Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL001-187	A. BUILDING: _____ B. WING _____	R 05/22/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEESONS OF CHANGE	1536 MORNINGSIDE DRIVE BURLINGTON, NC 27217

(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	INITIAL COMMENTS An annual, follow-up and complaint survey was completed on May 22, 2018. The complaint was unsubstantiated (intake #NC00138716). There were deficiencies cited. This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness	V 000	DHSR - Mental Health JUN 21 2018 Lic. & Cert. Section	
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,	V 108	6/19/18 V 108 This has been corrected and all staff, including Director were taught, trained and certified on June 19, 2018. See enclosed copies, and awaiting arrival of formal cards. CPR/First Aid Director and QP will Monitor and post advanced renewal dates on employee bullitin board to prevent happening again in the future.	

Division of Health Service Regulation

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Tyson Pearington — TITLE: Director — (X6) DATE: 6/19/18

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V 108	Continued From page 1 reporting, investigating and controlling infectious and communicable diseases of personnel and clients. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure two of three audited staff (#1 and #2) had current training in First Aid and Cardiopulmonary Resuscitation (CPR). The findings are: Review on 5/22/18 of Staff #1's personnel file revealed: -Hired date: 8/11/15. -Position: Paraprofessional/Administrative Assistant -First Aid and CPR expired 8/10/17. -There was no evidence of a current First Aid and CPR certification. Review on 5/22/18 of Staff #2's personnel file revealed: -Hired date: 6/22/10. -Position: House Manager -First Aid and CPR expired 8/10/17. -There was no evidence of a current First Aid and CPR certification. Interview on 5/22/18 with the Administrative Assistant revealed: -She and the House Manager received First Aid and CPR training in February 2018. -The House Manager contacted the First Aid/CPR Trainer several times to obtain the certification of completion. -The Trainer had not returned calls from the	V 108		

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V 108	Continued From page 2 House Manger.	V 108	V112	6/19/18
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (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. This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to develop a current treatment plan for one of three audited clients (#4). The	V 112	This citation will be corrected no later than June 23rd 2018 QP's mother had been in Hospice since March 2018. She passed on 6/12/18 and was buried 6/16/18 QP had not been able to fully engage due to the situation. Will provide copy of updated PCP if needed. Director will review all client PCP's to make sure they are reviewed and updated in a timely manner and will also Post their expiration dates on employee bullitin board to prevent this from happening in the future.	

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V 112	Continued From page 3 findings are: Review on 5/22/18 of Client #4's record revealed: -Admission date 10/14/15. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Cannabis Use Disorder and Vitamin D Deficiency. -Treatment Plan expired 4/30/18. -There was no current treatment plan in client's record. Interview on 5/22/18 with the Administrative Assistant confirmed client #4's treatment plan expired. She reported treatment plans were completed by the Qualified Professional.	V 112		
V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (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. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (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. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to conduct fire and disaster drills on each	V 114		

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V 114	Continued From page 4 shift at least quarterly. The findings are: Review on 5/22/18 of the facility's fire and disaster drills record revealed: -There were drills conducted on the following dates, time and shift: -12/8/17 - 3rd shift -1/2/18 - 9:45 -1/11/18 - 10:00 -Drills did not indicate fire or disaster. -Drills did not indicate a.m. or p.m. or shift. -Fire and Disaster drills were not conducted at least quarterly on each shift. Interview on 5/22/18 with the House Manager confirmed fire and disaster drills were not conducted at least quarterly on each shift. The House manager also confirmed drills that were conducted did not indicate type of drill, a.m. or p.m. and/or shift.	V 114	V114 This issue has been corrected as of this date. To prevent from happening in the future, Director will review log book no less than monthly and assure staff has conducted and specified drills to meet the requirements stated in 27G.0207 Emergency Plans & Supplies	6/19/18
V 290	27G .5602 Supervised Living - Staff 10A NCAC 27G .5602 STAFF (a) Staff-client ratios above the minimum numbers specified in Paragraphs (b), (c) and (d) of this Rule shall be determined by the facility to enable staff to respond to individualized client needs. (b) A minimum of one staff member shall be present at all times when any adult client is on the premises, except when the client's treatment or habilitation plan documents that the client is *capable of remaining in the home or community* without supervision. The plan shall be reviewed as needed but not less than annually to ensure the client continues to be capable of remaining in the home or community without supervision for specified periods of time.	V 290		

