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	MHL092-960	A. BUILDING: _____ B. WING _____	09/25/2018

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ABSOLUTE CARE HUMAN SERVICES	3905 IVERSON STREET RALEIGH, NC 27604

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V 000	INITIAL COMMENTS An annual survey was completed on 9/25/18. Deficiencies were cited. The facility is licensed for the following service category 10A NCAC 27G .5600A Supervised Living for Mentally Ill Adult.	V 000		
V 105	27G .0201 (A) (1-7) Governing Body Policies 10A NCAC 27G .0201 GOVERNING BODY POLICIES (a) The governing body responsible for each facility or service shall develop and implement written policies for the following: (1) delegation of management authority for the operation of the facility and services; (2) criteria for admission; (3) criteria for discharge; (4) admission assessments, including: (A) who will perform the assessment; and (B) time frames for completing assessment. (5) client record management, including: (A) persons authorized to document; (B) transporting records; (C) safeguard of records against loss, tampering, defacement or use by unauthorized persons; (D) assurance of record accessibility to authorized users at all times; and (E) assurance of confidentiality of records. (6) screenings, which shall include: (A) an assessment of the individual's presenting problem or need; (B) an assessment of whether or not the facility can provide services to address the individual's needs; and (C) the disposition, including referrals and recommendations; (7) quality assurance and quality improvement activities, including:	V 105		

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V 105	Continued From page 1 (A) composition and activities of a quality assurance and quality improvement committee; (B) written quality assurance and quality improvement plan; (C) methods for monitoring and evaluating the quality and appropriateness of client care, including delineation of client outcomes and utilization of services; (D) professional or clinical supervision, including a requirement that staff who are not qualified professionals and provide direct client services shall be supervised by a qualified professional in that area of service; (E) strategies for improving client care; (F) review of staff qualifications and a determination made to grant treatment/habilitation privileges: (G) review of all fatalities of active clients who were being served in area-operated or contracted residential programs at the time of death; (H) adoption of standards that assure operational and programmatic performance meeting applicable standards of practice. For this purpose, "applicable standards of practice" means a level of competence established with reference to the prevailing and accepted methods, and the degree of knowledge, skill and care exercised by other practitioners in the field; This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete a discharge summary/plan for two of two discharged clients (DC) (DC #3, DC #4). The findings are:	V 105		

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V 105	Continued From page 2 Review on 9/25/18 of DC client #3 revealed: -Admission Date 7/10/18 -Diagnose Severe Alcohol and Substance Use Disorder and Anxiety Disorder. -Discharge Date of 8/22/18. Further review on 9/25/18 of DC client #3 revealed no evidence of a discharge summary/plan present in the record. Review on 9/25/18 of DC client #4 revealed: -Admission Date of 8/27/18 -Diagnose of Alcohol Dependence with Alcohol induced Mood Disorder and Depression. -Discharge Date of 8/28/18. Further review on 9/25/18 of DC client #4 revealed no evidence of a discharge summary/plan present in the record. During interview on 9/25/18 the Licensee/Qualified Professional stated: -A note was placed in the communication/shift change log. -Staff use the communication/shift change log to let the next shift know how things went on the previous shift. -Not aware a discharge summary had to be completed.	V 105		
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	V 111		

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V 111	Continued From page 3 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 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. This Rule is not met as evidenced by: Based on record review and interview the facility failed to complete an assessment identifying the clients problems/needs and and develop strategies upon admission for two current clients (#1, #2). The findings are: Review on 9/25/18 of client #1's record revealed: -Date of Admission 8/24/18 -Diagnose of Depression and Cirrhosis -Admission Assessment dated 8/24/18.	V 111		

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V 111	Continued From page 4 Review on 9/25/18 of client #1's Admission Assessment stated: -"Services to be provided- Housing and Medication Management." No evidence of goals or strategies present. Review on 9/25/18 of client #2's record revealed: -Date of Admission 9/20/18 -Diagnoses of Alcohol Use and Schizophrenia -Admission Assessment dated 9/21/18. Review on 9/25/18 of Client #2's Admission Assessment stated: -"Reason for Admission-Alcoholism, Mental Health and Drug Abuse." No evidence of goals or strategies present. During interview on 9/25/18 Staff #1 stated: -She worked first shift. -Job duties consist of cleaning, giving medications, meal prep and transporting to doctor appointments. -Clients are not allowed in the kitchen, staff does all the cooking and meal prep. -Performing goals "is not my job." During interview on 9/25/18 the Licensee/Qualified Professional stated: -"This is a respite home." -Clients are referred here from [local hospital] for three weeks maximum, usually 14-21 days while other services are put in place with community resources. -This is a "Pilot Program" as a collaboration with [local hospital] for respite. -Had a contract with [local hospital] and they provide the goals and strategies. -They are just providing boarding, medication management and supervision.	V 111		

