

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL092-460	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 08/02/2018
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NAME OF PROVIDER OR SUPPLIER MARY'S MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 228 GAIL RIDGE LANE WENDELL, NC 27591
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V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed 8/2/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service categories: 10A NCAC 27G .5600A Supervised Living for Adults with Mental Illness and 10A NCAC 27G .5100 Community Respite Services.</p> <p>Two sister facilities are identified in this report. The sister facilities will be identified as sister facility A (SFA) and sister facility B (SFB). Staff and/or clients will be identified using the letter of the facility and a numerical identifier."</p>	V 000		
V 110	<p>27G .0204 Training/Supervision Paraprofessionals</p> <p>10A NCAC 27G .0204 COMPETENCIES AND SUPERVISION OF PARAPROFESSIONALS</p> <p>(a) There shall be no privileging requirements for paraprofessionals.</p> <p>(b) Paraprofessionals shall be supervised by an associate professional or by a qualified professional as specified in Rule .0104 of this Subchapter.</p> <p>(c) Paraprofessionals shall demonstrate knowledge, skills and abilities required by the population served.</p> <p>(d) At such time as a competency-based employment system is established by rulemaking, then qualified professionals and associate professionals shall demonstrate competence.</p> <p>(e) Competence shall be demonstrated by exhibiting core skills including:</p> <ol style="list-style-type: none"> (1) technical knowledge; (2) cultural awareness; (3) analytical skills; (4) decision-making; (5) interpersonal skills; 	V 110		

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

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V 110	<p>Continued From page 1</p> <p>(6) communication skills; and (7) clinical skills. (f) The governing body for each facility shall develop and implement policies and procedures for the initiation of the individualized supervision plan upon hiring each paraprofessional.</p> <p>This Rule is not met as evidenced by: Based on record reviews and interviews, 1 of 2 paraprofessional staff failed to demonstrated skills and abilities required by the population served. The findings are:</p> <p>Review on 7/31/18 of staff #2's personnel record revealed: - hire date: 3/1/10</p> <p>During interviews on 7/31/18 and 8/2/18, several clients reported: - they had to wake-up staff #2 in the morning to give them their medications and breakfast so they could leave in time to get to their programs/job - staff #2 would "fuss at" them in the morning and complain about being tired - staff #2 stayed in her room most of the time, so if they needed something they would have to go find her - did not feel she was engaged with and concerned about their success - asked them to do house cleaning that was part of her job</p> <p>During an interview on 8/2/18, staff #1 reported clients had complained to her about staff #2's</p>	V 110		

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V 110	Continued From page 2 lack of commitment and consistency in her work. Meals were not always on time, they had to ask for medications, not many activities, etc. **Staff #2 was on a Medical Leave of Absence (MLOA) and not available to be interviewed. During an interview on 8/2/18, the Licensee reported she had addressed the above issues with staff #2 as part of her supervisory duties. She was unsure whether staff #2 would be returning from her MLOA. If she did return she would address these issues once again with staff #2.	V 110		
V 111	27G .0205 (A-B) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (a) An assessment shall be completed for a client, according to governing body policy, prior to the delivery of services, and shall include, but not be limited to: (1) the client's presenting problem; (2) the client's needs and strengths; (3) a provisional or admitting diagnosis with an established diagnosis determined within 30 days of admission, except that a client admitted to a detoxification or other 24-hour medical program shall have an established diagnosis upon admission; (4) a pertinent social, family, and medical history; and (5) evaluations or assessments, such as psychiatric, substance abuse, medical, and vocational, as appropriate to the client's needs. (b) When services are provided prior to the	V 111		

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V 111	<p>Continued From page 3</p> <p>establishment and implementation of the treatment/habilitation or service plan, hereafter referred to as the "plan," strategies to address the client's presenting problem shall be documented.</p> <p>This Rule is not met as evidenced by: Based on record review and interview, the facility failed to complete an assessment prior to the delivery of services effecting 3 of 3 audited clients (#4, #5 and #6). The findings are:</p> <p>Review on 7/31/18 of the Division of Health Service Regulation records revealed this facility was given a Suspension of Admissions effective 12/11/18.</p> <p>Review on 8/2/18 of client #4's record revealed: - admission date 6/23/18 - diagnoses of Psychotic Depression, Bipolar Disorder, Intellectual and Developmental Disability, Anemia, Diabetes, Gastro-Esophageal Reflux Disease, Hyperlipidemia, Asthma and Hypertension - an admissions assessment dated 1/2/17 (from a sister facility). Documentation client #4 was admitted to the sister facility (SFA) on 12/15/17.</p> <p>Review on 8/2/18 of client #5's record revealed: - admission date 11/30/17 - diagnoses of Post Traumatic Stress Disorder, Attention Deficit Hyperactivity Disorder</p>	V 111		

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V 111	<p>Continued From page 4</p> <p>and Intellectual and Developmental Disability - an admissions assessment dated 6/27/18. Documentation client #4 was admitted to SFA on 6/27/17.</p> <p>Review on 8/2/18 of client #6's record revealed: - admission date 12/3/17 - diagnoses of Bipolar Disorder, Schizoaffective Disorder, History Diabetes, Chronic Kidney Disease, Anemia, Onychomycosis and Hypertension - an admissions assessment dated 12/16/17 (from a facility Licensed to this provider's son)</p> <p>During an interview on 7/31/18, the Licensee reported: - clients #4 and #5 were "transfers" from one of her other facilities so she used the same assessments from the sister facility. She did not know she needed a new admissions for this facility. - client #6 was a transfer from her son's care facility which she was very familiar with and she used the assessment that was done for that facility</p>	V 111		