

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL084-089	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING: _____		(X3) DATE SURVEY COMPLETED R 08/31/2018
NAME OF PROVIDER OR SUPPLIER MOSS LANE II		STREET ADDRESS, CITY, STATE, ZIP CODE 42414 MOSS LANE NEW LONDON, NC 28127		
(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>INITIAL COMMENTS</p> <p>An annual and follow up survey was completed on 8/31/18. Deficiencies were cited.</p> <p>This facility is licensed for the following service category: 10A NCAC 27G .5600C Supervised Living for Adults with Developmental Disabilities.</p>	V 000	<p>The Elite Care Services, Inc. policy/procedure for Unsupervised Home & Community Criteria for residential group homes will be implemented and reassessed minimally on an annual basis, by the QP. Listed below are criteria to be used to assess a member's ability to have unsupervised time:</p> <ol style="list-style-type: none"> 1. Ability to use the telephone appropriately to call Elite's on-call number; 2. Ability to identify emergency situations and know reasons for calling 911, who to ask for, (police, fire, ambulance etc.) 3. Ability to exit the home in case of a fire or emergency; 4. Ability to identify stranger awareness; 5. Ability to administer basic first aid to herself/himself. 6. Ability to self-medicate; 7. Other criteria identified in the assessment process; <p>An agreement will be signed by the member, and Elite Care staff to have unsupervised time.</p> <p>A meeting is scheduled for 9/19/18, with the Cardinal Care Coordinator to review the plan for the identified individual's ability to have unsupervised time prior to implementation.</p>	9/30/18

DHSR - Mental Health

SEP 20 2018

Lic. & Cert. Section

Division of Health Service Regulation

V 290	<p>27G .5602 Supervised Living - Staff</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		
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Division of Health Service Regulation
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S
SIGNATURE

Joann Weber

TITLE *QA*

(X6) DATE *9/9/18*

STATE FORM

6899

E2M611

If continuation sheet 1 of 5

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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 records review and interviews, the facility failed to ensure the client's treatment or habilitation plan documented that the client was capable of remaining in the home or community without supervision affecting 1 of 3 clients (#3). The findings are:</p> <p>Review on 8/31/18 of client #3's record revealed: -diagnoses of Autism, Reactive Attachment Disorder, Bipolar Disorder, Post Traumatic Stress Disorder, Borderline Personality Disorder and Attention Deficit Hyperactivity Disorder; -admission date of 11/10/17; -treatment plan dated 5/1/18 documented goals of express frustrations daily in appropriate ways, learn medications, prepare weekly menus, use appropriate language on the phone and learn appropriate social skills; -no documentation of an assessment for unsupervised time in the record; -no documentation of approved unsupervised</p>	V 290		
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<p>V 290</p>	<p>Continued From page 2 time in the treatment plan.</p> <p>Interview on 8/31/18 with client #3 revealed: -has a boyfriend; -she is her own guardian; -sees her boyfriend every weekend; -stays about 2 hours at her boyfriend's house; -staff takes her and drops her off; - always been like that.</p> <p>Interview on 8/31/18 with staff #1 revealed: - take client #3 to her boyfriend's house on the weekends; -client #3 stays about two hours; -drops client #3 off and picks her up later; - always been like this.</p> <p>Interview on 8/31/18 with the Team Lead and the Qualified Professional revealed: -does not have unsupervised time in client #3's treatment plan; -client #3 always visited her boyfriend; -will do unsupervised time assessment and put in treatment plan.</p> <p>This deficiency constitutes a re-cited deficiency and must be corrected within 30 days.</p>	<p>V 290</p>		
<p>V 738</p>	<p>27G .0303(d) Pest Control</p> <p>10A NCAC 27G .0303 LOCATION AND EXTERIOR REQUIREMENTS (d) Buildings shall be kept free from insects and rodents.</p>	<p>V 738</p>	<p>Security Pest Control provided extermination service and treatment at the home on August 29, 2018, prior to the survey. Ongoing routine pest control treatment is scheduled quarterly at the residence.</p> <p>The team leader will monitor the home weekly to determine if additional treatment is needed.</p>	<p>8/29/18</p>

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V 738	<p>Continued From page 3</p> <p>This Rule is not met as evidenced by: Based on observations and interviews, the facility was not kept free from insects and rodents. The findings are:</p> <p>Observation on 8/31/18 at 345pm revealed: - small black pieces of what appeared to be rodent droppings in the left corner of client #3's bathroom behind storage containers; -cinnamon spice around the outside bottom of client #3's bathtub; -dead ants near the bottom of the bathroom wall.</p> <p>Interview on 8/31/18 with client #3 revealed: -had ants in her bedroom; -saw some ants yesterday; -big ant hills in yard; -staff have sprayed but ants came back; -exterminator came one time; - saw a mouse the nigh before; - staff has seen the mouse.</p> <p>Interview on 8/31/18 with client #2 revealed: -has seen one mouse; -saw it one time in her clothing basket she had on the floor; -doesn't remember how long ago she saw mouse.</p> <p>Interview on 8/31/18 with client #1 revealed: -saw ants last Friday; -gone by Monday; -staff sprayed; -not seen a mouse; -overheard staff saying they saw the mouse.</p> <p>Interview on 8/31/18 with staff #1 revealed: -have seen small black ants in the facility; -not seen the mouse but have heard other staff say they have seen the mouse.</p>	V 738		

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CONSTRUCTION SECTION

723 Aquadale Rd.
Albemarle, NC 28001
Phone: 704-982-4068
Fax: 704-982-4679

www.eliteservicesofstanly.com

September 19, 2018

Gina McLain, Facility Compliance Consultant I
Mental Health Licensure and Certification Section
NC Division of Health Service Regulation
2718 Mail Service Center
Raleigh, NC 27699-2718

Re: Annual Survey Completed 9/18/18
Moss Lane II Group Home, 42414 Moss II Lane, New London, NC 28127
MHL # 084-089

Dear Ms. McLain:

Please find enclosed Elite Care Services, Inc. response to address the Annual/Follow up Survey completed on 8/31/18. The request for a Plan of Correction to address deficiencies is attached.

Please feel free to contact me if you have any further questions.

Best Regards,

Joann McRae, MSW
Quality Assurance Dept.
Elite Care Services, Inc.
723 Aquadale Road
Albemarle, NC 28001
704-982-4068
jmcr@eliteservicesofstanly.com

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Cabarrus

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