of furnise continues to happen, the facility will have nother team meetings and discuss
facility unless:  a. Commitment proceedings were initiated as the result of the client's being charged with a violent crime, including a crime involving an assault with a deadly weapon, and the respondent was found not guilty by reason of insanity or incapable of proceeding;  b. The client was voluntarily admitted or committed to the facility while under order of commitment to a correctional facility of the Division of Adult Correction of the Department of Public Safety; or  c. The client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  A court order may expressly authorize visits otherwise prohibited by the existence of the conditions prescribed by this subdivision; (5) Be out of doors daily and have access to facilities and equipment for physical exercise several times a week;  (6) Except as prohibited by law, keep and use personal clothing and possessions, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Keep and spend a reasonable sum of his own money;  (9) Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes; and (10)Have access to individual storage space for		Solving the matter.  At the accept time the facility provides phone we lang distract the charge to all clients.  Clients:  Clients:  Charles from 9 am.  9 pm (10-15 limit per call) due to others in the home may wont to make calls also.  Facility will monitor call phone calls (make sure lingus are on

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DIVISION	of Health Service Regulation	
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	his private use.	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	(c) In addition to the rights enumerated in G.S. 122C-51 through G.S. 122C-57 and G.S. 122C-59 through G.S. 122C-61, each minor client who is receiving treatment or habilitation in a 24-hour facility has the right to have access to proper adult supervision and guidance. In recognition of	
	the minor's status as a developing individual, the minor shall be provided opportunities to enable him to mature physically, emotionally, intellectually, socially, and vocationally. In view of the physical, emotional, and intellectual immaturity of the minor, the 24-hour facility shall provide appropriate structure, supervision and control consistent with the rights given to the minor pursuant to this Part. The facility shall also, where practical, make reasonable efforts to ensure that each minor client receives treatment apart and separate from adult clients unless the treatment needs of the minor client dictate otherwise.  Each minor client who is receiving treatment or habilitation from a 24-hour facility has the right to: (1) Communicate and consult with his parents or guardian or the agency or individual having legal custody of him; (2) Contact and consult with, at his own expense or that of his legally responsible person and at no cost to the facility, legal counsel, private physicians, private mental health, developmental disabilities, or substance abuse professionals, of his or his legally responsible person's choice; and (3) Contact and consult with a client advocate, if there is a client advocate.  The rights specified in this subsection may not be restricted by the facility and each minor client may exercise these rights at all reasonable times. (d) Except as provided in subsections (e) and (h) of this section, each minor client who is receiving	Mouse Monagn will support on incidents of client phone reules to monagement.  The facility will also six creaty out in P.C.P to not share cell phone with other clients due to some quoidion have put in place to only be called lon of times wielly and be mienitaled by Staff. also pleasent unemporer

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V 364	Continued From page 3	V 364	all calls that Stall	
	treatment or habilitation in a 24-hour facility has the right to:  (1) Make and receive telephone calls. All long distance calls shall be paid for by the client at the time of making the call or made collect to the receiving party;  (2) Send and receive mail and have access to writing materials, postage, and staff assistance.		all calls, that staff	
	to writing materials, postage, and staff assistance when necessary;  (3) Under appropriate supervision, receive visitors between the hours of 8:00 a.m. and 9:00 p.m. for a period of at least six hours daily, two hours of which shall be after 6:00 p.m.; however visiting shall not take precedence over school or therapies;  (4) Receive special education and vocational training in accordance with federal and State law;  (5) Be out of doors daily and participate in play, recreation, and physical exercise on a regular basis in accordance with his needs;  (6) Except as prohibited by law, keep and use personal clothing and possessions under appropriate supervision, unless the client is being held to determine capacity to proceed pursuant to G.S. 15A-1002;  (7) Participate in religious worship;  (8) Have access to individual storage space for the safekeeping of personal belongings;  (9) Have access to and spend a reasonable sum of his own money; and  (10)Retain a driver's license, unless otherwise prohibited by Chapter 20 of the General Statutes.  (e) No right enumerated in subsections (b) or (d) of this section may be limited or restricted except by the qualified professional responsible for the formulation of the client's treatment or habilitation plan. A written statement shall be placed in the client's record that indicates the detailed reason for the restriction. The restriction shall be	0	all charges with all phone webog will be subaint fire. Copy will be retained in Clients record.	