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V 111	Continued From page 5 -The clients have case managers with [local hospital] who is to complete their treatment plans.	V 111		
V 112	27G .0205 (C-D) Assessment/Treatment/Habilitation Plan 10A NCAC 27G .0205 ASSESSMENT AND TREATMENT/HABILITATION OR SERVICE PLAN (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. (d) The plan shall include: (1) client outcome(s) that are anticipated to be achieved by provision of the service and a projected date of achievement; (2) strategies; (3) staff responsible; (4) a schedule for review of the plan at least annually in consultation with the client or legally responsible person or both; (5) basis for evaluation or assessment of outcome achievement; and (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. This Rule is not met as evidenced by: Based on record review, observation and interview the facility failed to ensure a	V 112		

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V 112	Continued From page 6 Treatment/Habilitation Service Plan was developed for one of two current clients (#1). The findings are: Review on 9/25/18 of client #1's record revealed: -Date of Admission 8/24/18 -Diagnose of Depression and Cirrhosis -No Treatment Plan present in the record at time of review. During interview on 9/25/18 the Licensee/Qualified Professional (QP) stated: -Clients treatment plans are developed by their case managers from [local hospital]. -The case managers are the ones working with the clients on their goals. -"My staff is not clinical" and can't provide the services. -"I have been working on his plan." -"I thought a client could only have one live plan to go by." Observation on 9/25/18 at 10:00-12:00 PM the Licensee/QP sitting at the computer working on Treatment Plan. After surveyors return from lunch at 2:00 PM, a Treatment Plan for client #1 was presented by Licensee/QP dated 9/23/18. During interview on 9/25/18 with a Case Manager from [local hospital] stated: -Clients are referred to this facility for room/board, medication management and food. -Case Managers develop clients Treatment Plans and work with them on the goals. -Working on goals is "Our job, not theirs." -The staff at the home are not licensed clinicians, they just do the basic care. -Staff usually do not stay more than 21 days unless they need a little more time to coordinate their transition.	V 112		

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V 114	27G .0207 Emergency Plans and Supplies 10A NCAC 27G .0207 EMERGENCY PLANS AND SUPPLIES (a) A written fire plan for each facility and area-wide disaster plan shall be developed and shall be approved by the appropriate local authority. (b) The plan shall be made available to all staff and evacuation procedures and routes shall be posted in the facility. (c) Fire and disaster drills in a 24-hour facility shall be held at least quarterly and shall be repeated for each shift. Drills shall be conducted under conditions that simulate fire emergencies. (d) Each facility shall have basic first aid supplies accessible for use. This Rule is not met as evidenced by: Based on record review and interview the facility failed to ensure Fire and Disaster Drills were completed quarterly for each shift. The findings are: Review on 9/25/18 of Fire and Disaster Drill log revealed: -Fire Drills were completed in June and July on 1st and 2nd shift. -Disaster Drill were completed in June and July on 1st and 2nd shift. During interviews on 9/25/18 with Clients #4, #5 and #6 stated: -They had not participated in a Fire/Disaster drill since admission. During interview on 9/25/18 staff #1 stated: -Fire/Disaster Drill are completed on 1st and	V 114		

