

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL078-309</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>06/28/2018</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CAMERON HOME</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1213 PATTON STREET LUMBERTON, NC 28358</b>
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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><b>INITIAL COMMENTS</b></p> <p>An annual and follow up survey was completed on June 28, 2018. A deficiency was cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600F Supervised Living/Alternative Family Living.</p>	V 000		
V 290	<p><b>27G .5602 Supervised Living - Staff</b></p> <p>10A NCAC 27G .5602 STAFF</p> <p>(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.</p> <p>(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.</p> <p>(c) Staff shall be present in a facility in the following client-staff ratios when more than one child or adolescent client is present:</p> <p>(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</p> <p>(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</p>	V 290	<p>2208 James B. White Hwy. N Whiteville, North Carolina 28472 Phone (910) 640-1153 Fax (910) 642-4085 hodges@homecaremgmt.org www.homecaremgmt.org</p> <p><b>Twyla Hodges, MA, QP</b> Clinical Supervisor/ Training and Quality Improvement Coach</p> <p><b>HOME CARE</b> Management Corporation</p> <p><b>DHSR - Mental Health</b></p> <p><b>JUL 12 2018</b></p> <p><b>... &amp; Cert. Section</b></p>	

Division of Health Service Regulation  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

*Twyla Hodges MAQP*

TITLE

*Clinical Supervisor*

(X6) DATE

*7/9/18*

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V 290	<p>Continued From page 1</p> <p>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.</p> <p>(d) In facilities which serve clients whose primary diagnosis is substance abuse dependency:</p> <p>(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</p> <p>(2) the services of a certified substance abuse counselor shall be available on an as-needed basis for each client.</p> <p>This Rule is not met as evidenced by: Based on record review and interviews, the facility did not ensure clients' treatment or habilitation plans documented the clients were capable of remaining in the community without supervision affecting two of two clients (#1 and #2). The findings are:</p> <p>Review on 06/28/18 of client #1's record revealed:</p> <ul style="list-style-type: none"> <li>- 41 year old male.</li> <li>- Admission date of 06/11/87.</li> <li>- Individual Support Plan (ISP) dated 05/01/18.</li> <li>- No documentation client #1 was able to remain in the community without supervision.</li> </ul> <p>Review on 06/28/18 of client #2's record revealed;</p> <ul style="list-style-type: none"> <li>- 36 year old male.</li> <li>- Admission date of 03/01/91.</li> <li>- ISP dated 02/06/18.</li> <li>- No documentation client #2 was able to remain</li> </ul>	V 290		

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V 290	<p>Continued From page 2</p> <p>in the community without supervision.</p> <p>Interview on 06/28/18 staff #1 stated:</p> <ul style="list-style-type: none"> <li>- Client #1 rode the local transportation system to the community college weekly on Tuesday and Thursday.</li> <li>- Client #2 rode the local county transportation to his day program daily.</li> <li>- Staff do not accompany client #1 and client #2 on the local transportation system.</li> </ul> <p>Interview on 06/28/18 the Qualified Professional (QP) stated:</p> <ul style="list-style-type: none"> <li>- She understood client #1 and client #2 needed to have unsupervised time in their ISP to ride the local transportation system without staff supervision.</li> <li>- She would assess and address the transportation and unsupervised time with the treatment teams for client #1 and client #2 and revise the ISPs/complete addendums to reflect the unsupervised time.</li> </ul> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 290	<p>-projected date of completion 7/20/18</p> <p>-projected date of completion 7/20/18</p>	

# HomeCare

Management Corporation

July 9, 2018

Re: Cameron Home  
MH # 078-309

Gloria S. Locklear  
Facility Survey Consultant I  
Mental Health Licensure & Certification Section  
2718 Mail Service Center  
Raleigh NC 27699-2718

DHSR - Mental Health

JUL 12 2018

Lic. & Cert. Section

Dear Ms. Locklear:

Attached you will find the Statement of Deficiencies with the Plan of Correction for your review concluded on June 28, 2018.

In regards to other areas needing addressing:

\*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.).

-QP will complete an Addendum to HomeCare's admission assessment. Areas of concern will be addressed. ISP will be updated to reflect the inclusion of this information in the annual plan.

\*Indicate what measures will be put in place to **prevent** the problem from occurring again.

-QP will participate in annual plan meetings. QP will request this information be included in member's ISP. QP will review ISP to ensure the inclusion in the ISP.

\*Indicate **who will monitor** the situation to ensure it will not occur again.

-QP will review member's ISPs to ensure the inclusion.

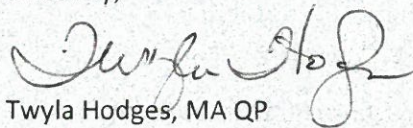
\*Indicate **how often** the monitoring will take place.

-QP will monitor the inclusion in the ISP once received by HomeCare Management Corporation.

The Cameron's have been exceptional providers to consumers in need. They fully intend to abide by all guidelines and standards set forth by the state.

Thank you for your assistance in resolving this matter.

Sincerely,



Twyla Hodges, MA QP  
Clinical Supervisor/ QI & Training Coach

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Quality Personal Care & IDD Services

Regional Offices

BOONE CHARLOTTE ELKIN FOREST CITY LENOIR  
ROANAKE RAPIDS STATESVILLE TARBORO WILMINGTON WHITEVILLE