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V 290	Continued From page 5 (c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present: (1) children or adolescents with substance abuse disorders shall be served with a minimum of one staff present for every five or fewer minor clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body; or (2) children or adolescents with developmental disabilities shall be served with one staff present for every one to three clients present and two staff present for every four or more clients present. However, only one staff need be present during sleeping hours if specified by the emergency back-up procedures determined by the governing body. (d) In facilities which serve clients whose primary diagnosis is substance abuse dependency: (1) at least one staff member who is on duty shall be trained in alcohol and other drug withdrawal symptoms and symptoms of secondary complications to alcohol and other drug addiction; and (2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client. This Rule is not met as evidenced by: Based on record review and interview, the facility failed to assess and document client's capability of having unsupervised time in the community in the treatment or habilitation plan affecting three of three audited clients (#2, #4 and #6). The findings are:	V 290	V290 6/19/18 This citiation has been addressed and corrected Group home director in conjunction with doctors, APP and Guardians assessed each clients capability to have unsupervised time in the community. The assessment was conducted by way of verbal interview, clients history of activity in the community from clients, guardians, doctors and from clients past behaviors in the community since being a resident at Ceesons of Change, Director went over pedestrian rules and safety rules and policy of COC. Clients who have been found to be capable of unsupervised time in the community are to have 3hours windows, returning to the facility and signing out for a new 3hr	

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V 290	Continued From page 6 Review on 5/22/18 of Client #2's record revealed: -Admission date 10/14/15. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Deep Venous Thrombosis and Seizure Disorder. -Treatment Plan dated 5/29/17. -There was no assessment that demonstrated client was capable of unsupervised in the community. -There was no evidence of the amount of unsupervised time allowed. Review on 5/22/18 of Client #4's record revealed: -Admission date 10/14/15. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Cannabis Use Disorder and Vitamin D Deficiency. -Treatment Plan expired 4/30/18. -There was no assessment that demonstrated client was capable of unsupervised in the community. -There was no evidence of the amount of unsupervised time allowed. Review on 5/22/18 of Client #6's record revealed: -Admission date 4/23/18. -Diagnoses of Schizoaffective Disorder, Bipolar Type, Deep Venous Thrombosis and Seizure Disorder. -Treatment Plan dated 5/29/17. -There was no assessment that demonstrated client was capable of unsupervised in the community. -There was no evidence of the amount of unsupervised time allowed. Interview on 5/22/18 with the Director revealed: -He confirmed clients had unsupervised time in the community. -He received consent from the psychiatrist.	V 290	Continued V290 if within the allotted approved window of time, which is 8am-8pm during Daylight Savings Time. During Fall and Winter Director will adjust approved times based on safety. Director has the auterity to cancel or withdraw this privilege at any time resident is non compliant and put themselves in danger by ignoring and disobeying the rules set forth. Director will make sure this is reviewed no less than annualy and will monitor sign in sign out sheets along with asking staff if there are any problems with residents following rules.	6/19/18

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V 290	Continued From page 7 -He thought the psychiatrist and/or guardians were allowed to give consent. -He was not aware an assessment needed to be documented and filed in client's record. -He was not aware the amount of unsupervised time needed to be documented. This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.	V 290		6/11/18
V 500	27D .0101(a-e) Client Rights - Policy on Rights 10A NCAC 27D .0101 POLICY ON RIGHTS RESTRICTIONS AND INTERVENTIONS (a) The governing body shall develop policy that assures the implementation of G.S. 122C-59, G.S. 122C-65, and G.S. 122C-66. (b) The governing body shall develop and implement policy to assure that: (1) all instances of alleged or suspected abuse, neglect or exploitation of clients are reported to the County Department of Social Services as specified in G.S. 108A, Article 6 or G.S. 7A, Article 44; and (2) procedures and safeguards are instituted in accordance with sound medical practice when a medication that is known to present serious risk to the client is prescribed. Particular attention shall be given to the use of neuroleptic medications. (c) In addition to those procedures prohibited in 10A NCAC 27E .0102(1), the governing body of each facility shall develop and implement policy that identifies: (1) any restrictive intervention that is prohibited from use within the facility; and (2) in a 24-hour facility, the circumstances under which staff are prohibited from restricting the rights of a client.	V 500	V500 This citation has been corrected by interviewing all 6 residents who all agreed that they prefer cabinets and refrigerator remain secure. As a result a Clients Right's Committee has been established/ created that consist of two residents and two staff. We will conduct bi-~~weekly~~ monthly meetings, however client representatives are welcome to bring any concerns to the attention of House Manager and Director any time in between formal meetings.	

