

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MHL032371	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R 09/28/2018
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NAME OF PROVIDER OR SUPPLIER ROSE'S CASTLE RESIDENTIAL SERVICES INC	STREET ADDRESS, CITY, STATE, ZIP CODE 505 COOK ROAD DURHAM, NC 27713
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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
V 000	<p>INITIAL COMMENTS</p> <p>An annual and follow-up survey was completed on September 28, 2018. There were deficiencies 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		
V 112	<p>27G .0205 (C-D) Assessment/Treatment/Habilitation Plan</p> <p>10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN</p> <p>(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.</p> <p>(d) The plan shall include:</p> <p>(1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement;</p> <p>(2) strategies;</p> <p>(3) staff responsible;</p> <p>(4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both;</p> <p>(5) basis for evaluation or assessment of outcome achievement; and</p> <p>(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.</p>	V 112		

Division of Health Service Regulation LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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V 112	<p>Continued From page 1</p> <p>This Rule is not met as evidenced by: Based on record reviews and interview, the facility failed to have a current treatment plan for three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 9/28/18 of Client #1's record revealed: -Admission date of 8/17/06. -Diagnoses of Schizophrenia Disorder, Paranoid Type, Obsessive Compulsive Disorder and Mild Intellectual Disability. -Treatment plan expired 6/21/18. -There was no current treatment plan in client's record.</p> <p>Review on 9/28/18 of Client #2's record revealed: -Admission date of 2/23/12. -Diagnoses of Schizophrenia Disorder, Paranoid Type, Hypertension and Alcohol Dependence by History. -Treatment Plan expired 9/11/18. -There was no current treatment plan in client's record.</p> <p>Review on 9/28/18 of Client #3's record revealed: -Admission date 7/16/13. -Diagnoses of Schizoaffective Disorder, Intermittent Explosive Disorder, Borderline Intellectual Functioning and Pervasive Development disorder. -Treatment Plan expired 6/30/16. -There was no current treatment plan in client's record.</p> <p>Interview on 9/28/18 with the Program Manager revealed: -Clients day program was responsible for completing treatment plans.</p>	V 112		

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V 112	Continued From page 2 -The Qualified Professional was responsible for ensuring treatment plans were completed in a timely manner. -Confirmed the treatment plans in the record expired. This deficiency has been cited two times since the original cite on September 22, 2015 and must be corrected within 30 days.	V 112		
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. (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	V 290		

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V 290	<p>Continued From page 3</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 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 interview, the facility failed to assess and document the client's capability of having unsupervised time in the home and community in the treatment or habilitation plan affecting three of three audited clients (#1, #2 and #3). The findings are:</p> <p>Review on 9/28/18 of Client #1's record revealed: -Admission date of 8/17/06. -Diagnoses of Schizophrenia Disorder, Paranoid Type, Obsessive Compulsive Disorder and Mild Intellectual Disability. -There was no assessment that demonstrated client was capable of unsupervised.</p> <p>Review on 9/28/18 of Client #2's record revealed: -Admission date of 2/23/12.</p>	V 290		

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V 290	<p>Continued From page 4</p> <p>-Diagnoses of Schizophrenia Disorder, Paranoid Type, Hypertension and Alcohol Dependence by History.</p> <p>- There was no assessment that demonstrated client was capable of unsupervised.</p> <p>Review on 9/28/18 of Client #3's record revealed:</p> <p>-Admission date 7/16/13.</p> <p>-Diagnoses of Schizoaffective Disorder, Intermittent Explosive Disorder, Borderline Intellectual Functioning and Pervasive Development disorder.</p> <p>-There was no assessment that demonstrated client was capable of unsupervised.</p> <p>Interview on 9/28/18 with the Program Manager revealed:</p> <p>-There was documentation in client's record detailing unsupervised time in the community.</p> <p>-Confirmed client's could have one hour of unsupervised time in the home.</p> <p>-Confirmed no assessment was completed to determine unsupervised time.</p> <p>-Confirmed the Qualified Professional was responsible for assessing clients for unsupervised time.</p> <p>This deficiency has been cited two times since the original cite on September 22, 2015 and must be corrected within 30 days.</p>	V 290		