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V 114	Continued From page 8 2nd shift only. During interview on 9/25/18 the Licensee/Qualified Professional (QP) stated: -We started serving clients on 6/8/18. -Had completed Fire/Disaster Drills, "we don't do them on third shift." -Have done 1st and 2nd shift drills. -"There is still time to do one on 3rd shift in this quarter, we will do it."	V 114		
V 115	27G .0208 Client Services 10A NCAC 27G .0208 CLIENT SERVICES (a) Facilities that provide activities for clients shall assure that: (1) space and supervision is provided to ensure the safety and welfare of the clients; (2) activities are suitable for the ages, interests, and treatment/habilitation needs of the clients served; and (3) clients participate in planning or determining activities. (h) Facilities or programs designated or described in these Rules as "24-hour" shall make services available 24 hours a day, every day in the year. unless otherwise specified in the rule. (c) Facilities that serve or prepare meals for clients shall ensure that the meals are nutritious. (d) When clients who have a physical handicap are transported, the vehicle shall be equipped with secure adaptive equipment. (e) When two or more preschool children who require special assistance with boarding or riding in a vehicle are transported in the same vehicle, there shall be one adult, other than the driver, to assist in supervision of the children.	V 115		

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V 115	Continued From page 9 This Rule is not met as evidenced by: Based on interview, the facility failed to ensure six of six clients were provided nutritional meals and activities daily. The findings are: A. During interviews on 9/25/18 clients #1 and #4 & #6 stated: -The food provided is very limited. -Breakfast consist of one bowl of cereal, nothing else. -Lunch is a sandwich, bologna, turkey or can of tuna. -Dinner is lots of pasta and beans, rarely any meat. -Servings are very small. -"We are grown men and this is not filling us up." -Will get an apple at snack. -Depends on what staff is working as to whether they can get leftovers. -Told the case manager about this, she told them she had heard this from her other clients that were placed in the home. During interview on 9/25/18 the Case Manager from [local hospital] stated: -Clients had mentioned to her about the food servings. -More than one client had mentioned this. -Had planned to address this with the licensee when they meet again. During interview on 9/25/18 the Licensee/Qualified Professional stated: -Clients get plenty of food, "If they say	V 115		

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V 115	Continued From page 10 different they are lying." -The staff prepares the food and made plenty for them. -There is lots of food in the refrigerator and cabinets for them to use. -Not always here to see what clients are eating. -No one has mentioned they did not get enough food. B. During interviews on 9/25/18 with client #1, #4, & #6 stated: -Do not go anywhere during the day. -No groups or outings. -No activities planned. -Go out to doctor appointments. During interview on 9/25/18 Staff #1 stated: -Do not go out in the community for activities. -Had been out to eat two times. -All clients go to doctor appointments, "even if only one client has an appointment." During interview on 9/25/18 A Case Manager from [local hospital] state: -Clients have not been going out into the community. -Working on getting groups organized to come to the facility for the clients to attend. During interview on 9/25/18 Licensee/Qualified Professional stated: -Clients go out when they have doctor appointments. -They all have to go because they can't be left in the home unsupervised. -Only had the one staff on duty on each shift.	V 115		

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V 289	Continued From page 11	V 289		
V 289	27G .5601 Supervised Living - Scope 10A NCAC 27G .5601 SCOPE (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. (b) A supervised living facility shall be licensed if the facility serves either: (1) one or more minor clients; or (2) two or more adult clients. Minor and adult clients shall not reside in the same facility. (c) Each supervised living facility shall be licensed to serve a specific population as designated below: (1) "A" designation means a facility which serves adults whose primary diagnosis is mental illness but may also have other diagnoses; (2) "B" designation means a facility which serves minors whose primary diagnosis is a developmental disability but may also have other diagnoses; (3) "C" designation means a facility which serves adults whose primary diagnosis is a developmental disability but may also have other diagnoses; (4) "D" designation means a facility which serves minors whose primary diagnosis is substance abuse dependency but may also have other diagnoses; (5) "E" designation means a facility which serves adults whose primary diagnosis is substance abuse dependency but may also have other diagnoses; or	V 289		

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V 289	Continued From page 12 (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)&(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). This Rule is not met as evidenced by: Based on record review and interview the facility failed to provide services to six of six (#1, #2, #3, #4, #5, & #6) clients for the purpose of care, habilitation or rehabilitation of individuals who have a primary diagnoses of Mental Illness. The findings are: Review on 9/25/18 of the current License revealed " 5600A Supervised Living for Mentally Ill Adult." Review on 9/25/18 of client #1's record revealed: -Date of Admission 8/24/18 -Diagnose of Depression and Cirrhosis	V 289		