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	habilitation needs. A period not to exceed each restriction sha qualified profession at which time the re Each evaluation of	ated to the client's treatment or A restriction is effective for a d 30 days. An evaluation of all be conducted by the al at least every seven days, estriction may be removed. a restriction shall be client's record. Restrictions on	1				
	rights may be renew statement entered to the client's record the renewal of the restriction of the each instance of of a restriction of right the client shall, the notified of the restriction of a restriction of a restriction of a restriction of the restriction of the restriction of the restriction of a restriction of the restriction of a restriction of a restriction of a restriction of a restriction of the restricti	wed only by a written by the qualified professional in that states the reason for the riction. In the case of an adult been adjudicated incompetent, an initial restriction or renewal ghts, an individual designated upon the consent of the client, estriction and of the reason for minor client or an incompetent ally responsible person shall instance of an initial restriction triction of rights and of the eation of the designated responsible person shall be ing in the client's record.					
	facility failed to ens access to personal reviewed as require clients (#5 and #6).	eviews and interviews, the ure that restriction of clients' property was documented and led for two of four audited. The findings are:					
	revealed: - 31 year old male Admission date of - Diagnoses of Mild	8 of client #5's record  f 01/26/17. I to Moderate Intellectual ability and Major Depression.					
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I	NT OF DEFICIENCIES AND CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION		(X3) DATE COMP	SURVEY LETED
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V	364 Continued From page 5	V 364	
	- No required documentation of the restriction of client #5's personal cell phone at 9pm daily.		
	Review on 03/28/18 of client #6's record revealed: - 27 year old male Admission date of 01/06/14 Diagnosis	of	
	Schizoaffective Disorder-Depressed Type.  No required documentation of the restriction of client #6's personal cell phone at 9pm daily.  Interview on 03/28/18 client #5 stated:  He had resided at the facility for 1 year.—He was his own guardian. He purchased his own cell phone.  He had to turn his personal cell phone in to staff at 9pm.  He had been accused of talking on his phone at 1am and he now had to turn his phone in.  Staff also required client #6 to turn in his phone.—He did not like staff to keep his personal phone.		
	Interview on 03/28/18 client #6 stated:  - He had resided at the facility for 5 or 6 years.  - His mother was his guardian.  - He had 2 personal cell phones. He had to turn in his phones at 9pm.  - He did not have phone service but used the internet.  Interview on 03/28/18 staff #1 stated:	0	
	<ul> <li>He worked at the facility overnight Monday thru Friday.</li> <li>Client #5 and #6 were required to turn in their personal cell phones at 9pm.</li> <li>Client #5 and #6 had sent inappropriate text messages to female clients at a sister facility</li> <li>The phones are left on the facility desk.</li> </ul>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:  B. WING	(X3) DATE SURVEY COMPLETED			
	MHL007-055		03/28/2018			
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, STATE, ZIP CODE				
3680 CHERRY ROAD						
WOODED ACRES #3	WASHING	TON, NC 27889				

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	(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
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ſ	V 364	Continued From page 6	V 364		
		Interview on 03/28/18 the Qualified Professional stated: - She had worked at the facility for			
_		approximately one year.			
		- She was not aware the facility had taken client #5 and #6's personal cell phones at 9pm daily She was scheduled to visit the facility on 04/05/18 and would review the identified issue.			
		Interview on 03/28/18 the Facility Administrator stated:  - Client #5 and #6 had left the facility at night to meet two female clients from a sister facility The clients used their cell phones to coordinate sneaking out of the facility.  - The clients would also talk on the phone late at night and made it difficult for them to wake up the next morning.  - The facility had client #5 and #6 to turn their phones in at 9pm. The clients received their phones at 3pm when school was completed.  - The school the clients attended would not allow cell phones in the classes.  - She understood the facility needed to fallow the required rules when restriction the use.			
		follow the required rules when restricting the use of personal possessions of clients.			

## House Rules

- 1. Smoking is restricted to designated areas only.
- 2. Residents are expected to receive guests in the living areas. Privacy will be provided if requested.
- 3. All medications brought into the home for residents must first be cleared with the management. Residents may take only the medications for which a written physician's order has been given. An authorized staff person will dispense the medications as needed. Self administration is permitted here. The facility reserves the right to confiscate all unlocked medications. If the resident is absent from the facility, all medications over one dose must be signed out by the responsible person signing the resident in and out. The home is not responsible for any mismanagement or shortage of drugs that have been removed from the premises. The facility is not liable for any medication, drug, or medical expenses.
- 4. All residents must take all prescribed medication as the physician's orders say.
- 5. Food must be in an airtight container.
- 6. The facility phone may be used by residents from (9am-9pm), each resident shall limit phone calls to no more than 15 minutes. All cell phones must be placed on vibrate after 9 pm to prevent disruption to other clients at night.
- 7. The sign out register must be completed anytime a resident leave the home, which means notifying the staff.
- 8. Residents are discouraged from keeping late hours, so residents should plan to return home by 10 pm.
- 9. Only designated food service personnel are allowed in the kitchen.
- 10. Clothing should be marked with the resident's name to prevent mix-ups and lost clothing.
- 11. Alcoholic beverages will not be consumed on the premises.
- 12. Residents are responsible for their own personal valuables and money when kept in their own rooms. If a secure area is needed for valuables, let staff know.
- 13. All residents will be dressed in day clothing when using the living areas and at meals. There will be no lying down in the living areas.
- 14. Residents are encouraged to care for their personal grooming, bathing, care of room, and belongings to the most extent possible.

- 15. Residents cannot be restrained without written physician's orders, nor can residents be watched always.
- 16. Using obscene/abusive language will not be permitted.
- 17. The touching of another without his/her consent for harassment, abuse, or exploitation will not be permitted.
- 18. Guns, knives, or any other dangerous instruments that can harm another are not permitted by the facility.
- 19. The management/owners of this facility have agreed to exercise such reasonable care toward this person as his/her condition may require.
- 20. The management has the final decision regarding room assignments. Room changes may be affected for compatibility or the convenience of caring for that resident.
- 21. The management requires at least a 14-day written notice from the residents' doctor or responsible person prior to the resident leaving the facility.
- 22. A resident may be discharged if the health and safety of others and themselves is at risk, if the resident requires care than is provided, failure to pay for the cost of services and accommodations by the payment due date.
- 23. No client shall go into another client's room at anytime for anything. Only staff and family members may do into the client's rooms.

Resident's Signature	Date
Guardian signature	Date
Staff signature	Date