

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHANGING LIVES FAMILY CARE HOME, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 AARONS WAY BURLINGTON, NC 27217</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>A complaint and follow-up survey was completed on September 5, 2018. The complaint was unsubstantiated (intake #NC00141595). There was a deficiency cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G. 5600A Supervised Living for Adults with Mental Illness</p>	V 000	<p style="text-align: center;"><b>DHSR - Mental Health</b></p> <p style="text-align: center;"><b>SEP 20 2018</b></p> <p style="text-align: center;"><b>Lic. &amp; Cert. Section</b></p>	
V 289	<p>27G .5601 Supervised Living - Scope</p> <p>10A NCAC 27G .5601 SCOPE</p> <p>(a) Supervised living is a 24-hour facility which provides residential services to individuals in a home environment where the primary purpose of these services is the care, habilitation or rehabilitation of individuals who have a mental illness, a developmental disability or disabilities, or a substance abuse disorder, and who require supervision when in the residence.</p> <p>(b) A supervised living facility shall be licensed if the facility serves either:</p> <p>(1) one or more minor clients; or</p> <p>(2) two or more adult clients.</p> <p>Minor and adult clients shall not reside in the same facility.</p> <p>(c) Each supervised living facility shall be licensed to serve a specific population as designated below:</p> <p>(1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses;</p> <p>(2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses;</p> <p>(3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other</p>	V 289		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
<i>Just Bull BS, QP</i>	OWNER	9/19/18

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHANGING LIVES FAMILY CARE HOME, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 AARONS WAY BURLINGTON, NC 27217</b>
---	---

(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 289	<p>Continued From page 1</p> <p>diagnoses;</p> <p>(4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses;</p> <p>(5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or</p> <p>(6) "F" designation means a facility in a private residence, which serves no more than three adult clients whose primary diagnoses is mental illness but may also have other disabilities, or three adult clients or three minor clients whose primary diagnoses is developmental disabilities but may also have other disabilities who live with a family and the family provides the service. This facility shall be exempt from the following rules: 10A NCAC 27G .0201 (a)(1),(2),(3),(4),(5)(A)&amp;(B); (6); (7) (A),(B),(E),(F),(G),(H); (8); (11); (13); (15); (16); (18) and (b); 10A NCAC 27G .0202(a),(d),(g)(1) (i); 10A NCAC 27G .0203; 10A NCAC 27G .0205 (a),(b); 10A NCAC 27G .0207 (b),(c); 10A NCAC 27G .0208 (b),(e); 10A NCAC 27G .0209[(c)(1) - non-prescription medications only] (d)(2),(4); (e) (1)(A),(D),(E);(f);(g); and 10A NCAC 27G .0304 (b)(2),(d)(4). This facility shall also be known as alternative family living or assisted family living (AFL).</p> <p>This Rule is not met as evidenced by: Based on record review and interview the facility failed to meet licensure scope by admitting one of three audited clients (#3) without a primary diagnosis of Mental Illness. The findings are:</p>	V 289		

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>MHL001-232</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>R-C 09/05/2018</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  <b>CHANGING LIVES FAMILY CARE HOME, LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>207 AARONS WAY BURLINGTON, NC 27217</b>
---	---

(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 289	<p>Continued From page 2</p> <p>Review on 9/5/18 of the facility's license revealed the facility was licensed as a 27G .5600A Supervised Living for adults whose primary diagnosis is mental illness.</p> <p>Review on 9/5/18 of Client #3's record revealed: -Admission date of 12/11/16. -Admission Diagnoses included Down syndrome, Post-Traumatic Stress Disorder and Chronic Kidney Disease.</p> <p>Interview on 9/5/18 with the Executive Director revealed: -A guardian was assigned to client #3. -The guardian was working on a new placement for client #3. -Client #3 was considered Intellectual Disability Disorder (IDD) but not receiving the Innovation funds. -Client #3 was on the waiting list for a program that accepted IDD clients. -The funding for services and new group home placement was the reason for delay.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	V 289	<p>- OWNER Hired a new QP to assist with intake process. New QP will Assesst new clients coming in the facility moving forward before they are admitted.</p> <p>- QP &amp; Consumers new guardian will continue to work together with getting consumer placed ASAP.</p> <p>- QP will work on getting consumer proper funding to get him placed</p>	