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V 289	Continued From page 13 Review on 9/25/18 of client #1's FL-2 stated: -"Recommended Level of Care- Respite." Review on 9/25/18 of client #1's Admission Assessment stated: -"Services to be provided- Housing and Medication Management." Review on 9/25/18 of "Client Note" for client #1 revealed: -"9/22/18- Showed hopes of getting accepted into a recovery home." -9/23/18- Engaged in conversation about where his addiction took him. Expressed interest to move into recovery home and attend 12 step meeting as plan of recovery." Review on 9/25/18 of client #2's record revealed: -Date of Admission 9/20/18 -Diagnoses of Alcohol Use and Schizophrenia. Review on 9/25/18 of Client #2's Admission Assessment stated: -"Reason for Admission-Alcoholism, Mental Health and Drug Abuse." Review on 9/25/18 of DC client #3's revealed: -Admission Date 7/10/18 -Diagnose Severe Alcohol and Substance Use Disorder and Anxiety Disorder. -Discharge Date of 8/22/18. Review on 9/25/18 of DC client #4's revealed: -Admission Date of 8/27/18 -Diagnose of Alcohol Dependence with Alcohol induced Mood Disorder and Depression. -Discharge Date of 8/28/18.	V 289		

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V 289	Continued From page 14 Review on 9/25/18 of client #4's Discharge from [local hospital] dated 8/27/18 revealed: -Admitted on 8/15/18 for Alcohol Abuse and Alcohol withdrawals. During interview on 9/25/18 Client #1 stated: -Was admitted from [local hospital]. -Was using Cocaine and Alcohol to help with hearing voices. -"Came here to get myself together and go to [inpatient substance use facility.]" -Was told he would only be at the home for three weeks until a bed is ready for him to home to next placement. During interview on 9/25/18 Client #4 stated: -Was admitted last week. -Came from [local hospital] where he was admitted for Substance Use. -Had been using Alcohol, Crack and Cocaine. -Had been "clean" for eight months, but relapsed. -Was told by the hospital he would be placed in the facility for three weeks. -They are planning to send him to [inpatient rehabilitation] once he left the facility. During interview on 9/25/18 Client #6 stated: -Moved in yesterday from [local hospital.] -Went to local hospital for Alcohol Use, "I used as much as I could get." -Will stay in the facility for about three weeks until a placement in recovery house can be found. -Had been in several rehabilitation placements several times over the last few years. During interview with two Case Managers from [local hospitals] stated: -The facility is a "Behavioral Health Respite Home."	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	MHL092-960	A. BUILDING: _____ B. WING _____	09/25/2018

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V 289	Continued From page 15 -Clients are placed in the home for 14-21 days. -They are only to provide room/board, food and medication management. -Clients then transition to recovery homes or independent living. -Clients have substance use diagnoses along with other mental health diagnoses. -Most of these clients had substance use issues when admitted to the hospital. -This home is participating in a "pilot program" and its used for their Respite services. During interview on 9/25/18 Staff #1 stated: -She worked first shift. -Job duties consist of cleaning, giving medications, meal prep and transporting to doctor appointments. -Clients are not allowed in the kitchen, staff does all the cooking and meal prep. -Performing goals "is not my job." -Clients can stay up to three weeks. Review on 9/25/18 of "Contract" dated 5/28/18 provided by Licensee/Qualified Professional (QP) revaled: -"Program Description: [local hospital] has contracted with [facility] in Raleigh, NC to provide BH (Behavior Health) respite beds in Wake Co. The Respite Home will be staff 24/7 and offers private and shared rooms. The staff will provide meals, ADL support including dispensing of medications and transportation to appointments...." -"Requirements- The patient understands this is a short term, recuperative care placement 9max 14 days.)." During interview on 9/25/18 the Licensee/QP stated:	V 289		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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V 289	Continued From page 16 -"This is a respite home." -Clients are referred here from [local hospital] for three weeks maximum, usually 14-21 days while other services are put in place with community resources. -This is a "Pilot Program" as a collaboration with [local hospital] for respite. -Currently applied for a waiver for a 5600E to serve clients with Primary Diagnoses of Substance Use. -The clients they are serving have both Mental illness and Substance Use Diagnoses. -Been serving clients through this program since 6/8/18. -Not working with clients on goals. -Had a contract with [local hospital] and they provide the goals and strategies. -They are just providing boarding, medication management and supervision. -The clients have case managers with [local hospital] who is to complete their treatment plans.	V 289		