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V 500	Continued From page 8 (d) If the governing body allows the use of restrictive interventions or if, in a 24-hour facility, the restrictions of client rights specified in G.S. 122C-62(b) and (d) are allowed, the policy shall identify: (1) the permitted restrictive interventions or allowed restrictions; (2) the individual responsible for informing the client; and (3) the due process procedures for an involuntary client who refuses the use of restrictive interventions. (e) If restrictive interventions are allowed for use within the facility, the governing body shall develop and implement policy that assures compliance with Subchapter 27E, Section .0100, which includes: (1) the designation of an individual, who has been trained and who has demonstrated competence to use restrictive interventions, to provide written authorization for the use of restrictive interventions when the original order is renewed for up to a total of 24 hours in accordance with the time limits specified in 10A NCAC 27E .0104(e)(10)(E); (2) the designation of an individual to be responsible for reviews of the use of restrictive interventions; and (3) the establishment of a process for appeal for the resolution of any disagreement over the planned use of a restrictive intervention. This Rule is not met as evidenced by: Based on observation and interviews, the facility failed to implement a policy meeting general statue 122C-62 (b) (e) when restricting client rights for six of six clients (#1,#2, #3,#4 #5 and #6). The findings are:	V 500		

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V 500	Continued From page 9 Observation on 5/22/18 at 12:00 noon revealed: -There was a white cord wrapped around the refrigerator without a lock. -There was no lock on the refrigerator. -There was a key lock on the kitchen cabinets that stored dry foods and snacks. Interview on 5/22/18 with Client #1 revealed: -The refrigerator and pantry was locked to keep some clients from stealing food. -Some clients would eat or drink other client's food and soda without permission. -He agreed with having the locks on the refrigerator and cabinets. Interview on 5/22/18 with the Administrative Assistant and House Manager revealed: -Confirmed the refrigerator and kitchen cabinets were locked. -Some clients would steal food and try to sell it. -The refrigerator and cabinets were locked for "sanitary" purposes. -One of the clients did not wash his hands after leaving the bathroom. -The locks were on the refrigerator throughout the day. -The refrigerator was unlocked during breakfast, lunch and dinner.	V 500		

Heartsaver® Course Roster
Emergency Cardiovascular Care Programs

American Heart Association. is why™

Course Information

- ☐ Heartsaver CPR AED
  - ☐ Child CPR AED ☐ Infant CPR ☐ Exam
- ☑ Heartsaver First Aid CPR AED
  - ☑ Child CPR AED ☐ Infant CPR ☐ Exam
- ☐ Heartsaver First Aid
  - ☐ Exam
- ☐ Heartsaver Pediatric First Aid CPR AED
  - ☐ Adult CPR ☐ Exam
- ☐ Heartsaver Instructor

Lead Instructor Lonnie Graves
Lead Instructor ID# 050600 99118
Card Expiration Date 04/2019
Training Center GCDPH
Training Center ID# NC 05358
Training Site Name (if applicable) _____
Address 1536 Morningside Dr.
City, State ZIP Burlington, NC 27215
Course Location Sees Seas of Change

Course Start Date/Time 06/19/2018 Course End Date/Time 06/19/2018 Total Hours of Instruction 3

No. of Cards Issued _____ Student-Manikin Ratio 1/3 Issue Date of Cards _____

Assisting Instructor (Attach copy of instructor aligned with a TC other than the primary TC)

Name and Instructor ID#	Card Exp. Date	Name and Instructor ID#	Card Exp. Date
1.		5.	
2.		6.	
3.		7.	
4.		8.	

I verify that this information is accurate and truthful and that it may be confirmed. This course was taught in accordance with AHA guidelines.

Lonnie Graves
Signature of Lead Instructor

06/19/2018
Date

Course Participants

American Heart Association.

is why"

Date 06/19/2018 Course Hs1st Aid, CPR, AED Lead Instructor Lonnie Graves Lead Instr. ID# 05060098Ref

Name and Email *Please PRINT as you wish your name to appear on your card. Please print email address legibly.*	*Mailing Address/Telephone*	*Complete/ Incomplete*	*Remediation/Date Completed (if applicable)*
1. Tyson Fearrington	tysonF33@yahoo.com	Complete	
2. Billie Jo Jones	billiejo_jones@yahoo.com	complete	
3. Travis Albright	albright.travis@yahoo.com	complete	
4.			
5.			
6.			
7.			
8.			
9.			
10.			